

LATE

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Amber Zibritosky				Registration Number, if PAC			
Full Name of Candidate Amber Zibritosky							
Street Address 2203 Crockett Circle				Office Sought Law Director - Stow		District Stow	
City Stow				State OH		Zip Code 44224	
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 type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2018		
	<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
					3	1	5 ^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	\$	\$555.80
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)	\$	\$555.80
5. Total monetary expenditures (From Form No. 31-B)	\$	\$199.90
6. Balance on hand (line 4 minus line 5)	\$	\$355.90
7. Value of in-kind contributions received (From Form No. 31-I)	\$	\$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)	\$	\$9,500.00
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.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 31 PM 4: 18
BOARD OF ELECTIONS
AKRON, OHIO
112 BAB

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.

Jerad Zibritosky / Treasurer

1/30/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 1

Other pages 1

Total pages 2

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee Committee to Elect Amber Zibritosky														
From Whom Received Amber Zibritosky								Prior Amount \$9,500.00		Amt. Incurred this Period				
Address 2203 Crockett Circle										Outstanding Balance \$9,500.00				
City Stow		State OH		Zip Code 44224		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
						M	D	Y	\$	M	D	Y	\$	
Date Loan was originally Incurred		03		09		15								
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 OH		Zip Code		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
						M	D	Y	\$	M	D	Y	\$	
Date Loan was originally Incurred														
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 OH		Zip Code		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
						M	D	Y	\$	M	D	Y	\$	
Date Loan was originally Incurred														
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 \$ \$9,500.00
- ² Total received this period \$ \$0.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$9,500.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Amber Zibritosky								
To Whom Paid Federal Express				M	D	Y	Amount	
				1	2	09	15	\$124.90
Address 65 S. Main St.		Purpose Campaign Printing						
City Hudson		State OH	Zip Code 44236	Check Number				
To Whom Paid Summit County Democratic Party				M	D	Y	Amount	
				1	2	08	15	\$75.00
Address 438 Grant Street		Purpose Holiday Party						
City Akron		State OH	Zip Code 44311	Check Number 1024				
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				
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				