

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>People for Macedonia Parks and Recreation</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>573 Bluejay Trail</b>					Office Sought		District		
City <b>Macedonia</b>					State <b>O H</b>		Zip Code <b>44056</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		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		M D Y <b>1 1 0 8 1 6</b>	

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	\$	1,207.15
2. Total monetary contributions (From Form No. 31-A)	\$	130.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	1,337.15
5. Total monetary expenditures (From Form No. 31-B)	\$	1,123.45
6. Balance on hand (line 4 minus 5)	\$	213.70
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	428.23
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)	\$	
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**

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BOARD OF ELECTIONS  
AKRON, OHIO  
# 401 Av c

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

**Jessica Brandt** \_\_\_\_\_ *Jessica Brandt* \_\_\_\_\_ 12/09/16 \_\_\_\_\_  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 5

Total pages 7

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>People for Macedonia Parks and Recreation</b>							
Full Name of Contributor <b>Joeseph Biber</b>					Registration Number, if PAC		
Street Address <b>8955 Crow Tr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Macedonia</b>	State <b>O   H</b>	Zip Code <b>44056</b>	M <b>1</b>	D <b>0</b>	Y <b>2   2   1   6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Karen Bartolozzi</b>					Registration Number, if PAC		
Street Address <b>1377 Driftwood Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Macedonia</b>	State <b>O   H</b>	Zip Code <b>44056</b>	M <b>1</b>	D <b>0</b>	Y <b>2   1   1   6</b>	Amount <b>60.00</b>	
Full Name of Contributor <b>Cynthia Funk</b>					Registration Number, if PAC		
Street Address <b>1209 Deepwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Macedonia</b>	State <b>O   H</b>	Zip Code <b>44056</b>	M <b>1</b>	D <b>0</b>	Y <b>2   2   1   6</b>	Amount <b>20.00</b>	
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	
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
People for Macedonia Parks and Recreation												
To Whom Paid						M	D	Y	Amount			
Stacie DeBenedictis						1	0	3	1	1	6	288.90
Address			Purpose									
1232 Mig Court			Flyer creation									
City		State	Zip Code	Check Number								
Macedonia		O   H	44056	3003								
To Whom Paid						M	D	Y	Amount			
Home Depot						1	0	2	1	1	6	95.40
Address			Purpose									
8211 Macedonia Commons Blvd			Banner posts and ties									
City		State	Zip Code	Check Number								
Macedonia		O   H	44056	EFT								
To Whom Paid						M	D	Y	Amount			
Sign-A-Rama						1	0	2	0	1	6	619.15
Address			Purpose									
9862 Freeway Dr			Banners									
City		State	Zip Code	Check Number								
Macedonia		O   H	44056	EFT								
To Whom Paid						M	D	Y	Amount			
Brent Simon						1	1	2	9	1	6	100.00
Address			Purpose									
5986 S.R.82			Drone video									
City		State	Zip Code	Check Number								
Hiram		O   H	44234	3004								
To Whom Paid						M	D	Y	Amount			
Kevin Bilkie						1	0	2	2	1	6	20.00
Address			Purpose									
7995 Brook Circle			Printer ink and paper for flyer assignments									
City		State	Zip Code	Check Number								
Macedonia		O   H	44056	CASH								
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								

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>People for Macedonia Parks and Recreation</b>				
Full Name of Contributor <b>Jeremy DeBenedictis</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>1232 Mig Court</b>	Description of Item or Service <b>Facebook Ads</b>	M <b>1</b>	D <b>2</b>	Y <b>9</b>
City <b>Macedonia</b>	State <b>OH</b>	Zip Code <b>44056</b>	Fair Market Value <b>428.23</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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