

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT SYLVIA J HANNEKEN						Registration Number, if PAC				
Full Name of Candidate SYLVIA J HANNEKEN										
Street Address 902 EILEEN DR				Office Sought COUNCIL-AT-LARGE			District Macedonia			
City Macedonia						State OH	Zip Code 44056			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" 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 type="checkbox"/>	Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input 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	\$		
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$	600	00
4. Total funds available (sum of lines 1, 2, 3)	\$	600	00
5. Total monetary expenditures (From Form No. 31-B)	\$	350	00
6. Balance on hand (line 4 minus line 5)	\$	250	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1103	05
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	600	00
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.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 26 PM 2:09

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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.

SHIRLEY J KOTH, TREASURER Shirley J Koth 10/26/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 4

Statement of Other Income

Prescribed by Secretary of State 201

Name of Committee in Full COMMITTEE TO ELECT SYLVIA J HANNEKEN							
Full Name SYLVIA J HANNEKEN				Registration Number, if PAC			
Address 1033 HAMPTON DR		Type* LN		M 09	D 14	Y 17	Amount 200⁰⁰
City Macedonia		State OH	Zip Code 44056	Form (Cash, Check, etc.) CHECK			
Full Name SYLVIA J HANNEKEN				Registration Number, if PAC			
Address 1033 HAMPTON DR		Type* LN		M 10	D 11	Y 17	Amount 400⁰⁰
City Macedonia		State OH	Zip Code 44056	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		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, 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 COMMITTEE TO ELECT SYLVIA J HANNEKEN									
To Whom Paid SPIDERCAT MARKETING						M	D	Y	Amount
Address 8354 SHEPARD RD						Purpose ADVERTISING			
City Macedonia			State OH	Zip Code 44056	Check Number 1001				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
COMMITTEE TO ELECT SYLVIA J HANNEKEN								
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SHIRLEY J KOTH								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
902 EILEEN DR		CHECKS			09	24	17	10.65
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		CAMPAIGN SIGN STICKERS			09	21	17	485.71
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		CAMPAIGN SIGN STICKERS			10	03	17	69.39
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		YARD SIGN CABLE TIES			10	05	17	3.73
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		BIZCARDS (500)			10	05	17	80.05
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		4x9 RACK CARDS 2000			10	06	17	195.52
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR					10	09	17	213.00
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC			
SYLVIA HANNEKEN								
Street Address		Description of Item or Service			M	D	Y	Fair Market Value
1033 HAMPTON DR		PETITIONS FEES			08	08	17	45.00
City		State	Zip Code		Received at Fundraising Event?			
MACEDONIA		OH	44056		<input type="radio"/> YES <input checked="" type="radio"/> NO			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT SYLVIA J HANNEKEN															
From Whom Received SYLVIA J HANNEKEN								Prior Amount 0		Amt. Incurred this Period 600.00					
Address 1033 HANPTON DR										Outstanding Balance 600.00					
City MACEDONIA		State OH		Zip Code 44056		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
						M	D	Y	S		M	D	Y	S	
Date Loan was originally incurred		09		14		17		200.00							
Registration Number, if PAC						10		400.00							
Employer Occupation Labor Organization ¹															
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			
						M	D	Y	S		M	D	Y	S	
Date Loan was originally incurred															
Registration Number, if PAC															
Employer Occupation Labor Organization ¹															
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			
						M	D	Y	S		M	D	Y	S	
Date Loan was originally incurred															
Registration Number, if PAC															
Employer Occupation Labor Organization ¹															

¹ 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).

- ¹ Total prior amount \$ 0
- ² Total received this period \$ 600.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ 0 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 600.00 (To Form No. 30-A)