



Committee Name Committee to Elect Dan Karant		Office Sought Norton City Council, Ward 3		District Summit County, Norton, Ward 3	
Street Address 3545 Easton Road		City Norton	State OH	Zip 44203	
Candidate Name OR PAC Registration Number Daniel G. Karant		Treasurer Name Lynn S. Karant		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year 2017
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	2
2. Total monetary contributions (From Forms 31-A and 31-E)	—
3. Total other income (From Form 31-A-2)	700.00
4. Total funds available (sum of lines 1,2, and 3)	700.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	540.58
6. Balance on hand (line 4 minus line 5)	159.42
7. Value of in-kind contributions received (From Form 31-J-1)	403.22
8. Value of in-kind contributions made (From Form 31-J-2)	—
9. Outstanding loans owed by committee (From Form 31-C)	Forgiven
10. Outstanding debts owed by committee (From Form 31-N)	—
11. Outstanding loans owed to committee (From Form 31-K)	—
12. Value of independent expenditures made (From Form 31-U)	—

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 25 AM 8:24
#1429

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Lynn S. Karant
Signature of Treasurer or Deputy Treasurer

10/24/17
Date (MM/DD/YYYY)

Contribution Pages
3

Expenditure Pages
1

Other Pages
12

Total Pages
17



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee to Elect Dan Karant					
From Whom Received Daniel G. Karant, R.Ph.				Prior Amount 0	Amt. Incurred this Period 700.00
Street Address 3545 Easton Road				Outstanding Balance FORGIVEN	
City Norton	State OH	Zip Code 44203	Loans Received This Period	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY) 07/25/2017		Date of Loan (MM/DD/YYYY) 07/25/2017	Amount 100.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 08/10/2017	Amount 400.00	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* Pharmacist/owner of The Medicine Shoppe		Date of Loan (MM/DD/YYYY) 09/14/2017	Amount 200.00	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* 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).

Total Prior Amount \$ 0

Total Received This Period \$ 700.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on Form 30-A)



Statement of Other Income

Form 31-A-2
R.C. 3517.10(B)

Full Name of Committee Committee to Elect Dan Karant			
Full Name of Contributor Daniel G. Karant, R.Ph.		<i>Loan transferred from form 31-C (Statement of Loans Rec'd)</i>	Registration Number, if PAC
Street Address 3545 Easton Road	Type* Refund LN	Date (MM/DD/YYYY) 07/25-09/14/2017	Form (Cash, Check, etc.) Checks
City Norton	State OH	Zip Code 44203	Amount 700.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Dan Karant			
To Whom Paid Power Graphics		Date (MM/DD/YYYY) 08/10/2017	Amount \$320.00
Street Address 3070 Wadsworth Road		Purpose Printing Campaign Flyers	
City Norton	State OH	Zip Code 44203	Check Number 1001
To Whom Paid Power Graphics		Date (MM/DD/YYYY) 09/01/2017	Amount \$56.25
Street Address 3070 Wadsworth Road		Purpose Campaign sign H-stakes	
City Norton	State OH	Zip Code 44203	Check Number 1002
To Whom Paid Peoples Bank		Date (MM/DD/YYYY) 08/08/2017	Amount \$23.70
Street Address P.O. Box 738		Purpose Check Order Charge (for committee's checks)	
City Marietta	State OH	Zip Code 45750	Check Number EFTransfer
To Whom Paid The Post Newspapers		Date (MM/DD/YYYY) 09/14/2017	Amount \$140.63
Street Address 5164 Normandy Park Drive, #100		Purpose Ad in Norton Post Newspaper	
City Medina	State OH	Zip Code 44256	Check Number 1003
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 540.58



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Committee to Elect Dan Karant				
Full Name of Contributor Daniel G. Karant, R.Ph.		Employer, Occupation, Labor Organization* Pharmacist/owner: Medicine Shoppe		Registration Number, if PAC
Street Address 3545 Easton Road		Description of Item or Service SCBOE Personal Candidacy Filing Fee: Check #17709		Date (MM/DD/YYYY) 05/26/2017 Fair Market Value #20.00
City Norton		State OH	Zip Code 44203	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Daniel G. Karant, R.Ph.		Employer, Occupation, Labor Organization* Pharmacist/owner: Medicine Shoppe		Registration Number, if PAC
Street Address 3545 Easton Road		Description of Item or Service SCBOE Pull Petitions: Personal Check #17710		Date (MM/DD/YYYY) 05/26/2017 Fair Market Value #25.00
City Norton		State OH	Zip Code 44203	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Daniel G. Karant, R.Ph.		Employer, Occupation, Labor Organization* Pharmacist/owner: Medicine Shoppe		Registration Number, if PAC
Street Address 3545 Easton Road		Description of Item or Service Paid graphic designer for Campaign Sign Design: Shania Marienau, designer / cash		Date (MM/DD/YYYY) 05/31/2017 Fair Market Value #40.00
City Norton		State OH	Zip Code 44203	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Daniel G. Karant, R.Ph.		Employer, Occupation, Labor Organization* Pharmacist/owner: Medicine Shoppe		Registration Number, if PAC
Street Address 3545 Easton Road		Description of Item or Service Paid for printing of Campaign signs: Power Graphics / ck #17751		Date (MM/DD/YYYY) 07/05/2017 Fair Market Value #313.75
City Norton		State OH	Zip Code 44203	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Daniel G. Karant, R.Ph.		Employer, Occupation, Labor Organization* Pharmacist/owner: Medicine Shoppe		Registration Number, if PAC
Street Address 3545 Easton Road		Description of Item or Service Paid for rubber bands for attaching flyers to door knobs: Office Depot: cash		Date (MM/DD/YYYY) 09/03/2017 Fair Market Value #4.47
City Norton		State OH	Zip Code 44203	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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