

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY						Registration Number, if PAC		
Full Name of Candidate VICTORIA JEROMOS-BLAYNEY								
Street Address 3854 SUNSHIDE CIRCLE					Office Sought VILLAGE COUNCIL		District	
City ROMANDELVILLE					State OH		Zip Code 44202	
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(11) for details.

1. Amount brought forward from last report	\$	0	
2. Total monetary contributions (From Form No. 31-A)	\$	589	88
3. Total other income (From Form No. 31-A-2)	\$	50	00
4. Total funds available (sum of lines 1, 2, 3)	\$	639	88
5. Total monetary expenditures (From Form No. 31-B)	\$	0	
6. Balance on hand at end of period	\$	639	88
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,206	84
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	50	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	752	83
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 Entries only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 23 P11 2:22

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.

VICTORIA JEROMOS-BLAYNEY
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

10-23-17
Date

Contribution pages

Expenditure pages

Other pages

Total pages

Statement of Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full FRIENDS OF JEROMOS - BLAYNEY									
Full Name of Contributor MEGHAN VILHAVEN							Registration Number, if PAC		
Street Address 10100 N. SURFSIDE CIRCLE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AVONDA REMINDERVILLE		State OH	Zip Code 44202		M 09	D 22	Y 17	Amount \$32.44	
Full Name of Contributor AMY WRIGHT							Registration Number, if PAC		
Street Address 9948 PEBBLE BEACH COVE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REMINDERVILLE		State OH	Zip Code 44202		M 09	D 22	Y 17	Amount 25.00	
Full Name of Contributor CARRIE GICHENKO							Registration Number, if PAC		
Street Address 3772 SURFSIDE CIRCLE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CASH		
City REMINDERVILLE		State OH	Zip Code 44202		M 09	D 22	Y 17	Amount \$40.00	
Full Name of Contributor MARC LABRY							Registration Number, if PAC		
Street Address 3862 SURFSIDE CIRCLE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CASH		
City REMINDERVILLE		State OH	Zip Code 44202		M 09	D 25	Y 17	Amount \$20.00	
Full Name of Contributor CARRIE M. HORWITZ							Registration Number, if PAC		
Street Address 3869 SURFSIDE CR.				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REMINDERVILLE		State OH	Zip Code 44202		M 09	D 24	Y 17	Amount 32.44	
Full Name of Contributor CHRISTINA MAGYAR							Registration Number, if PAC		
Street Address 9860 PEBBLE BEACH COVE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REMINDERVILLE		State OH	Zip Code 44202		M 09	D 27	Y 17	Amount 80.00	
Full Name of Contributor MARY JEROMOS							Registration Number, if PAC		
Street Address 500 N. AVONRA RD. APT 237				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CASH		
City AVONRA		State OH	Zip Code 44202		M 09	D 28	Y 17	Amount 200.00	
Full Name of Contributor ANN E. KHO							Registration Number, if PAC		
Street Address 3 JESSAMINE PI.				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILTON HEAD ISLAND		State SC	Zip Code 29928		M 10	D 06	Y 17	Amount 50.00	

* 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)]



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY				
Full Name of Contributor MARK CLARK			Registration Number, if PAC	
Street Address 9969 Pebble Beach Cr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City Reminderville	State OH	Zip Code 44202	Date (MM/DD/YYYY) 10-07-2017	Amount \$20.00
Full Name of Contributor JOSEPH JEROMOS			Registration Number, if PAC	
Street Address 4915 Robinson Mill Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City FRANKLIN	State OH	Zip Code 45005	Date (MM/DD/YYYY) 10-13-2017	Amount 50.00
Full Name of Contributor SUE ELNIKAR			Registration Number, if PAC	
Street Address 4911 Pebble Beach Cr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City REMINDERVILLE	State OH	Zip Code 44202	Date (MM/DD/YYYY) 10-17-17	Amount 20.00
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 10-18-17	Amount \$20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Other Income

Prescribed by Secretary of State 2 01

Name of Committee in Full FRIENDS OF JEROMOS-BLAYNEY				Registration Number, if PAC	
Full Name VIGORIA JEROMOS-BLAYNEY				Registration Number, if PAC	
Address 3854 SURFSIDE CIR.		Type* LN	M D Y 09 08 17		Amount 50.00
City REMINDERVILLE		State OH	Zip Code 44202		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.)
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, un cashed 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.

