

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Adam Miller</b>						Registration Number, if PAC		
Full Name of Candidate <b>Adam Miller</b>								
Street Address <b>100 Alameda Dr.</b>					Office Sought <b>Cuyahoga Falls Council</b>		District <b>Ward 6</b>	
City <b>Cuyahoga Falls</b>					State <b>OH</b>	Zip Code <b>44221</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			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"/>		2017	
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 0	D 9	Y 1   2   7

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	\$	2,490.96
2. Total monetary contributions (From Form No. 31-A)	\$	480.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,970.96
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	2,970.96
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions used (From Form No. 31-J-1)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	3,496.82
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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AKRON, OHIO  
2017 JUL 31 PM 3:53

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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

**Bill Roemer** treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

7/28/17  
Date

Contribution pages 1

Expenditure pages 0

Other pages 0

Total pages 1

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Adam Miller</b>												
From Whom Received <b>Adam Miller</b>							Prior Amount <b>0.00</b>			Amt. Incurred this Period <b>3,496.82</b>		
Address <b>100 Alameda Ave.</b>										Outstanding Balance <b>3,496.82</b>		
City <b>Cudahy Falls</b>		State <b>OH</b>	Zip Code <b>44221</b>		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		9	3	0	1	5	0	9	3	0	1	5
							<b>3496.82</b>				<b>0</b>	
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			
					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	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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ ~~3,496.82~~ 0.00
- 2 Total received this period \$ 3,496.82 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,496.82 (To Form No. 30-A)

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Adam Miller</b>							
Full Name of Contributor <b>Bill Roemer</b>					Registration Number, if PAC		
Street Address <b>3616 Southern Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>		State <b>O   H</b>	Zip Code <b>44286</b>	M <b>0   1</b>	D <b>0   8</b>	Y <b>1   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Susan Hale</b>					Registration Number, if PAC		
Street Address <b>707 Hidden Valley Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>		State <b>O   H</b>	Zip Code <b>44223</b>	M <b>0   6</b>	D <b>0   3</b>	Y <b>1   7</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Claudine Steinfurth</b>					Registration Number, if PAC		
Street Address <b>2853 Lee Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Silver Lake</b>		State <b>O   H</b>	Zip Code <b>44312</b>	M <b>0   6</b>	D <b>0   7</b>	Y <b>1   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Terri Schlosser</b>					Registration Number, if PAC		
Street Address <b>3391 Orchestra Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cuyahoga Falls</b>		State <b>O   H</b>	Zip Code <b>44223</b>	M <b>0   6</b>	D <b>1   3</b>	Y <b>1   7</b>	Amount <b>300.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

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