

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Gloria Rodgers						Registration Number, if PAC					
Full Name of Candidate Gloria Rodgers											
Street Address 1316 Ritchie Rd						Office Sought Summit County Council			District Summit		
City Stow						State O H		Zip Code 44224			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September		Termination		Semianual	
		Monthly		Monthly		Monthly					
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	D	Y
						1 1			0	8	1 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 at 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	\$	2,333.52
2. Total monetary contributions (From Form No. 31-A)	\$	700.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,033.52
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (sum of lines 4-5)	\$	3,033.52
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)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	4,000.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
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 DEC 13 AM 11:49
BOARD OF ELECTIONS
AKRON, OHIO
413 Avc

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

Rodney G. Armstrong, Jr., Treasurer

Rodney G. Armstrong, Jr.
Signature

12/13/16
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Gloria Rodgers							
Full Name of Contributor EDWARD HWEE					Registration Number, if PAC		
Street Address 599 MEREDITH LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1 1	D 1 8	Y 1 6	Amount 200.00
Full Name of Contributor SHARLEENE CHESNES					Registration Number, if PAC		
Street Address 4451 NEWCOMER RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City STOW		State O H	Zip Code 44224	M 1 1	D 1 8	Y 1 6	Amount 500.00
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
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
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization* REFUND OF DEPOSIT			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
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
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
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

* 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 appear. [R.C. 3517.10(B)(4)]

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Gloria Rodgers												
To Whom Owed Gloria Rodgers					Prior Amount 4,000.00			Amt. Incurred this Period 0.00				
Address 4562 Newcommer Rd					Item or Purpose for Debt LOAN			Outstanding Balance 4,000.00				
City Stow			State OH	Zip Code 44224		Payments Made This Period						
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	\$				
					0	5	2	4	1	6	0.00	
Registration Number, if PAC					M	D	Y					
To Whom Owed					Prior Amount			Amt. Incurred this Period				
Address					Item or Purpose for Debt			Outstanding Balance				
City			State	Zip Code		Payments Made This Period						
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	\$				
Registration Number, if PAC					M	D	Y					
To Whom Owed					Prior Amount			Amt. Incurred this Period				
Address					Item or Purpose for Debt			Outstanding Balance				
City			State	Zip Code		Payments Made This Period						
					Date			Amount				
Date Debt was originally Incurred					M	D	Y	\$				
Registration Number, if PAC					M	D	Y					

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 4,000.00 (also record on cover page)