RE

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
FRIENDS OF JEROMOS - BLAYNEY				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
VICTORIA JEROMOS-BLAYNEY				
Street Address		Description of Item or Service		M D Y Fair Market Value
3854 SUNSIDE CIRCLE		URL DOMAIN REGISTRATION		0 9 0 4 1 7 \$11.34
City		State	Zip Code	Received at Fundraising Event?
REMINDEerville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
VICTORIA JEROMOS-BLAYNEY				
Street Address		Description of Item or Service		M D Y Fair Market Value
3854 SUNSIDE CIRCLE		DOG SIGN		0 9 2 2 1 7 \$4.00
City		State	Zip Code	Received at Fundraising Event?
REMINDEerville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
CARRIE GICHENILO				
Street Address		Description of Item or Service		M D Y Fair Market Value
3772 SUNSIDE CIRCLE		Labels for rocks		0 9 2 2 1 7 50¢
City		State	Zip Code	Received at Fundraising Event?
REMINDEerville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
MARC LABRY				
Street Address		Description of Item or Service		M D Y Fair Market Value
3862 SUNSIDE CIRCLE		PRINTING Flyers-		1 0 0 1 1 7 \$6.00
City		State	Zip Code	Received at Fundraising Event?
REMINDEerville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
MARY JROMOS				
Street Address		Description of Item or Service		M D Y Fair Market Value
500 N. Aurora Rd. Apt. 237		50 sheets copy paper		1 0 0 1 1 7 \$9.00
City		State	Zip Code	Received at Fundraising Event?
Aurora, OH 44202		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
VICTORIA JEROMOS-BLAYNEY				
Street Address		Description of Item or Service		M D Y Fair Market Value
3854 SUNSIDE CIRCLE		MACSAMELLOWS-3 bags		1 0 0 8 1 7 \$6.00
City		State	Zip Code	Received at Fundraising Event?
Reminderville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
JAMES BLAYNEY				
Street Address		Description of Item or Service		M D Y Fair Market Value
3854 SUNSIDE CIRCLE		WEBSITE & DESIGN SERVICES		1 0 1 8 1 7 1,170.00
City		State	Zip Code	Received at Fundraising Event?
Reminderville		OH	44202	<input type="radio"/> YES <input checked="" type="radio"/> 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="radio"/> YES <input type="radio"/> N

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Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee FRIENDS OF JERONOS-BLAYNEY																					
From Whom Received VICTORIA JERONOS-BLAYNEY										Prior Amount		Amt. Incurred this Period \$50.00									
Address 3854 SUNNYSIDE CIRCE												Outstanding Balance \$50.00									
City REMINDERVILLE			State OH		Zip Code 44202			Loans Received This Period				Payments This Period									
								Date		Amount		Date		Amount							
Date Loan was originally Incurred			M		D		Y		S		M		D		Y		S				
09			08		17																
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		S		M		D		Y		S				
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		S		M		D		Y		S				
Registration Number, if PAC										M		D		Y		M		D		Y	
Employer Occupation Labor Organization*										M		D		Y		M		D		Y	

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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 \$ ~~50.00~~ 50.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 50.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03.05

Name of Committee in Full							
FRIENDS OF JEROMOS - BURNING							
Full Name of Contributor		Registration Number, if PAC					
MARY JEROMOS							
Street Address	Employer, Occupation, Labor Organization*	M	D	Y	Amount		
800 N. AUCORA RD. APT 237		1	0	18	7	20.00	
City	State	Zip Code		Form (Cash, Check, etc.)			
Durona	OH	44202		CHECK			
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC					
Street Address		Employer, Occupation, Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		

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Fill in the boxes below only on the last page for this event
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 20.00

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY									
To Whom Owed VICTORIA JEROMOS-BLAYNEY					Prior Amount 0			Amt. Incurred this Period \$ 317.47	
Address 3854 SURFSIDE CIRCLE					Item or Purpose of Debt CAMPAIGN SHIRTS			Outstanding Balance \$ 317.47	
City REMINDEVILLE			State OH		Zip Code 44202			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M		D		Y
					M		D		Y
					M		D		Y
To Whom Owed VICTORIA JEROMOS-BLAYNEY					Prior Amount 0			Amt. Incurred this Period \$ 4.47	
Address 3854 SURFSIDE CIRCLE					Item or Purpose of Debt SPRAY TO DECOLORATE ROCKS			Outstanding Balance \$ 4.47	
City REMINDEVILLE			State OH		Zip Code 44202			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M		D		Y
					M		D		Y
					M		D		Y
To Whom Owed VICTORIA JEROMOS-BLAYNEY					Prior Amount 0			Amt. Incurred this Period \$ 4.24	
Address 3854 SURFSIDE CIRCLE					Item or Purpose of Debt PRIMER FOR ROCKS			Outstanding Balance \$ 4.24	
City REMINDEVILLE			State OH		Zip Code 44202			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M		D		Y
					M		D		Y
					M		D		Y

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 18 (also record on Form 31-B)

Total Outstanding Balance \$ 326.00 (also record on cover page)

TOTAL - \$752.83

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY							
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 0		Amt Incurred this Period \$ 34.17	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt PRINTED FLYERS		Outstanding Balance \$ 34.17	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
		M	D	Y	M	D	Y
		0	9	2	6	1	7
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 0		Amt Incurred this Period \$ 3.48	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt MAIL CAMPAIGN SHIRT		Outstanding Balance \$ 3.48	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
		M	D	Y	M	D	Y
		0	9	2	8	1	7
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 0		Amt Incurred this Period \$ 389.00	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt CAMPAIGN SIGNS.		Outstanding Balance \$ 389.00	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
		M	D	Y	M	D	Y
		1	0	0	9	1	7
Registration Number, if PAC				M	D	Y	
				M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ _____ (also record on Form 31-B) **1983**
 Total Outstanding Balance \$ 427.00 **426.65** (also record on cover page)