

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Ken Knodel						Registration Number, if PAC					
Full Name of Candidate Kenneth G. Knodel											
Street Address 1581 Hightower Dr.				Office Sought Green City Council			District Ward 3				
City Uniontown						State OH	Zip Code 44685				
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 <small>2016</small>						
	<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		1 ^M	1	0 ^D	5	1 ^Y	3

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	\$	\$447.97
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$125.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$572.97
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$572.97
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)	\$	\$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.	\$	\$0.00

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283 # 0501

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.

John S. LaMonica, Treasure

John S. LaMonica

01/23/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Ken Knodel						
Full Name Kenneth G. Knodel			Registration Number, if PAC			
Address 1581 Hightower Dr.		Type* LN	M 0	D 1	Y 2	Amount \$100.00
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, etc.) Check		
Full Name First Merit Bank						
Address 295 First Merit Circle		Type* RE	M 0	D 1	Y 2	Amount \$25.00
City Akron		State OH	Zip Code 44307	Form (Cash, Check, etc.) Acct Credit		
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name						
Address		Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

125.00
Page Total \$ _____

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Ken Knodel														
From Whom Received Kenneth G. Knodel								Prior Amount \$0.00		Amt. Incurred this Period \$100.00				
Address 1581 Hightower Dr.										Outstanding Balance \$100.00				
City Uniontown		State OH		Zip Code 44685		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
0 1 2 3 1 6					0 1 2 3 1 6			\$100.00						
Registration Number, if PAC								M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State OH		Zip Code		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	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								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State OH		Zip Code		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	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	

* 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 \$ \$0.00

² Total received this period \$ \$100.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$100.00 (To Form No. 30-A)