

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Klinger Campaign Committee</b>						Registration Number, if PAC	
Full Name of Candidate <b>CAROL ANN KLINGER</b>							
Street Address <b>1715 17th St</b>				Office Sought <b>Council-N+LARGE</b>		District <b>Cuyahoga Falls</b>	
City <b>Cuyahoga Falls</b>				State <b>OH</b>	Zip Code <b>44223</b>		
Type of Report (place X to the left of report type)	<input checked="" 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	<b>2016</b>	
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election			

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	\$	5472	80
2. Total monetary contributions (From Form No. 31-A)	\$	-	
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	5472	80
5. Total monetary expenditures (From Form No. 31-B)	\$		00
6. Balance on hand (Sum of lines 4, 5)	\$	5472	80
7. Value of in-kind contributions received (From Form No. 31-C)	\$	-	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	69,000	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	7101	77
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**

2017 JAN 17 AM 11:30  
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BOARD OF ELECTIONS  
AKRON, OHIO

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.

Richard KLINGER TREASURER Richard T Klinger 1/17/17  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 0

Expenditure pages 0

Other pages 7

Total pages 8

31-N  
RC 2517:10

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>				Prior Amount <b>220.00</b>		Amt. Incurred this Period <b>0</b>	
To Whom Owed <b>Rick Klinger</b>				Item or Purpose of Debt <b>ADV.</b>		Outstanding Balance <b>220.00</b>	
Address <b>1715 17th</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
City <b>Cuy Falls</b>		M	D	Y	Amount		
Date Debt was originally Incurred		M	D	Y			
Registration Number, if PAC		M	D	Y			
		M	D	Y			
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>372.75</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADV.</b>		Outstanding Balance <b>372.75</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
Date Debt was originally Incurred		M	D	Y	Amount		
Registration Number, if PAC		M	D	Y			
		M	D	Y			
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>230</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>Postage</b>		Outstanding Balance <b>230.00</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
Date Debt was originally Incurred		M	D	Y	Amount		
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-C). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 7106.77 (also record on cover page)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2.01

Full Name of Committee <b>Klinger Campaign Committee</b>							
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>5000</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADV.</b>		Outstanding Balance <b>5000.00</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				M	D	Y	
				04	24	13	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>161.97</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADV</b>		Outstanding Balance <b>161.97</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				M	D	Y	
				03	16	13	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>522.90</b>		Amt. Incurred this Period	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADV</b>		Outstanding Balance <b>522.90</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				M	D	Y	
				02	14	13	
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-F-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 7101.77 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>									
To Whom Owed <b>Rick Klinger</b>					Prior Amount <b>0</b>			Amt. Incurred this Period <b>594.15</b>	
Address <b>1715 17th</b>					Item or Purpose of Debt <b>Adv.</b>			Outstanding Balance <b>594.15</b>	
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
						M	D	Y	\$
Date Debt was originally Incurred									
Registration Number, if PAC									
To Whom Owed <b>Rick Klinger</b>					Prior Amount			Amt. Incurred this Period	
Address <b>1715 17th St</b>					Item or Purpose of Debt			Outstanding Balance	
City <b>Cuyahoga Falls OH</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
						M	D	Y	\$
Date Debt was originally Incurred									
Registration Number, if PAC									
To Whom Owed <b>RICK Klinger</b>					Prior Amount			Amt. Incurred this Period	
Address <b>1715 17th St</b>					Item or Purpose of Debt			Outstanding Balance	
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
						M	D	Y	\$
Date Debt was originally Incurred									
Registration Number, if PAC									

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 (also record on Form 31-B)

Total Outstanding Balance \$ 7106.77 (also record on cover page)

31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>																	
From Whom Received <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>5000.00</b>		Amt. Incurred this Period									
Address <b>1715 17th St</b>								Outstanding Balance <b>5000.00</b>									
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			
From Whom Received <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>72000.00</b>		Amt. Incurred this Period									
Address <b>1715 17th St</b>								<b>0</b>									
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			
From Whom Received <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>10,000</b>		Amt. Incurred this Period									
Address <b>1715 17th St</b>								<b>10,000</b>									
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			

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 \$ 69,000
- 2 Total received this period: 0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 69,000 (To Form No. 30-A)

31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>											
From Whom Received <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>5000.00</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th St</b>								Outstanding Balance <b>5000.00</b>			
City <b>Cuyahoga Falls</b>		State <b>Oh</b>		Zip Code <b>44223</b>							
				Loans Received This Period		Payments This Period					
				Date		Date		Amount			
				M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred <b>070601</b>				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 <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>2528.90</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th St</b>								Outstanding Balance <b>-0.00</b>			
City <b>Cuyahoga Falls</b>		State <b>Oh</b>		Zip Code <b>44223</b>							
				Loans Received This Period		Payments This Period					
				Date		Date		Amount			
				M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred <b>052097</b>				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 <b>RICK &amp; CAROL KLINGER</b>						Prior Amount <b>19,000</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th</b>								Outstanding Balance <b>19,000</b>			
City <b>Cuyahoga Falls</b>		State <b>Oh</b>		Zip Code <b>44223</b>							
				Loans Received This Period		Payments This Period					
				Date		Date		Amount			
				M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred <b>011004</b>				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	\$

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).

<sup>1</sup> Total prior amount \$ 69,000

<sup>2</sup> Total received this period \$      (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 0 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance 69,000 (To Form No. 30-A)

31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>													
From Whom Received <b>Rick &amp; Carol Klinger</b>						Prior Amount <b>5000</b>		Amt. Incurred this Period <b>—</b>					
Address <b>1715 17th St</b>								Outstanding Balance <b>5000</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred <b>01/12/05</b>						M	D	Y	S	M	D	Y	S
Registration Number, if PAC						M	D	Y	S	M	D	Y	S
Employer Occupation Labor Organization						M	D	Y	S	M	D	Y	S
From Whom Received <b>Rick &amp; Carol Klinger</b>						Prior Amount <b>10,000</b>		Amt. Incurred this Period <b>—</b>					
Address <b>1715 17th St</b>								Outstanding Balance <b>10,000</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred <b>04/03/09</b>						M	D	Y	S	M	D	Y	S
Registration Number, if PAC						M	D	Y	S	M	D	Y	S
Employer Occupation Labor Organization						M	D	Y	S	M	D	Y	S
From Whom Received <b>Rick &amp; Carol Klinger</b>						Prior Amount <b>15,000</b>		Amt. Incurred this Period <b>—</b>					
Address <b>1715 17th</b>								Outstanding Balance <b>15,000</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred <b>10/30/09</b>						M	D	Y	S	M	D	Y	S
Registration Number, if PAC						M	D	Y	S	M	D	Y	S
Employer Occupation Labor Organization						M	D	Y	S	M	D	Y	S

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 \$ 69,000

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 \$ 69,000 (To Form No. 30-A)