

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | |
|---|--------------------------|--|--------------------------|----------------|-------------------------------|-------------------|-----------------------------|--------------|-------------------------------------|---------------------|
| Full Name of Committee The Committee to Elect Ted Yates | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Thomas T. Yates | | | | | | | | | | |
| Street Address 3108 Darien Lane | | | | | Office Sought Mayor | | | District | | |
| City Twinsburg | | | | | State OH | | Zip Code 44087 | | | |
| 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 2016 |
| | <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 | | M | D | 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(F) for details.

| | | |
|---|----|-------------|
| 1. Amount brought forward from last report | \$ | \$2,836.69 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$0.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$1,350.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$4,186.69 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$4,030.03 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$156.66 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | \$19,810.00 |
| 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. | \$ | |

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 30 PM 3:25
BOARD OF ELECTIONS
AKRON, OHIO

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.

Thomas Yates / Deputy Treasurer

Signature 

01/30/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 4

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | | |
|--|--------------------|----------|-----------------------------|---|-----------------------------|
| Name of Committee in Full Committee to Elect Ted Yates | | | | | |
| Full Name Transfer from Form 31-C | | | Registration Number, if PAC | | |
| Address | Type* LN | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount \$1,350.00 |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Full Name | | | Registration Number, if PAC | | |
| Address | Type* RE | | M | D | Y |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | | Amount |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | |
|--------------------------------|--|--|----------|---|------------------|---------|
| Committee to Elect Ted Yates | | | | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Citizens Bank | | | 1 | 2 | 3 | \$35.99 |
| Address | | Purpose | | | | |
| 8968 Darrow Road | | Bank Fees For 13 Mo. (Dec-2015 to Dec-2016) (\$2.00 per month+\$9.99 Annual) | | | | |
| City | | State | Zip Code | | Check Number | |
| Twinsburg | | OH | 44087 | | Debit - Checking | |
| To Whom Paid | | | M | D | Y | Amount |
| Hudson Printing | | | 1 | 2 | \$1,853.46 | |
| Address | | Purpose | | | | |
| 9085 Freeway Drive | | Printed Mailer | | | | |
| City | | State | Zip Code | | Check Number | |
| Macedonia | | OH | 44056 | | 127 | |
| To Whom Paid | | | M | D | Y | Amount |
| Record Publishing | | | 0 | 2 | \$887.40 | |
| Address | | Purpose | | | | |
| 1050 West Main Street | | Newspaper Ad | | | | |
| City | | State | Zip Code | | Check Number | |
| Kent | | OH | 44240 | | Debit - Checking | |
| To Whom Paid | | | M | D | Y | Amount |
| Giant Eagle | | | 1 | 2 | \$49.00 | |
| Address | | Purpose | | | | |
| 8960 Darrow Road | | Stamps | | | | |
| City | | State | Zip Code | | Check Number | |
| Twinsburg | | OH | 44087 | | Debit - Checking | |
| To Whom Paid | | | M | D | Y | Amount |
| 31-C Transfer - Loan Repayment | | | | | \$500.00 | |
| Address | | Purpose | | | | |
| | | | | | | |
| City | | State | Zip Code | | Check Number | |
| | | OH | | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Brewsters | | | 0 | 2 | \$13.68 | |
| Address | | Purpose | | | | |
| 2681 Creekside Drive | | Post election lunch meeting | | | | |
| City | | State | Zip Code | | Check Number | |
| Twinsburg | | OH | 44087 | | Debit - Checking | |
| To Whom Paid | | | M | D | Y | Amount |
| ERC Printing | | | 0 | 3 | \$640.50 | |
| Address | | Purpose | | | | |
| 2254 East Enterprise | | Campaign Printing | | | | |
| City | | State | Zip Code | | Check Number | |
| Twinsburg | | OH | 44087 | | 129 | |
| To Whom Paid | | | M | D | Y | Amount |
| Jo-Ann Mcearin and Assoc | | | 1 | 0 | \$50.00 | |
| Address | | Purpose | | | | |
| 33760 Bainbridge Road | | Refund Campaign Contribution from Business | | | | |
| City | | State | Zip Code | | Check Number | |
| Solon | | OH | 44139 | | 130 | |

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|---|--------------------------|---|---|----------------------------|----|------------------------------------|---|--|----|--------|----------|---|---|---|---|---|---|----------|
| Full Name of Committee Committee to Elect Ted Yates | | | | | | | | | | | | | | | | | | | | | | |
| From Whom Received Ted Yates | | | | | | | | | | Prior Amount \$19,810.00 | | Amt. Incurred this Period \$1,350.00 | | | | | | | | | | |
| Address 3108 Darien Lane | | | | | | | | | | | | Outstanding Balance \$20,660.00 | | | | | | | | | | |
| City Twinsburg | | | State OH | | Zip Code 44087 | | | Loans Received This Period | | | | Payments This Period | | | | | | | | | | |
| | | | | | | | | Date | | Amount | | Date | | Amount | | | | | | | | |
| Date Loan was originally Incurred | | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | | | | | | | | | |
| | | | 0 | 3 | 0 | 5 | 1 | 5 | 0 | 1 | 2 | 9 | 1 | 6 | \$600.00 | 1 | 2 | 2 | 3 | 1 | 5 | \$500.00 |
| Registration Number, if PAC | | | | | | M | D | Y | \$ | M | D | Y | \$ | | | | | | | | | |
| | | | | | | 0 | 3 | 1 | 1 | 1 | 6 | 700.00 | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M | D | Y | \$ | M | D | Y | \$ | | | | | | | | | |
| | | | | | | 1 | 0 | 2 | 1 | 1 | 6 | 50.00 | | | | | | | | | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | | | | | | |
| City | | | State | | Zip Code | | | Loans Received This Period | | | | Payments This Period | | | | | | | | | | |
| | | | OH | | | | | Date | | Amount | | Date | | Amount | | | | | | | | |
| Date Loan was originally Incurred | | | 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 | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | | | | | | |
| City | | | State | | Zip Code | | | Loans Received This Period | | | | Payments This Period | | | | | | | | | | |
| | | | OH | | | | | Date | | Amount | | Date | | Amount | | | | | | | | |
| Date Loan was originally Incurred | | | 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 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 \$ 19,810.00
- ² Total received this period \$ 1,350.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ 500.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 20,660.00 (To Form No. 30-A)