

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>John King Election Committee</b>						Registration Number, if PAC	
Full Name of Candidate <b>John D. King</b>							
Street Address <b>3634 Wheatley Spur</b>				Office Sought <b>Village Council seat</b>		District	
City <b>Richfield</b>				State <b>OH</b>		Zip Code <b>44286</b>	
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		1 <sup>M</sup>	1 <sup>D</sup>	0 <sup>Y</sup> 7

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,760.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,760.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,120.26
6. Balance on hand (line 4 minus line 5)	\$	\$639.74
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$402.77
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)	\$	\$0.00
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.	\$	

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 OCT 26 PM 9:10

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.

Kathy S. Hayes, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

Kathy S. Hayes  
Signature

10/23/2017  
Date

Contribution pages 7

Expenditure pages 10

Other pages 1

Total pages 18

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>John King Election Committee</b>								
To Whom Paid <b>Scriptype Publishing Inc.</b>				M	D	Y	Amount	
				1	0	09	17	\$249.00
Address <b>4300 Streetsboro Rd.</b>		Purpose <b>Ad in Nov. Richfield Times</b>						
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>0993</b>				
To Whom Paid <b>Green Light Technologies Group LLC</b>				M	D	Y	Amount	
				1	0	05	17	\$266.88
Address <b>3651 Hawthorne Dr.</b>		Purpose <b>Yard signs</b>						
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>0991</b>				
To Whom Paid <b>Novex Systems LLC</b>				M	D	Y	Amount	
				1	0	15	17	\$96.08
Address <b>6040 Hillcrest Dr.</b>		Purpose <b>Palm cards</b>						
City <b>Valley View</b>		State <b>OH</b>	Zip Code <b>44125</b>	Check Number <b>0995</b>				
To Whom Paid <b>NameTagCountry</b>				M	D	Y	Amount	
				1	0	02	17	\$20.80
Address <b>PO Box 15068</b>		Purpose <b>Name tag</b>						
City <b>Chattanooga</b>		State <b>TN</b>	Zip Code <b>37415</b>	Check Number				
To Whom Paid <b>Scriptype Publishing Inc.</b>				M	D	Y	Amount	
				0	9	14	17	\$175.00
Address <b>4300 Streetsboro Rd.</b>		Purpose <b>Ad in Oct. Richfield Times</b>						
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Check Number				
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount	
				1	0	08	17	\$221.19
Address		Purpose						
City		State <b>OH</b>	Zip Code	Check Number				
To Whom Paid <b>5/3 Bank</b>				M	D	Y	Amount	
				0	7	13	17	\$6.00
Address <b>3640 West Market St.</b>		Purpose <b>account fees</b>						
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333</b>	Check Number				
To Whom Paid <b>5/3 Bank</b>				M	D	Y	Amount	
				0	8	10	17	\$6.00
Address <b>3640 West Market St.</b>		Purpose <b>account fees</b>						
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333</b>	Check Number				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
John King Election Committee											
To Whom Paid							M	D	Y	Amount	
5/3 Bank							0	9	13	17	\$14.00
Address				Purpose							
3640 West Market St.				account fee							
City		State		Zip Code		Check Number					
Akron		OH		44333							
To Whom Paid							M	D	Y	Amount	
5/3 Bank							1	0	12	17	\$11.00
Address				Purpose							
3640 West Market St.				account fee							
City		State		Zip Code		Check Number					
Akron		OH		44333							
To Whom Paid							M	D	Y	Amount	
GoFundMe							0	9	18	17	\$20.29
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		CA									
To Whom Paid							M	D	Y	Amount	
GoFundMe							0	9	22	17	\$6.53
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		CA		92101							
To Whom Paid							M	D	Y	Amount	
GoFundMe							1	0	04	17	\$2.28
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		CA		92101							
To Whom Paid							M	D	Y	Amount	
GoFundMe							1	0	05	17	\$8.20
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		CA		92101							
To Whom Paid							M	D	Y	Amount	
GoFundMe							1	0	06	17	\$8.20
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		OH		92101							
To Whom Paid							M	D	Y	Amount	
GoFundMe							1	0	11	17	\$2.28
Address				Purpose							
1010 Second Ave. Suite 1770				Transaction fee							
City		State		Zip Code		Check Number					
San Diego		CA		92101							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>John King Election Committee</b>						
To Whom Paid <b>GoFundMe</b>			M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$2.28</b>
Address <b>1010 Second Ave. Suite 1770</b>		Purpose <b>Transaction fee</b>				
City <b>San Diego</b>		State <b>CA</b>	Zip Code <b>92101</b>	Check Number		
To Whom Paid <b>GoFundMe</b>			M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$4.25</b>
Address <b>1010 Second Ave. Suite 1770</b>		Purpose <b>Transaction fee</b>				
City <b>San Diego</b>		State <b>CA</b>	Zip Code <b>92101</b>	Check Number		
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		
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		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <b>OH</b>	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 <b>John King Election Committee</b>								
To Whom Paid <b>Village of Richfield</b>				M	D	Y	Amount	
Address <b>4410 W. Streetsboro Rd.</b>				1	0	08	17	\$45.00
City <b>Richfield</b>				State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>0992</b>		
To Whom Paid <b>Jim Schilling</b>				M	D	Y	Amount	
Address <b>3136 Roberts Dr.</b>				1	0	15	17	\$176.19
City <b>Richfield</b>				State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>0994</b>		
To Whom Paid				M	D	Y	Amount	
Address								
City				State <b>OH</b>	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount	
Address								
City				State <b>OH</b>	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount	
Address								
City				State <b>OH</b>	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount	
Address								
City				State <b>OH</b>	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount	
Address								
City				State <b>OH</b>	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.

