

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Mike Martin						Registration Number, if PAC			
Full Name of Candidate Michael T Martin									
Street Address 1565 Collier Rd					Office Sought Ward 8 Councilman		District Akron		
City Akron						State OH	Zip Code 44320		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		
	July Monthly		August Monthly		September Monthly		Termination		
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	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	\$	313	26
2. Total monetary contributions (From Form No. 31-A)	\$	200	00
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	513	26
5. Total monetary expenditures (From Form No. 31-B)	\$	493	00
6. Balance on hand (line 4 minus line 5)	\$	20	26
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)	\$	43	00
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	\$		

#686
BOARD OF ELECTIONS
AKRON, OHIO

2017 JAN 31 PM 2:44

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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.

Michelle S Young Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

01/31/17

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Mike Martin							
Full Name of Contributor Mary Dice					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City	State	Zip Code	M 0	D 1	Y 16	Amount 100⁰⁰	
Full Name of Contributor Brian Chima					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Chima Travel			Form (Cash, Check, etc.) Check		
City	State	Zip Code	M 0	D 3	Y 16	Amount 100⁰⁰	
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			
Address				Purpose								
City		State	Zip Code	Check Number								
Committee to Elect Mike Martin												
Michael T Martin						0	2	12	16	357 ⁰⁰		
153 Castle Blvd				Repayment towards loan								
Akron		OH	44313	XXXX withdraw								
Michael T Martin						0	5	20	16	100 ⁰⁰		
153 Castle Blvd				Repayment toward loan								
Akron		OH	44313	withdraw								
US Bank												
				Analysis service charge - monthly								

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Mike Martin																					
From Whom Received Michael Thomas Martin										Prior Amount 500⁰⁰		Amt. Incurred this Period 457⁰⁰									
Address 153 Castle Blvd														Outstanding Balance 43⁰⁰							
City Akron			State OH		Zip Code 44313			Loans Received This Period				Payments This Period									
								Date		Amount		Date		Amount							
Date Loan was originally Incurred			M		D		Y		\$		M		D		Y		\$				
			09		09		15				02		21		14		357⁰⁰				
Registration Number, if PAC										M		D		Y		M		D		Y	
																05		20		16	
Employer/Occupation/Labor Organization*										M		D		Y		M		D		Y	

From Whom Received																					
Address										Prior Amount		Amt. Incurred this Period									
City														Outstanding Balance							
State			Zip Code		Loans Received This Period				Payments This Period												
OH						Date		Amount		Date		Amount									
Date Loan was originally Incurred			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	

From Whom Received																					
Address										Prior Amount		Amt. Incurred this Period									
City														Outstanding Balance							
State			Zip Code		Loans Received This Period				Payments This Period												
OH						Date		Amount		Date		Amount									
Date Loan was originally Incurred			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	

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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).

- ¹ Total prior amount \$ \$0.00
- ² Total received this period \$ \$0.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)