

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of John Sans</b>						Registration Number, if PAC				
Full Name of Candidate <b>John R. Sans</b>										
Street Address <b>355 Storer Ave.</b>				Office Sought <b>County Council</b>		District <b>5</b>				
City <b>Akron</b>				State <b>OH</b>		Zip Code <b>44302</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 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"/>	Semiannual 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		1	M	1
								0	D	8
								1	Y	6

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(f) for details.

1. Amount brought forward from last report	\$	\$337.28
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 (From Form No. 31-A, 2, 3)	\$	\$337.28
5. Total monetary expenditures (From Form No. 31-B)	\$	\$158.49
6. Balance on hand (Line 4 minus Line 5)	\$	\$178.79
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)	\$	\$7,202.20
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.	\$	

#10830  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 2017 JUL 31 AM 8:19

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 R. Sans, Treasurer

*John R Sans*

07/28/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 2

Other pages 0

Total pages 2

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Friends of John Sans					
To Whom Paid		M	D	Y	Amount
Fifth Third Bank		0	1	1	\$11.00
Address		Purpose			
656 West Market Street		Maintain checking account			
City	State	Zip Code		Check Number	
Akron	OH	44303		Bank Fee	
To Whom Paid		M	D	Y	Amount
GoDaddy LLC		0	1	3	\$6.39
Address		Purpose			
14455 North Hayden Road		Web site fee			
City	State	Zip Code		Check Number	
Scottsdale	AZ <input type="checkbox"/>	85260		Debit Card	
To Whom Paid		M	D	Y	Amount
Fifth Third Bank		0	2	1	\$11.00
Address		Purpose			
656 West Market Street		Maintain checking account			
City	State	Zip Code		Check Number	
Akron	OH	44303		Bank Fee	
To Whom Paid		M	D	Y	Amount
GoDaddy LLC		0	3	0	\$6.39
Address		Purpose			
14455 North Hayden Road		Web site fee			
City	State	Zip Code		Check Number	
Scottsdale	AZ <input type="checkbox"/>	85260		Debit Card	
To Whom Paid		M	D	Y	Amount
Fifth Third Bank		0	3	1	\$11.00
Address		Purpose			
656 West Market Street		Maintain checking account			
City	State	Zip Code		Check Number	
Akron	OH	44303		Bank Fee	
To Whom Paid		M	D	Y	Amount
Fifth Third Bank		0	4	1	\$11.00
Address		Purpose			
656 West Market Street		Maintain checking account			
City	State	Zip Code		Check Number	
Akron	OH	44303		Bank Fee	
To Whom Paid		M	D	Y	Amount
GoDaddy LLC		0	5	0	\$10.66
Address		Purpose			
14455 North Hayden Road		Web site fee			
City	State	Zip Code		Check Number	
Scottsdale	AZ <input type="checkbox"/>	85260		Debit Card	
To Whom Paid		M	D	Y	Amount
GoDaddy LLC		0	5	0	\$30.34
Address		Purpose			
14455 North Hayden Road		Web site fee			
City	State	Zip Code		Check Number	
Scottsdale	AZ <input type="checkbox"/>	85260		Debit Card	

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of John Sans</b>							
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	5	1017	\$11.00
Address <b>656 West Market Street</b>		Purpose <b>Maintain checking accout</b>					
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>Bank Fee</b>			
To Whom Paid <b>GoDaddy LLC</b>				M	D	Y	Amount
				0	5	3017	\$10.66
Address <b>14455 North Hayden Road</b>		Purpose <b>Web site fee</b>					
City <b>Scottsdale</b>		State <b>AZ</b>	Zip Code <b>85260</b>	Check Number <b>Debit Card</b>			
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	6	1217	\$11.00
Address <b>656 West Market Street</b>		Purpose <b>Maintain checking account</b>					
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>Bank fee</b>			
To Whom Paid <b>GoDaddy LLC</b>				M	D	Y	Amount
				0	6	2917	\$10.66
Address <b>14455 North Hayden Road</b>		Purpose <b>Web site fee</b>					
City <b>Scottsdale</b>		State <b>AZ</b>	Zip Code <b>85260</b>	Check Number <b>Debit Card</b>			
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				1	2	1216	\$11.00
Address <b>656 West Market Street</b>		Purpose <b>Maintain checking account</b>					
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>Bank fee</b>			
To Whom Paid <b>GoDaddy LLC</b>				M	D	Y	Amount
				1	2	2916	\$6.39
Address <b>14455 North Hayden Road</b>		Purpose <b>Web site fee</b>					
City <b>Scottsdale</b>		State <b>AZ</b>	Zip Code <b>85260</b>	Check Number <b>Debit Card</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			