

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Committee to Elect Jason Sams</i>						Registration Number, if PAC	
Full Name of Candidate <i>Jason L Sams</i>							
Street Address <i>3782 Long Drive</i>				Office Sought <i>School Board</i>		District <i>Norton</i>	
City <i>Norton</i>				State <i>OH</i>		Zip Code <i>44203</i>	
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 <i>2016</i>		
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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	\$	<i>- 0 - 0</i>
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	<i>- 0 -</i>
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)	\$	
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**

2016 DEC 28 PM 2: 12

BOARD OF ELECTIONS
AKRON, OHIO

17453 Ave

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.

Charles Miller TREASURED *Charles Miller* *12/28/16*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC				
Full Name				Registration Number, if PAC				
Address	Type*	State	Zip Code	M	D	Y	Amount	
City				Form (Cash, Check, etc.)				
Committee to Elect Bruce Kilby								
Bruce Kilby								
1750 Olalla Ave				0	6	26	15	4100. ⁰⁰
AKRON		OH	44305					
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC				
Address				Registration Number, if PAC				
City				Form (Cash, Check, etc.)				

454 Avc

BOARD OF ELECTORS
AKRON OHIO
2011 DEC 29 PM 2:07

* 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.