

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Al Schrader Committee</b>						Registration Number, if PAC				
Full Name of Candidate <b>Al Schrader</b>										
Street Address <b>3344 Brunk Rd.</b>				Office Sought <b>Summit County Council-At Large</b>		District <b>At-Large</b>				
City <b>Akron</b>				State <b>OH</b>		Zip Code <b>44312</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 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		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(H) for details.

1. Amount brought forward from last report	\$	\$1,158.09
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)	\$	\$1,158.09
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,158.09
7. Value of fund 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)	\$	\$39,629.59
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$11.00
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 AM 11:16  
BOARD OF ELECTIONS  
AKRON, OHIO  
# WY  
BSE

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.

**Al Schrader, Deputy Treasurer**  01/26/2017  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages <u>0</u>
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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Al Schrader Committee</b>													
From Whom Received <b>Al Schrader</b>							Prior Amount <b>\$39,629.59</b>			Amt. Incurred this Period <b>\$0.00</b>			
Address <b>3344 Brunk Rd.</b>										Outstanding Balance <b>\$39,629.59</b>			
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44312</b>			Loans Received This Period Date Amount			Payments This Period Date Amount			
							M D Y \$			M D Y \$			
Date Loan was originally Incurred		M D		Y									
0 3		0 4		9 2									
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 <b>OH</b>		Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount			
							M D Y \$			M D Y \$			
Date Loan was originally Incurred		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 <b>OH</b>		Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount			
							M D Y \$			M D Y \$			
Date Loan was originally Incurred		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).

- <sup>1</sup> Total prior amount \$ \$39,629.59
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$39,629.59 (To Form No. 30-A)

# Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee Al Schrader Committee									
To Whom Made Al Schrader Committee						Prior Amount \$11.00		Amt. Loaned this Period \$0.00	
Address 3344 Brunk Rd.								Outstanding Balance \$11.00	
City Akron			State OH		Zip Code 44312		Payments Received This Period		
Date Loan was Originally Made						Date			Amount
						M	D	Y	\$
						0	3	0	4
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State OH		Zip Code		Payments Received This Period		
Date Loan was Originally Made						Date			Amount
						M	D	Y	\$
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State OH		Zip Code		Payments Received This Period		
Date Loan was Originally Made						Date			Amount
						M	D	Y	\$
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State OH		Zip Code		Payments Received This Period		
Date Loan was Originally Made						Date			Amount
						M	D	Y	\$

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$11.00 (also record on cover page)

Total Payments Received this Period \$ \$0.00 (also record on Forms 31-A-2)