

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee O'Brien for Clerk of Courts						Registration Number, if PAC					
Full Name of Candidate Ann Marie O'Brien											
Street Address 323 Castle Blvd.						Office Sought Clerk of Courts			District Summit County		
City Akron						State OH		Zip Code 44313			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
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		0	M	3	1	D	5
						1	Y	6			

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$2,000.00
4. Total funds available (sum of lines 1, 2, & 3)	\$	\$2,000.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$2,000.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$2,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$112.25
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2016 MAR -3 PM 12:44
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 #11,001 Ave

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.

Chad Rothschild, Treasurer

03/03/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____

Expenditure pages _____

Other pages 4

Total pages 4

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
O'Brien for Clerk of Courts					
Full Name			Registration Number, if PAC		
Ann Marie O'Brien					
Address	Type*		M	D	Y
323 Castle Blvd.	LN <input type="checkbox"/>		0	2	0516
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44313	Check		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee O'Brien for Clerk of Courts													
From Whom Received Ann Marie O'Brien								Prior Amount \$0.00		Amt. Incurred this Period \$2,000.00			
Address 323 Castle Blvd.										Outstanding Balance \$2,000.00			
City Akron		State OH		Zip Code 44313		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		0 2		0 5 1 6		0 2 0 5 1 6		\$2,000.00					
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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)]

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 \$ \$0.00
- ² Total received this period \$ \$2,000.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$2,000.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee O'Brien for Clerk of Courts									
To Whom Owed Ann Marie O'Brien					Prior Amount			Amt. Incurred this Period \$60.00	
Address 323 Castle Blvd.					Item or Purpose of Debt Ethics Disclosure			Outstanding Balance \$60.00	
City Akron		State OH	Zip Code 44313		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 2 1 2 1 6									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Ann Marie O'Brien					Prior Amount			Amt. Incurred this Period \$52.25	
Address 323 Castle Blvd.					Item or Purpose of Debt Magnetic Badges			Outstanding Balance \$52.25	
City Akron		State OH	Zip Code 44312		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 2 1 2 1 6									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State OH	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$112.25 (also record on cover page)