

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee TEAM RENSEL						Registration Number, if PAC	
Full Name of Candidate JOHN D RENSEL							
Street Address 624 EAST AVENUE				Office Sought MAYOR		District	
City TALLMADGE				State OHIO		Zip Code 44278	
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	Annual Year 2016		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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 D 03 15	

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	\$	672 14
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)	\$	672 14
5. Total monetary expenditures (From Form No. 31-B)	\$	10 00
6. Balance on hand (line 4 minus line 5)	\$	662 14
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)	\$	500 00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1932 55
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.	\$	

#668

STATE BOARD OF ELECTIONS
AKRON, OHIO

2017 JAN 31 PM 12:17

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SUMMIT COUNTY
BOARD OF ELECTIONS

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.

JOHN D. CALVIN - TREASURER *John D. Calvin*

1/30/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages **7**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full TEAM RENSEL						
To Whom Paid FIFTH THIRD BANK			M	D	Y	Amount
Address 40 NORTH AVENUE			Purpose DORMANT ACCOUNT FEE			
City TALLMADGE		State OH	Zip Code 44278		Check Number	
To Whom Paid FIFTH THIRD BANK			M	D	Y	Amount
Address 40 NORTH AVENUE			Purpose DORMANT ACCOUNT FEE			
City TALLMADGE		State OH	Zip Code 44278		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	

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee Rensel for Council									
To Whom Owed John Rensel					Prior Amount \$115.02			Amt. Incurred This Period \$0.00	
Address 624 East Avenue					Item or Purpose of Debt t-shirts			Outstanding Balance \$115.02	
City Tallmadge		State OH	Zip Code 44278		Payments This Period				
					Date		Amount		
Date Debt was originally incurred					M	D	Y	\$	
0 8 2 9 1 3									
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
					M	D	Y	\$	
To Whom Owed Trina Carter					Prior Amount \$316.31			Amt. Incurred This Period \$0.00	
Address 731 N. Munroe Road					Item or Purpose of Debt print handouts			Outstanding Balance \$316.31	
City Tallmadge		State OH	Zip Code 44278		Payments This Period				
					Date		Amount		
Date Debt was originally incurred					M	D	Y	\$	
0 9 1 7 1 3									
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
					M	D	Y	\$	
To Whom Owed Trina Carter					Prior Amount \$32.36			Amt. Incurred This Period \$0.00	
Address 731 N. Munroe Road					Item or Purpose of Debt door hanger bags			Outstanding Balance \$32.36	
City Tallmadge		State OH	Zip Code 44278		Payments This Period				
					Date		Amount		
Date Debt was originally incurred					M	D	Y	\$	
0 9 1 9 1 3									
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
					M	D	Y	\$	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

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

Total Outstanding Balance \$ 463.69 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Rensel for Council										
To Whom Owed Trina Carter				Prior Amount \$97.60			Amt. Incurred This Period \$0.00			
Address 731 N. Munroe Road				Item or Purpose of Debt stamps			Outstanding Balance \$97.60			
City Tallmadge		State OH	Zip Code 44278		Payments This Period					
					Date		Amount			
		M	D	Y	M	D	Y	\$		
Date Debt was originally Incurred				1	0	0	4	1	3	
Registration Number, if PAC				M	D	Y				
				M	D	Y				
To Whom Owed Trina Carter				Prior Amount \$383.76			Amt. Incurred This Period \$0.00			
Address 731 N. Munroe Road				Item or Purpose of Debt Tallmadge Exoress ad			Outstanding Balance \$383.76			
City Tallmadge		State OH	Zip Code 44278		Payments This Period					
					Date		Amount			
		M	D	Y	M	D	Y	\$		
Date Debt was originally Incurred				1	0	0	7	1	3	
Registration Number, if PAC				M	D	Y				
				M	D	Y				
To Whom Owed Trina Carter				Prior Amount \$480.00			Amt. Incurred This Period \$0.00			
Address 731 N. Munroe Road				Item or Purpose of Debt food for fundraiser			Outstanding Balance \$480.00			
City Tallmadge		State OH	Zip Code 44278		Payments This Period					
					Date		Amount			
		M	D	Y	M	D	Y	\$		
Date Debt was originally Incurred				1	0	1	6	1	3	
Registration Number, if PAC				M	D	Y				
				M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Cand Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$961.36 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee Rensel for Council									
To Whom Owed Trina Carter					Prior Amount \$0.00			Amt. Incurred This Period \$507.50	
Address 731 N. Munroe Rd.					Item or Purpose of Debt advertising			Outstanding Balance \$507.50	
City Tallmadge		State OH	Zip Code 44278		Payments This Period				
					Date			Amount	
Date Debt was originally incurred					M	D	Y	\$	
1 0 2 4 1 3									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred This Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred This Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-I-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)
 Total Outstanding Balance \$ \$507.50 (also record on cover page)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Team Rensel												
From Whom Received Trina Carter								Prior Amount 2,500.00		Amt. Incurred this Period 0.00		
Address 731 N Munroe Rd										Outstanding Balance 2,500.00		
City Tallmadge		State OH	Zip Code 44278		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
8		4	1	5								
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received John D Rensel								Prior Amount 1,000.00		Amt. Incurred this Period		
Address 624 East Avenue										Outstanding Balance 1,000.00		
City Tallmadge		State OH	Zip Code 44278		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1		0	2	1	5							
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Virginia A Rensel								Prior Amount 1,000.00		Amt. Incurred this Period 0.00		
Address 624 East Ave										Outstanding Balance 1,000.00		
City Tallmadge		State OH	Zip Code 44278		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1		0	2	1	3							
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 4,500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 4,500.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Team Rensel													
From Whom Received John D Rensel										Prior Amount 500.00		Amt. Incurred this Period 0.00	
Address 624 East Ave												Outstanding Balance 500.00	
City Tallmadge		State OH	Zip Code 44278		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	\$	
1 0 9 1 3													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received John Rensel										Prior Amount 500		Amt. Incurred this Period 100.00	
Address 624 East Avenue												Outstanding Balance 400.00	
City Tallmadge		State OH	Zip Code 44278		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	\$	
1 0 1 5 1 5					1 0 1 5 1 5								
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				
					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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 500.00
- 2 Total received this period \$ 400.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 900.00 (To Form No. 30-A)