

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee <i>The Committee to Elect Kerri Keller</i>				Registration Number, if PAC			
Full Name of Candidate <i>Kerri Keller</i>							
Street Address <i>2241 Jesse White</i>				Office Sought <i>City Council</i>		District <i>Hudson</i>	
City <i>Hudson</i>				State <i>OH</i>		Zip Code <i>44236</i>	
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 checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election <i>11/3/12</i>		M <i>10</i> D <i>26</i> Y <i>12</i>	

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	\$	<i>0</i>	
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1800</i>	<i>.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>2500</i>	<i>.00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>4300</i>	<i>.00</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>3274</i>	<i>.22</i>
6. Balance on hand (From Form No. 31-D)	\$	<i>1025</i>	<i>.78</i>
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	<i>Unknown yet</i>	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>Unknown yet</i>	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>2500</i>	<i>.50</i>
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 AM 8:51

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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.

Kerri Keller
Print Name and Title (Treasurer and Deputy Treasurer only)

Keller
Signature

10/25/12
Date

Contribution pages *3*

Expenditure pages *3*

Other pages *2*

Total pages *8*

Statement of Contributions Received

Prescribed by Secretary of State 03 05

Name of Committee in Full The Committee to Elect Kerri Keller									
Full Name of Contributor Nancy Hatgas							Registration Number, if PAC		
Street Address 27441 Western				Employer Occupation/Labor Organization* CFO - Brause McDaniel			Form (Cash, Check, etc.) 100.00		
City Westlake		State OH	Zip Code 44145		M 9	D 29	Y 12	Amount Check	
Full Name of Contributor Morgan Cost									
Street Address 350 Aberdeen Lane							Employer Occupation/Labor Organization*		
City Aurora		State OH	Zip Code 44202		M 9	D 29	Y 12	Amount check	
Full Name of Contributor Casey Weinstein									
Street Address P. N. Westhauer							Employer Occupation/Labor Organization*		
City Hudson, OH		State OH	Zip Code 44236		M 7	D 29	Y 12	Amount Check	
Full Name of Contributor Richard Harris									
Street Address 2751 Paddock Dr							Employer Occupation/Labor Organization*		
City Akron		State OH	Zip Code 44333		M 9	D 29	Y 12	Amount Check	
Full Name of Contributor Jeffrey Heintz									
Street Address 3170 Silver Lake Blvd.							Employer Occupation/Labor Organization*		
City Silver Lake		State OH	Zip Code 44224		M 9	D 29	Y 12	Amount check	
Full Name of Contributor Clair Dickensen									
Street Address 1081 Alder Run							Employer Occupation/Labor Organization*		
City Akron		State OH	Zip Code 44333		M 9	D 29	Y 12	Amount check	
Full Name of Contributor Cathy Mauder									
Street Address 715 Archwood Dr.							Employer Occupation/Labor Organization*		
City Wadsworth		State OH	Zip Code 44281		M 9	D 29	Y 12	Amount check	
Full Name of Contributor Amanda Leffler									
Street Address 507 Hampshire							Employer Occupation/Labor Organization*		
City Akron		State OH	Zip Code 44313		M 9	D 29	Y 12	Amount check	

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>The Committee to Elect Kerri Keller</i>									
Full Name of Contributor <i>Charles Flagg</i>							Registration Number, if PAC		
Street Address <i>104 Owen Brown St</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Hudson</i>		State <i>OH</i>	Zip Code <i>44236</i>		M <i>10</i>	D <i>16</i>	Y <i>12</i>	Amount <i>check</i>	
Full Name of Contributor <i>John Fairweather</i>							Registration Number, if PAC		
Street Address <i>339 Gly Rd</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44313</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>CASH</i>	
Full Name of Contributor <i>Daniel Leffler</i>							Registration Number, if PAC		
Street Address <i>509 Hampshire</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44313</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	
Full Name of Contributor <i>Thomas Wrenckle</i>							Registration Number, if PAC		
Street Address <i>2905 Woodhauw</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>50⁰⁰</i>		
City <i>Medina</i>		State <i>OH</i>	Zip Code <i>44256</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	
Full Name of Contributor <i>Paul Rose</i>							Registration Number, if PAC		
Street Address <i>2310 Oak Glenn</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44333</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	
Full Name of Contributor <i>Megan Oldham</i>							Registration Number, if PAC		
Street Address <i>2130 Sycamore Rd</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44313</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	
Full Name of Contributor <i>Nicole Stackleff</i>							Registration Number, if PAC		
Street Address <i>8018 Meadowcreek Ln</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Cincinnati</i>		State <i>OH</i>	Zip Code <i>45244</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	
Full Name of Contributor <i>Megan Baker</i>							Registration Number, if PAC		
Street Address <i>449 Victoria Ac drive</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>		
City <i>Tallmadge</i>		State <i>OH</i>	Zip Code <i>44278</i>		M <i>10</i>	D <i>25</i>	Y <i>17</i>	Amount <i>check</i>	

