

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of John Sans</b>						Registration Number, if PAC									
Full Name of Candidate <b>John R. Sans</b>															
Street Address <b>355 Storer Avenue</b>						Office Sought <b>County Council</b>			District <b>7</b>						
City <b>Akron</b>						State <b>OH</b>		Zip Code <b>44302</b>							
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" 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			1	M	1	0	D	8	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	\$	\$700.21
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$700.21
5. Total monetary expenditures (From Form No. 31-B)	\$	\$361.96
6. Balance on hand (line 4 minus line 5)	\$	\$338.25
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)	\$	\$7,202.20
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	\$	

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2016 DEC 16 AM 10:02

BOARD OF ELECTIONS  
AKRON, OHIO

RS #0430

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* 12/12/2016  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature 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 03/05

Name of Committee in Full <b>Friends of John Sans</b>									
Full Name of Contributor <b>none</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear [R.C. 3517.10(B)(4)]

# 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			
PC PAC							1	0	2	0	1	6	\$25.00
Address				Purpose									
476 Mull Avenue				Attend candidate's night wine sip									
City		State		Zip Code		Check Number							
Akron		OH		44320		1015							
To Whom Paid							M	D	Y	Amount			
Ad Graphics							1	0	3	1	1	6	\$313.18
Address				Purpose									
190 N. Union Street				T-shirts with logo									
City		State		Zip Code		Check Number							
Akron		OH		44304		1024							
To Whom Paid							M	D	Y	Amount			
GoDaddy LLC							1	0	3	1	1	6	\$6.39
Address				Purpose									
14455 North Hayden Road, Suite 226				Web site fee									
City		State		Zip Code		Check Number							
Scottsdale		AZ		85260		Debit Card							
To Whom Paid							M	D	Y	Amount			
Fifth Third Bank							1	1	1	0	1	6	\$11.00
Address				Purpose									
656 West Market Street				Bank fee for checking account									
City		State		Zip Code		Check Number							
Akron		OH		44303		Auto Debit							
To Whom Paid							M	D	Y	Amount			
GoDaddy LLC							1	1	2	9	1	6	\$6.39
Address				Purpose									
14455 North Hayden Road, Suite 226				Web site fee									
City		State		Zip Code		Check Number							
Scottsdale		AZ		85260		Debit Card							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
		OH											
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
		OH											
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
		OH											

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of John Sans</b>													
From Whom Received <b>John Sans</b>										Prior Amount <b>7,201.20</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>355 Storer Ave.</b>												Outstanding Balance <b>7,202.20</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44302</b>		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$	
		0	4	3	0	1	6	0.00				0.00	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
<b>BASF/Chemist</b>													

  

From Whom Received													
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
<b>Date Loan was originally Incurred</b>		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													
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
<b>Date Loan was originally Incurred</b>		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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 7,201.20
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,202.20 (To Form No. 30-A)