**\$221.19**  
Page Total \$ \_\_\_\_\_

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John King Election Committee</b>						
Full Name of Contributor <b>John D. King</b>				Registration Number, if PAC		
Street Address <b>3634 Wheatley Spur</b>		Employer/Occupation/Labor Organization* <b>Richfield UCC/Pastor</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>6</b>	Y <b>0317</b>
				Amount <b>\$10.00</b>		
Full Name of Contributor <b>Suresh Mendpara</b>				Registration Number, if PAC		
Street Address <b>3267 Prairie Vista Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>7</b>	Y <b>2417</b>
				Amount <b>\$100.00</b>		
Full Name of Contributor <b>Paula Jo Pena</b>				Registration Number, if PAC		
Street Address <b>27216 Cook Road #29</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Olmsted Township</b>		State <b>OH</b>	Zip Code <b>44138</b>	M <b>0</b>	D <b>9</b>	Y <b>2117</b>
				Amount <b>\$40.00</b>		
Full Name of Contributor <b>Ludwhig Bandar Audon</b>				Registration Number, if PAC		
Street Address <b>4206 N 47th Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Phoenix</b>		State <b>AZ</b>	Zip Code <b>85021</b>	M <b>0</b>	D <b>8</b>	Y <b>2917</b>
				Amount <b>\$30.00</b>		
Full Name of Contributor <b>Sharon Metivier</b>				Registration Number, if PAC		
Street Address <b>504 Bristol Ln.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Brunswick</b>		State <b>OH</b>	Zip Code <b>44212</b>	M <b>0</b>	D <b>8</b>	Y <b>2917</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Ronny Audon</b>				Registration Number, if PAC		
Street Address <b>423 Washington Ave. Apt. 5</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Chelsea</b>		State <b>OH</b>	Zip Code <b>02150</b>	M <b>0</b>	D <b>8</b>	Y <b>2917</b>
				Amount <b>\$50.00</b>		
Full Name of Contributor <b>Sherri Barker</b>				Registration Number, if PAC		
Street Address <b>2040 Lakeview Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Akron</b>		State <b>MA</b>	Zip Code <b>02150</b>	M <b>0</b>	D <b>9</b>	Y <b>0317</b>
				Amount <b>\$50.00</b>		
Full Name of Contributor <b>Jon Thompson</b>				Registration Number, if PAC		
Street Address <b>6923 Indiana Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Cleveland</b>		State <b>OH</b>	Zip Code <b>44105</b>	M <b>0</b>	D <b>9</b>	Y <b>0817</b>
				Amount <b>\$25.00</b>		

