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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

RECOVERY PAC

ADDRESS (number and street)

182 E NORTH BROADWAY

Check if different than previously reported. (ACC)

COLUMBUS

OH

43214-4112

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00442277

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on [] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)
Election on [] in the State of []

5. Covering Period

10 / 01 / 2010

through

11 / 28 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN G. RITCHIEY

Signature of Treasurer

John G. Ritchiey

Date

11 / 27 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

10030494988

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RECOVERY PAC

Report Covering the Period: From:

10 ' 01 ' 2010

To:

11 ' 22 ' 2010

10030494989

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		1,609.26
(b) Cash on Hand at Beginning of Reporting Period.....	4,535.92	
(c) Total Receipts (from Line 19)	475.00	7,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5,010.92	9,009.26
7. Total Disbursements (from Line 31)	3,885.69	7,884.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,125.23	1,125.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

RECOVERY PAC

Report Covering the Period: From:

10 / 01 / 2010

To:

11 / 28 / 2010

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

475.00

7400.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

475.00

7400.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

475.00

7400.00

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

475.00

7400.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

475.00

7400.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal
Activity (from Schedule H4)
(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating
Expenditures

3569

153569

(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

3569

153569

22. Transfers to Affiliated/Other Party
Committees

23. Contributions to
Federal Candidates/Committees
and Other Political Committees

385000

634834

24. Independent Expenditures
(use Schedule E)

25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) Total Contribution Refunds
(add Lines 28(a), (b), and (c))

29. Other Disbursements

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity
(from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely
With Federal Funds

(c) Total Federal Election Activity (add ..
Lines 30(a)(i), 30(a)(ii) and 30(b))

31. Total Disbursements (add Lines 21(c), 22,
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

388569

788403

32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii)
from Line 31)

388569

788403

10030494991

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	47500	740000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47500	740000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3569	153569
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3569	153569

10030494992

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RECOVERY PAC

A. Full Name (Last, First, Middle Initial)
RUNYON, CHRISTINE E

Mailing Address
5931 SAPPHIRE CT

City **GROVE CITY** State **OH** Zip Code **43123**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALUE RECOVERY GROUP** Occupation **COLLECTIONS DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt
10 / 29 / 2010

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SISTO, JAMES E

Mailing Address
1097 HIGHLAND DRIVE

City **COLUMBUS** State **OH** Zip Code **43220**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALUE RECOVERY GROUP** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
10 / 29 / 2010

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DELEANE

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **GROUP DELEANE : ASSOC.** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
10 / 29 / 2010

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **475.00**

TOTAL This Period (last page this line number only)..... **475.00**

10030494993

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF	!
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26			
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b			

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NAME OF COMMITTEE (In Full)
RECOVERY PAC

Full Name (Last, First, Middle Initial) HERINGTON ROBERT B		Date of Disbursement M M / D D / Y Y Y Y 10 28 2010
Mailing Address		
City	State	Zip Code
Purpose of Disbursement FEDERAL EXPRESS CHARGE REIMBURSEMENT 001		Amount of Each Disbursement this Period 35.69
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3569
TOTAL This Period (last page this line number only).....▶	3569

10030494994

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
RECOVER PAC

A. Full Name (Last, First, Middle Initial) **CITIZENS FOR GARLAND**

Mailing Address **650 EAST WALNUT STREET**

City **COLUMBUS** State **OH** Zip Code **43215**

Purpose of Disbursement **CAMPAIGN FOR STATE** Category/Type **011**

Candidate Name **NANCY GARLAND**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **25000**

State: **OH** District: **20**

Date of Disbursement: **10 / 06 / 2010**

B. Full Name (Last, First, Middle Initial) **RICHARD CORDRAY COMMITTEE**

Mailing Address **340 E. FULTON STREET**

City **COLUMBUS** State **OH** Zip Code **43215**

Purpose of Disbursement **CAMPAIGN FOR REELECTION AS ATTORNEY GENERAL** Category/Type **011**

Candidate Name **OHIO ATTORNEY GENERAL**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **3100.00**

State: District:

Date of Disbursement: **10 / 25 / 2010**

C. Full Name (Last, First, Middle Initial) **BOYCE FOR A BETTER OHIO**

Mailing Address **250 WEST STREET SUITE 700**

City **COLUMBUS** State **OH** Zip Code **43215**

Purpose of Disbursement **CAMPAIGN FOR OHIO TREASURER** Category/Type **011**

Candidate Name **KEVIN L. BOYCE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **250.00**

State: District:

Date of Disbursement: **10 / 28 / 2010**

SUBTOTAL of Disbursements This Page (optional) **360000**

TOTAL This Period (last page this line number only)

10030494995

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
RECOVERY PAC

Full Name (Last, First, Middle Initial) A. CITIZENS FOR MINGO		Date of Disbursement M M / D D / Y Y Y Y 10 28 2010
Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190		Amount of Each Disbursement this Period 250.00
City COLUMBUS	State OH	
Purpose of Disbursement CAMPAIGN FOR FRANKLIN COUNTY AUDITOR 11		Category/ Type
Candidate Name CLARENCE MINGO		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement CAMPAIGN		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	3,050.00

10030494996

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11/23/10
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	11/29/10 DATE PREPARED
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10030494997