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Statement of Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full							
The Committee to Elect Kerri Kelen							
Full Name of Contributor						Registration Number, if PAC	
Daniel Wright							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
83 S. Hyden Pkwy						10000	
City		State	Zip Code	M	D	Y	Amount
Hudson		OH	44236	10	16	17	check
Full Name of Contributor						Registration Number, if PAC	
William Woodridge							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
100 College St.						10000	
City		State	Zip Code	M	D	Y	Amount
Hudson		OH	44236	10	16	17	check
Full Name of Contributor						Registration Number, if PAC	
Jo Woodridge							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
100 College St.						10000	
City		State	Zip Code	M	D	Y	Amount
Hudson		OH	44236	10	16	17	check
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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Statement of Other Income

Prescribed by Secretary of State 2-01

Name of Committee in Full <i>The Committee to Elect to Kerri Keller</i>				Registration Number, if PAC			
Full Name <i>Kerri Keller</i>		Type*		M	D	Y	Amount
Address <i>2241 Jesse Drive</i>				<i>09</i>	<i>05</i>	<i>17</i>	<i>2500.00</i>
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44256</i>	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, 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.

RE

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee to Elect Kerri Keller										
To Whom Paid Brause McLauell							M	D	Y	Amount \$ 3.22
Address 388 S. main St.			Purpose postage				paycheck deduction			
City Akron, OH 44311		State OH	Zip Code 44311		Check Number 000					
To Whom Paid The Image Group							M	D	Y	Amount 571.00
Address 5405 Vally Belt Rd			Purpose yard signs							
City Brooklyn Hts.		State OH	Zip Code 44131		Check Number 99					
To Whom Paid The Image Group							M	D	Y	Amount 1711.76
Address 5405 Vally Belt Rd			Purpose marketing (stickers / doorhangers / art)							
City Brooklyn Hts.		State OH	Zip Code 44131		Check Number 79					
To Whom Paid Summit County BOE							M	D	Y	Amount 45.00
Address 470 Grant Street			Purpose Fees							
City Akron		State OH	Zip Code 44312		Check Number					
To Whom Paid Ohio Ethics Commission							M	D	Y	Amount 25.00
Address 30 W. Spring St.			Purpose disclosure Fees							
City Columbus		State OH	Zip Code 43215		Check Number					
To Whom Paid Brause McLauell							M	D	Y	Amount 37.26
Address 388 S. main St			Purpose postage				paycheck deduction			
City Akron, OH		State OH	Zip Code 44311		Check Number 0					
To Whom Paid online Candidate							M	D	Y	Amount 73.00
Address P.O. Box 402			Purpose 3 months website Fees							
City montgomery		State NY	Zip Code 12549		Check Number					
To Whom Paid Citizens Bank							M	D	Y	Amount 9.99
Address			Purpose checks							
City		State	Zip Code		Check Number					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
The Committee to Elect Kerri Keller										
To Whom Paid							M	D	Y	Amount
Amazon							8	12	17	16.99
Address				Purpose						
207 Boren Ave.				Thank you notes						
City				State	Zip Code		Check Number			
Seattle				Wa	98109					
To Whom Paid							M	D	Y	Amount
Amazon							8	16	17	14.50
Address				Purpose						
207 Boren Ave.				Thank you notes						
City				State	Zip Code		Check Number			
Seattle				Wa	98109					
To Whom Paid							M	D	Y	Amount
Amazon							9	17	17	14.50
Address				Purpose						
207 Boren Ave.				Post cards						
City				State	Zip Code		Check Number			
Seattle				Wa	98109					
To Whom Paid							M	D	Y	Amount
Facebook							10	24	17	250.00
Address				Purpose						
1 Hacker Way				Facebook posts						
City				State	Zip Code		Check Number			
Menlo Park				CA	94208		CD			
To Whom Paid							M	D	Y	Amount
HudsonHub Times										
Address				Purpose						
1050 W. Main St.				Newspaper ad						
City				State	Zip Code		Check Number			
Kent				OH	44240					
To Whom Paid							M	D	Y	Amount
							10	15	17	500.00
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Kerri Keller</u>										
To Whom Paid <u>Open Door Coffee Company</u>							M	D	Y	Amount <u>50⁰⁰</u>
Address <u>164 main street</u>				Purpose <u>meet & greet</u>						
City <u>Hudson</u>			State <u>OH</u>	Zip Code <u>44236</u>		Check Number <u>3n-kind</u>				
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				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee <i>The Committee To Elect Kerri Keller</i>																					
From Whom Received <i>Kerri Keller</i>										Prior Amount <i>0</i>		Amt. Incurred this Period <i>2500⁰⁰</i>									
Address <i>2241 Jesse Drive</i>												Outstanding Balance									
City <i>Hudson</i>			State <i>OH</i>		Zip Code <i>44236</i>			Loans Received This Period				Payments This Period									
								Date		Amount		Date		Amount							
Date Loan was originally Incurred			M		D		Y		S		M		D		Y		S				
<i>090517</i>																					
Registration Number, if PAC										M		D		Y		M		D		Y	
Employer Occupation Labor Organization*										M		D		Y		M		D		Y	

From Whom Received																					
Address										Prior Amount		Amt. Incurred this Period									
City												Outstanding Balance									
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																					
Address										Prior Amount		Amt. Incurred this Period									
City												Outstanding Balance									
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 \$ _____
- 2 Total received this period \$ 2500⁰⁰ (To Form No. 31-A-2)
- 3 Total payments this period \$ _____ (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 2500⁰⁰ (To Form No. 30-A)