\* 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 <b>John King Election Committee</b>						
Full Name of Contributor <b>Laura Benedict</b>				Registration Number, if PAC		
Street Address <b>4030 Olde Orchard Trail</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>9</b>	Y <b>1117</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Bart Benedict</b>				Registration Number, if PAC		
Street Address <b>4030 Olde Orchard Trail</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>9</b>	Y <b>1117</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Kathy S. Hayes</b>				Registration Number, if PAC		
Street Address <b>4901 W. Streetsboro Rd.</b>		Employer/Occupation/Labor Organization* <b>Peninsula Publishing/copy editor</b>			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>9</b>	Y <b>2017</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Jerome Boots</b>				Registration Number, if PAC		
Street Address <b>4615 Pinewood Path</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Copley</b>	State <b>OH</b>	Zip Code <b>44321</b>	M <b>0</b>	D <b>9</b>	Y <b>2017</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Matt Rowland</b>				Registration Number, if PAC		
Street Address <b>3773 E. Brandon Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Doylestown</b>	State <b>PA</b>	Zip Code <b>18902</b>	M <b>0</b>	D <b>9</b>	Y <b>2917</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Jim Schilling</b>				Registration Number, if PAC		
Street Address <b>3136 Roberts Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>9</b>	Y <b>1217</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Jean Krankowski</b>				Registration Number, if PAC		
Street Address <b>4097 Buell Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>1</b>	D <b>0</b>	Y <b>1717</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Terry Gordon</b>				Registration Number, if PAC		
Street Address <b>3003 N. Medina Line Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>1</b>	D <b>0</b>	Y <b>1817</b>	Amount <b>\$200.00</b>

\* 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 <b>John King Election Committee</b>						
Full Name of Contributor <b>John D. King</b>				Registration Number, if PAC		
Street Address <b>3634 Wheatley Spur</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>0</b>	D <b>7</b>	Y <b>2017</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>Mary M. Ryan</b>				Registration Number, if PAC		
Street Address <b>2128 Jennifer St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	M <b>1</b>	D <b>0</b>	Y <b>0717</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Judi Wagner</b>				Registration Number, if PAC		
Street Address <b>2000 Nottingham Pkwy.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Avon</b>	State <b>OH</b>	Zip Code <b>44011</b>	M <b>1</b>	D <b>0</b>	Y <b>0417</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Vicky Bryg</b>				Registration Number, if PAC		
Street Address <b>3167 Southerm Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>1</b>	D <b>0</b>	Y <b>0317</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Margaret L. Tallant</b>				Registration Number, if PAC		
Street Address <b>2641 Columbia Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Brecksville</b>	State <b>OH</b>	Zip Code <b>44141</b>	M <b>1</b>	D <b>0</b>	Y <b>0717</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Kathleen Butler</b>				Registration Number, if PAC		
Street Address <b>3447 Revere Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	M <b>1</b>	D <b>0</b>	Y <b>1217</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>Rena Baker</b>				Registration Number, if PAC		
Street Address <b>200 Granger Rd. Unit 15</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>GoFundMe</b>	
City <b>Medina</b>	State <b>OH</b>	Zip Code <b>44256</b>	M <b>1</b>	D <b>0</b>	Y <b>1417</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Contributions from form No. 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>0</b>	Y <b>0817</b>	Amount <b>\$510.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John King Election Committee</b>						
Full Name of Contributor <b>Karen L. Smik</b>				Registration Number, if PAC		
Street Address <b>3823 Faith Ln.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4 1 7</b>
Amount <b>\$50.00</b>						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	Zip Code	M	D	Y
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)]

