

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee Martin for Council						Registration Number, if PAC	
Full Name of Candidate Kenneth C. Martin							
Street Address 8861 Harad Court				Office Sought Council		District MACEDONIA	
City Macedonia				State OH		Zip Code 44056	
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	2016	
	<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 checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" 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	\$	2558	90
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)	\$	2558	90
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$	2558	90
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)	\$	6708	90
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	855	33
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**

#299

BOARD OF ELECTIONS
AKRON, OHIO

2017 JAN 26 PM 2:32

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.

Kenneth C. Martin Kenneth C. Martin 1-26-17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Martin for Council												
From Whom Received Kenneth C. Martin						Prior Amount 6708.90			Amt. Incurred this Period 0			
Address 8861 Harad Court						Outstanding Balance 6708.90						
City Macedonia		State OH		Zip Code 44056		Loans Received This Period			Payments This Period			
Date Loan was originally incurred		M		D		Y		Date			Amount	
100513												
Registration Number, if PAC						M			D			Y
Employer/Occupation/Labor Organization*						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 Loan was originally incurred		M		D		Y		Date			Amount	
Registration Number, if PAC						M			D			Y
Employer/Occupation/Labor Organization*						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 Loan was originally incurred		M		D		Y		Date			Amount	
Registration Number, if PAC						M			D			Y
Employer/Occupation/Labor Organization*						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 Loan was originally incurred		M		D		Y		Date			Amount	
Registration Number, if PAC						M			D			Y
Employer/Occupation/Labor Organization*						M			D			Y

* 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)]

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 \$ 6708.90
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 6708.90 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Martin for Council							
To Whom Owed Kimpton Printing				Prior Amount 619.33		Amt. Incurred this Period 0.00	
Address 400 East Highland Rd				Item or Purpose of Debt printing		Outstanding Balance 619.33	
City Macedonia		State OH	Zip Code 44056	Payments This Period			
Date Debt was originally Incurred				Date		Amount	
M D Y				M	D	Y	\$
092705							
Registration Number, if PAC							
To Whom Owed Nordonia Hills Boosters				Prior Amount 236		Amt. Incurred this Period 0.00	
Address 8006 Bedford Road				Item or Purpose of Debt Ad		Outstanding Balance 236.00	
City Macedonia		State OH	Zip Code 44056	Payments This Period			
Date Debt was originally Incurred				Date		Amount	
M D Y				M	D	Y	\$
082305							
Registration Number, if PAC							
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 Debt was originally Incurred				Date		Amount	
M D Y				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-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 \$ 855.33 (also record on cover page)