

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Ohioans for Mike Rasor						Registration Number, if PAC					
Full Name of Candidate Mike Rasor											
Street Address 4312 Eagle Ave.				Office Sought City Council		District At Large					
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 type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination			
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		0 ^M	9	0 ^D	5	1 ^Y	7

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	\$	\$2,768.13
2. Total monetary contributions (From Form No. 31-A)	\$	\$100.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,868.13
5. Total monetary expenditures (From Form No. 31-B)	\$	\$342.12
6. Balance on hand (line 4 minus line 5)	\$	\$2,526.01
7. Value of in-kind contributions received (From Form No. 31-D)	\$	\$84.90
8. Value of in-kind contributions made (From Form No. 31-J)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
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.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

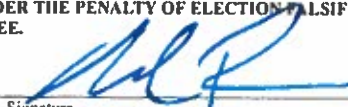
2017 JAN 10 AM 8:33

SUMMIT COUNTY
BOARD OF ELECTIONS
#471 AVC

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.

MIKE RASOR, TREASURER

Print Name and Title (Treasurer and Deputy Treasurer only)



Signature

1/5/17
00/00/0000

Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ohioans for Mike Rasor										
Full Name of Contributor Nancy Marhofer							Registration Number, if PAC			
Street Address 226 Cackler Road				Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Streetsboro		State OH		Zip Code 44241		M 0	D 6	Y 2	Y 8	Amount \$100.00
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
To Whom Paid						M	D	Y	Amount		
Facebook						0	1	3	1	16	\$18.46
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	2	2	9	16	\$24.90
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	6	3	0	16	\$13.30
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	8	3	1	16	\$17.50
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	8	0	4	16	\$50.03
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	7	3	1	16	\$7.64
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						0	9	3	0	16	\$10.47
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					
To Whom Paid						M	D	Y	Amount		
Facebook						1	0	3	1	16	\$20.92
Address 1 Hacker Way				Purpose Advertising							
City Menlo Park		CA	State	Zip Code 94025		Check Number N/A					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Ohioans for Mike Rasor												
To Whom Paid							M	D	Y	Amount		
Facebook							1	1	3	0	16	\$10.00
Address				Purpose								
1 Hacker Way				Advertising								
City			State		Zip Code		Check Number					
Menlo Park			CA		94025		N/A					
To Whom Paid							M	D	Y	Amount		
Facebook							1	2	3	1	16	\$24.00
Address				Purpose								
1 Hacker Way				Advertising								
City			State		Zip Code		Check Number					
Menlo Park			CA		94025		N/A					
To Whom Paid							M	D	Y	Amount		
Twitter							0	8	2	5	16	\$10.00
Address				Purpose								
1355 Market Street, Suite 900				Advertising								
City			State		Zip Code		Check Number					
San Francisco			CA		94103		N/A					
To Whom Paid							M	D	Y	Amount		
Ohio Ethics Commission							0	1	1	4	15	\$35.00
Address				Purpose								
30 West Spring Street L3				Annual report filing								
City			State		Zip Code		Check Number					
Columbus			OH		43215		N/A					
To Whom Paid							M	D	Y	Amount		
Stow Munroe Falls Chamber of Commerce							0	6	2	3	16	\$100.00
Address				Purpose								
4301 Darrow Road #2450				Hole Sponsorship at golf outing								
City			State		Zip Code		Check Number					
Stow			OH		44224		N/A					
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City			State		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City			State		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City			State		Zip Code		Check Number					

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ohioans for Mike Rasor			
Full Name of Contributor Robert Rasor		Employer, Occupation, Labor Organization* Engineer	Registration Number, if PAC
Street Address 3466 Churchill Downs		Description of Item or Service Candy for parade	M D Y Fair Market Value 0 7 0 2 1 6 \$84 . 90
City Stow		Sta te Zip Code OH 44224	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		Sta te Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]