

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Friends of Steve Marks</i>						Registration Number, if PAC			
Full Name of Candidate <i>Charles S. Marks</i>									
Street Address <i>2538 Lansinger Rd.</i>						Office Sought		District	
City <i>Mogadore</i>						State <i>OH</i>	Zip Code <i>44260</i>		
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 type="checkbox"/> Annual Year				
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Semi-Annual <i>2011</i>				
Amended Report? <input checked="" 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	Y

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	\$	<i>1582</i>	<i>.05</i>
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-3)	\$	<i>5</i>	<i>.00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>1587</i>	<i>.05</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>830</i>	<i>.00</i>
6. Balance on hand (Line 4 minus line 5)	\$	<i>757</i>	<i>.05</i>
7. Value of in-kind contributions received (From Form No. 31-D)	\$		
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

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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.

Shannon M. Marks, Treas. *Shannon M. Marks*
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 10

Total pages 12

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			Registration Number, if PAC			
Full Name	Type*	Address	M	D	Y	Amount
Friends of Steve Marks						
US Bank						
P.O. Box 1800			0	2	14	5.00
St Paul	MIN	55101-0800	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*	Address	M	D	Y	Amount
City	State	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, place the letters 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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Steve Marks							
To Whom Paid Heaven Can Wait Rescue				M	D	Y	Amount
Address 51 Vesper St				Purpose donation			
City AKron		State OH	Zip Code 44310	Check Number 5006			
To Whom Paid Boses Rescue				M	D	Y	Amount
Address 4248 Lynn Rd				Purpose donation			
City Ravenna		State OH	Zip Code 44266	Check Number 5007			
To Whom Paid US Bank				M	D	Y	Amount
Address P.O. Box 1800				Purpose Analysis Service Charge			
City St Paul		State OH MN	Zip Code 55101-0800	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
Address P.O. Box 1800				Purpose Analysis Service Charge			
City St. Paul		State OH MN	Zip Code 55101-0800	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
Address P.O. Box 1800				Purpose Analysis Service Charge			
City St. Paul		State OH MN	Zip Code 55101-0800	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
Address P.O. Box 1800				Purpose Analysis Service Charge			
City St. Paul		State OH MN	Zip Code 55101-0800	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
Address P.O. Box 1800				Purpose Analysis Service Charge			
City St. Paul		State OH MN	Zip Code 55101-0800	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			