

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Strong Nardon Hills' Schools						Registration Number, if PAC			
Full Name of Candidate									
Street Address 7772 Nakita Court					Office Sought		District		
City Sagamore Hills					State O H		Zip Code 44067		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X Semia 2017
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 at 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-F)	\$	0.00
4. Total funds available (sum of lines 1-3)	\$	0.00
5. Total monetary expenditures (From Form No. 31-E)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	559.51
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
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	\$	

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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

James M. Blazek, Treasurer

James M Blazek Treasurer
Signature Date **July 25, 2017**

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u>1</u>	Expenditure pages _____	Other pages _____	Total pages <u>2</u>
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Strong Nordonia Hills' Schools							
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
John E. Brachna							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
7772 Nakita Court		Website builder renewal		0	2	10	76.73
City		State	Zip Code	Received at Fundraising Event?			
Sagamore Hills		O H	44067	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
John E. Brachna							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
7772 Nakita Court		Website domain renewal		0	3	07	30.16
City		State	Zip Code	Received at Fundraising Event?			
Sagamore Hills		O H	44067	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
James M. Blazek							
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
8426 Forestview Circle		Newspaper ad		0	4	28	452.62
City		State	Zip Code	Received at Fundraising Event?			
Macedonia		O H	44056	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

* 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 appear. [R.C. 3517.10(B)(4)]