

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE to ELECT SYLVIA J. HANNEKEN</b>						Registration Number, if PAC	
Full Name of Candidate <b>SYLVIA J. HANNEKEN</b>							
Street Address <b>8761 CROW DRIVE</b>				Office Sought <b>Macedonia Mayor</b>		District	
City <b>MACEDONIA</b>				State <b>OH</b>		Zip Code <b>44056</b>	
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 Repon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		1 <sup>M</sup> 1 0 <sup>D</sup> 3 1 <sup>Y</sup> 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 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	\$	\$659.55
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (Sum of lines 1, 2, & 3)	\$	\$659.55
5. Total monetary expenditures (From Form No. 31-B)	\$	\$659.55
6. Balance on hand (Check measuring \$)	\$	\$0.00
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)	\$	
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)	\$	
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 20 PM 3:30

BOARD OF ELECTIONS  
AKRON, OHIO

# 279 BS

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.

**DENNIS MULAC TREASURER**  **01/22/16**  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>0</u>	Expenditure pages <u>1</u>	Other pages <u>4</u>	Total pages <u>5</u>
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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE to ELECT SYLVIA J. HANNEKEN</b>												
From Whom Received <b>SYLVIA J. HANNEKEN - FORGIVEN</b>						Prior Amount <b>\$12,500.00</b>		Amt. Incurred this Period <b>\$0.00</b>				
Address <b>1033 HAMPTON DRIVE</b>								Outstanding Balance <b>\$0.00</b>				
City <b>MACEDONIA</b>		State <b>OH</b>	Zip Code <b>44056</b>			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		8	1	0	1	5						
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	Zip Code			Loans Received This Period			Payments This Period			
		OH				Date			Date			
						Amount			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	Zip Code			Loans Received This Period			Payments This Period			
		OH				Date			Date			
						Amount			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).

<sup>1</sup> Total prior amount \$ \$12,500.00

<sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)

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

<sup>4</sup> Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE to ELECT SYLVIA J. HANNEKEN</b>							
To Whom Paid <b>Citizens for Macedonia Fiscal Accountability</b>				M	D	Y	Amount
				0	9	0	9
				1	6		\$659.55
Address <b>902 Eileen Drive</b>		Purpose <b>DONATION FOR EXPENSES - Electronic Bank Transfer</b>					
City <b>Macedonia</b>		State <b>OH</b>	Zip Code <b>44056</b>	Check Number <b>N/A</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			