

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee of Sarver's Campaign						Registration Number, if PAC			
Full Name of Candidate Jack L. Sarver									
Street Address 498 Eastwood Ave					Office Sought Mayor		District Tallmadge		
City Tallmadge						State OH	Zip Code 44278		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		X Termination		Semianual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 11	D 08	Y 11	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1534	06
2. Total monetary contributions (From Form No. 31-A)	\$	480	00
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	2014	06
5. Total monetary expenditures (From Form No. 31-B)	\$	2014	06
6. Balance on hand (line 4 minus line 5)	\$	00	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	00	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	00	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	forgiven	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	00	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	00	
12. Value of independent expenditures made (From Form No. 31-U)	\$	00	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period:	\$		

2011 DEC 15 PM 1:06
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 # 3960

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Jack Sarver Dept. Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12-15-2011
Date

Contribution pages <u>1</u>	Expenditure pages <u>1</u>	Other pages <u>1</u>	Total pages <u>3</u>
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Statement of Contributions Received

Prescribed by Secretary of State 2-01

Name of Committee in Full							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Committee 4 Sarver's Campaign							
Jack L Sarver							
498 Eastwood Ave							
						6	
Trina Carter							
731 N. Monroe			Attorney			Check	
Tallmadge	OH	44278	1	0	2	1	150.00
Gary Lampe							
384 Kent Dr.			Programmer			Check	
Tallmadge	OH	44278	1	0	2	5	165.00
Patricia Billow							
1129 Maple St.			Attorney/housewife			Check	
Tallmadge	OH	44278	1	0	2	5	165.00

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2-01

Name of Committee in Full Committee 4 Sarver's Campaign							
To Whom Paid Record Publishing Co.				M	D	Y	Amount 836.20
Address 126 N. Chestnut St.		Purpose Advertising					
City Ravenna	State OH	Zip Code 44266	Check Number 1514				
To Whom Paid JACK SARVER				M	D	Y	Amount 1177.86
Address 498 Eastwood Ave		Purpose Loan Payment					
City Tallmadge	State OH	Zip Code 44278	Check Number 1515				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <u>Committee 4 Sarver's Campaign</u>														
From Whom Received <u>JACK Sarver</u>							Prior Amount <u>21,690.00</u>			Amt. Incurred this Period <u>- 00 -</u>				
Address <u>498 Eastwood Ave.</u>										Outstanding Balance <u>Forgiven</u> <u>20,512.14</u>				
City			St ate		Zip Code		Loans Received This Period				Payments This Period			
							Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$	
										<u>12</u>	<u>07</u>	<u>11</u>		<u>1177.86</u>
Registration Number, if PAC							M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*							M	D	Y		M	D	Y	
<u>Retired</u>														
From Whom Received							Prior Amount			Amt. Incurred this Period				
Address										Outstanding Balance				
City			St ate		Zip Code		Loans Received This Period				Payments This Period			
							Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC							M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*							M	D	Y		M	D	Y	
From Whom Received							Prior Amount			Amt. Incurred this Period				
Address										Outstanding Balance				
City			St ate		Zip Code		Loans Received This Period				Payments This Period			
							Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC							M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*							M	D	Y		M	D	Y	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ 21,690.00

² Total received this period \$ - 00 - (To Form No. 31-A-2)

³ Total payments this period \$ 1177.86 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ Forgiven (To Form No. 30-A)