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John King Election Committee</b>				
Full Name of Contributor <b>Contributors of \$25 or less</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)
		OH		Cash
Full Name of Contributor <b>Katrin J Miller</b>			Registration Number, if PAC	
Street Address <b>4587 Black Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$100.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Barbara Rosene</b>			Registration Number, if PAC	
Street Address <b>3942 Humphrey Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$50.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Ruth E. Knopp</b>			Registration Number, if PAC	
Street Address <b>4883 W. Streetsboro Rd. PO Box 322</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$50.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Marilyn Freeman</b>			Registration Number, if PAC	
Street Address <b>3440 Marsh Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$50.00
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Laura Benedict</b>			Registration Number, if PAC	
Street Address <b>4030 Olde Orchard Trail</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$100.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>John Hubbell Rosene</b>			Registration Number, if PAC	
Street Address <b>3942 Humphrey Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount
				1   0   0   8   1   7   \$35.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Cash</b>

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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

**\$0.00**

Total expenditures this event

**\$0.00**

Page Total \$ **\$460.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John King Election Committee</b>							
Full Name of Contributor <b>Joe Reineck</b>			Registration Number, if PAC				
Street Address <b>1398 Golden Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Broadview Hts.</b>		State <b>OH</b>	Zip Code <b>44147</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>\$50.00</b>
Form (Cash, Check, etc.) <b>Cash</b>							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Form (Cash, Check, etc.)							

\* 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)]

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

\$510.00
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Total expenditures this event

\$221.19
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Page Total \$ 50.00
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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John King Election Committee</b>			
Full Name of Contributor <b>John D. King</b>	Employer, Occupation, Labor Organization* <b>Richfield UCC, pastor</b>	Registration Number, if PAC	
Street Address <b>3634 Wheatley Spur</b>	Description of Item or Service <b>Food for Oct. fundraiser event</b>	M   D   Y <b>1   0   0   8   1   7</b>	Fair Market Value <b>\$83.84</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Katrin J. Miller</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>4587 Black Rd.</b>	Description of Item or Service <b>Potato salad for Oct. fundraiser event</b>	M   D   Y <b>1   0   0   8   1   7</b>	Fair Market Value <b>\$31.99</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Jim Schilling</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>3136 Roberts Dr.</b>	Description of Item or Service <b>Food for Oct. fundraiser event</b>	M   D   Y <b>1   0   0   8   1   7</b>	Fair Market Value <b>\$100.00</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>John D. King</b>	Employer, Occupation, Labor Organization* <b>Richfield UCC, pastor</b>	Registration Number, if PAC	
Street Address <b>3634 Wheatley Spur</b>	Description of Item or Service <b>Ice, supplies for Oct. fundraiser event</b>	M   D   Y <b>1   0   0   8   1   7</b>	Fair Market Value <b>\$22.86</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Jim Schilling</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>3136 Roberts Dr.</b>	Description of Item or Service <b>Decorations, paper products for fundraiser event</b>	M   D   Y <b>1   0   0   8   1   7</b>	Fair Market Value <b>\$90.08</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>John D. King</b>	Employer, Occupation, Labor Organization* <b>Richfield UCC, pastor</b>	Registration Number, if PAC	
Street Address <b>3634 Wheatley Spur</b>	Description of Item or Service <b>Portion of bill for Richfield Times ad</b>	M   D   Y <b>0   9   1   7   1   7</b>	Fair Market Value <b>\$74.00</b>
City <b>Richfield</b>	State   Zip Code <b>OH   44286</b>	Received at Fundraising Event? <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 <b>OH</b>	Received at Fundraising Event? <input type="radio"/> YES <input 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 <b>OH</b>	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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