

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of John Sans						Registration Number, if PAC		
Full Name of Candidate John R. Sans								
Street Address 355 Storer Ave.					Office Sought Summit County Council		District 5	
City Akron					State OH		Zip Code 44302	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" 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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y

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	\$	\$37.24
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$258.53
4. Total funds available (sum of lines 1, 2, 3)	\$	\$295.77
5. Total monetary expenditures (From Form No. 31-B)	\$	\$226.16
6. Balance on hand (line 4 minus line 5)	\$	\$69.61
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)	\$	\$2,751.20
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
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.	\$	

#1112502
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 APR 22 AM 8:07

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SUMMIT COUNTY
BOARD OF ELECTIONS

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.

John R. Sans, Treasurer

John R. Sans

04/22/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 2

Other pages 3

Total pages 5

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of John Sans						
Full Name John R. Sans			Registration Number, if PAC			
Address 355 Storer Ave.	Type* LN		M 0	D 3	Y 2016	Amount \$250.00
City Akron	State OH	Zip Code 44302	Form (Cash, Check, etc.) Check			
Full Name Acme Number 1			Registration Number, if PAC			
Address 1835 West Market Street	Type* RE		M 1	D 2	Y 0715	Amount \$8.53
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) Electronic			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of John Sans										
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State OH	Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State OH	Zip Code		Check Number				
To Whom Paid Fifth Third Bank							M	D	Y	Amount
Address 656 West Market Street				Purpose Service Charge						
City Akron			State OH	Zip Code 44303		Check Number Debit Card				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State OH	Zip Code		Check Number				
To Whom Paid Fifth Third Bank							M	D	Y	Amount
Address 656 West Market Street				Purpose Service Charge						
City Akron			State OH	Zip Code 44303		Check Number Debit Card				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State OH	Zip Code		Check Number				
To Whom Paid Fifth Third Bank							M	D	Y	Amount
Address 656 West Market Street				Purpose Service Charge						
City Akron			State OH	Zip Code 44303		Check Number Debit Card				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State OH	Zip Code		Check Number				
To Whom Paid Fifth Third Bank							M	D	Y	Amount
Address 656 West Market Street				Purpose Service Charge						
City Akron			State OH	Zip Code 44303		Check Number Debit Card				
To Whom Paid AVI L.D. Kichler							M	D	Y	Amount
Address 7711 East Pleasant Valley Road				Purpose Supporter Lunch						
City Independence			State OH	Zip Code 44131		Check Number Debit Card				
To Whom Paid Fifth Third Bank							M	D	Y	Amount
Address 656 West Market Street				Purpose Service Charge						
City Akron			State OH	Zip Code 44303		Check Number Debit Card				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of John Sans												
To Whom Paid Facebook Corporation						M	D	Y	Amount			
						0	3	2	4	1	6	\$50.02
Address 1 Hacker Way				Purpose Recurring Purchase								
City Menlo Park		State CA	Zip Code 94025	Check Number Debit Card								
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	3	2	5	1	6	\$37.00
Address 656 West Market Street				Purpose Bank Fee								
City Akron		State OH	Zip Code 44303	Check Number Debit Card								
To Whom Paid Facebook Corporation						M	D	Y	Amount			
						0	4	0	1	1	6	\$8.89
Address 1 Hacker Way				Purpose Recurring Purchase								
City Menlo Park		State CA	Zip Code 94025	Check Number Debit Card								
To Whom Paid Summit County Concerned Citizens						M	D	Y	Amount			
						0	4	0	8	1	6	\$50.00
Address 17 South Main Street, Suite 401				Purpose Campaign Party								
City Akron		State OH	Zip Code 44309	Check Number 1075								
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	4	1	2	1	6	\$29.00
Address 656 West Market Street				Purpose Service Charge								
City Akron		State OH	Zip Code 44303	Check Number Debit Card								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH	Zip Code	Check Number								

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of John Sans													
From Whom Received John R. Sans										Prior Amount \$2,501.20		Amt. Incurred this Period \$250.00	
Address 355 Storer Ave.												Outstanding Balance \$2,751.20	
City Akron		State OH		Zip Code 44302		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	\$
0 1 1 1 1 6					0 3 3 0 1 6			\$250.00					\$0.00
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
BASF/Chemist													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
		OH				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		State		Zip Code		Loans Received This Period				Payments This Period			
		OH				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	

* 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 \$ \$2,501.20

² Total received this period \$ \$250.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$2,751.20 (To Form No. 30-A)