

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller						Registration Number, if PAC			
Full Name of Candidate Adam Miller									
Street Address 100 Alameda Dr.				Office Sought Cuyahoga Falls Council			District Ward 6		
City Cuyahoga Falls				State OH		Zip Code 44221			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2016
	July Monthly		August Monthly		September Monthly		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			
						M	D	Y	
						1	1	0	3
									1
									5

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 at 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	\$ 2,047.30
2. Total monetary contributions (From Form No. 31-A)	\$ 105.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, and 3)	\$ 2,152.30
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 2,152.30
7. Value of in-kind 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)	\$ 3,496.82
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 31 PM 3:52

BOARD OF ELECTIONS
AKRON, OHIO

709 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 THIRD DEGREE

Bill Roemer treasurer Signature Date **1/29/17**

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Adam Miller							
Full Name of Contributor Tom Overfield					Registration Number, if PAC		
Street Address 758 Kathron Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44221	M 1 2	D 0 8	Y 1 5	Amount 50.00
Full Name of Contributor Luke Young					Registration Number, if PAC		
Street Address 9902 Miami Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Raleigh		State N C	Zip Code 16827	M 1 1	D 1 5	Y 1 6	Amount 35.00
Full Name of Contributor Zak Grant					Registration Number, if PAC		
Street Address 54 Coach Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Akron		State O H	Zip Code 44312	M 1 1	D 1 3	Y 1 6	Amount 20.00
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

* 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 appear. [R.C. 3517.10(B)(4)]

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller											
From Whom Received Adam Miller						Prior Amount 0.00			Amt. Incurred this Period 3,496.82		
Address 100 Alameda Ave.									Outstanding Balance 3,496.82		
City Cuyahoga Falls		State OH	Zip Code 44221			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
		0	9	3	0	1	5	0	9	3	0
								3496.82			0
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		

* 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 \$ 0.00
- 2 Total received this period \$ 3,496.82 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,496.82 (To Form No. 30-A)