

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Hudson Citizens For a Strong Library				Registration Number, if PAC 35-2517995			
Full Name of Candidate							
Street Address 94 Aurora St				Office Sought		District	
City Hudson				State OH		Zip Code 44236	
Type of Report (place X to the left of report type)	<input type="radio"/> Pre-Primary	<input type="radio"/> Post-Primary	<input type="radio"/> Pre-General	<input type="radio"/> Post-General	<input checked="" type="radio"/> Annual Year		
	<input type="radio"/> July Monthly	<input type="radio"/> August Monthly	<input type="radio"/> September Monthly	<input type="radio"/> Termination	<input type="radio"/> Semiannual		
Amended Report? <input type="radio"/> Yes <input checked="" type="radio"/> No		Report Electronically Filed? <input type="radio"/> Yes <input checked="" type="radio"/> No		Date of Election		M ?	D ?
						2	0

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.

#610
BOARD OF ELECTIONS
AKRON, OHIO
2017 JAN 26 AM 10:59

1. Amount brought forward from last report	\$	464.76
2. Total monetary contributions (From Form No. 31-A)	\$	2000.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2464.76
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (From Form No. 31-D)	\$	2464.76
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)	\$	0.00
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.	\$	0.00

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.

Robert Swedenborg, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Robert Swedenborg

Signature

1/22/17

Date

Contribution pages **1**

Expenditure pages **0**

Other pages **0**

Total pages **1**

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Hudson Citizens for a Strong Library							
Full Name of Contributor Friends of Hudson Library						Registration Number, if PAC	
Street Address P.O.Box 549			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hudson		State OH	Zip Code 44236		M 1	D 2	Y 0916
Full Name of Contributor						Amount 2,000.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Full Name of Contributor						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)]