

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/03

Full Name of Committee <i>Klinger Campaign Committee</i>						Registration Number, if PAC		
Full Name of Candidate <i>CAROL ANN KLINGER</i>								
Street Address <i>1715 17th St</i>				Office Sought <i>COUNCIL-AT-LARGE</i>		District <i>CUYAHOGA FALLS</i>		
City <i>CUYAHOGA FALLS</i>				State <i>OH</i>		Zip Code <i>44223</i>		
Type of Report (place X to the left of report type)	Pro-Primary		Post-Primary	<input checked="" type="checkbox"/> Pre-General		Post-General		Agg
	July Monthly		August Monthly	September Monthly		Termination		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	\$	5472	80
2. Total monetary contributions (From Form No. 31-A)	\$	50	
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	5522	80
5. Total monetary expenditures (From Form No. 31-B)	\$	762	03
6. Balance on hand (line 4 minus line 5)	\$	4760	77
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	-	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	69,000	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	11,593	65
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.	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 OCT 24 11:10:04

#1395 Ave

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.

*Richard Klinger* Treasurer *R. Klinger*  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

*10/24/17*  
Date

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 9

# Statement of Contributions Received

Prescribed by Secretary of State 3-01

Name of Committee in Full <i>Klinger Campaign Committee</i>				
Full Name of Contributor <i>Joe Huber</i>			Registration Number, if PAC	
Street Address <i>278 Hunter Pky</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	M <i>1</i>	D <i>0</i>
			Y <i>2</i>	Amount <i>50.00</i>
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
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

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

31-R  
R.C. 3517.10

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Klinger Campaign Committee</i>				
To Whom Paid <i>U.S. Postmaster</i>		M   D   Y <i>10   17   17</i>		Amount <i>762.03</i>
Address		Purpose <i>MAILER - POSTAGE</i>		
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44101</i>	Check Number <i>1002</i>	
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	

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R.C. 3517.10

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>									
To Whom Owed <b>Rick Klinger</b>					Prior Amount <b>594.15</b>			Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>					Item or Purpose of Debt <b>Adv.</b>			Outstanding Balance <b>594.15</b>	
City <b>Cuyahoga Falls</b>			State <b>OH</b>		Zip Code <b>44223</b>			Payments This Period	
Date Debt was originally Incurred <b>11 02 13</b>					M	D	Y	Amount	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Rick Klinger</b>					Prior Amount <b>0</b>			Amt. Incurred this Period <b>2200.00</b>	
Address <b>1715 17th St</b>					Item or Purpose of Debt <b>Adv.</b>			Outstanding Balance <b>2200.00</b>	
City <b>Cuyahoga Falls OH</b>			State <b>OH</b>		Zip Code <b>44223</b>			Payments This Period	
Date Debt was originally Incurred <b>04 04 17</b>					M	D	Y	Amount	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Rick Klinger</b>					Prior Amount <b>0</b>			Amt. Incurred this Period <b>147.00</b>	
Address <b>1715 17th St</b>					Item or Purpose of Debt <b>Postage</b>			Outstanding Balance <b>147.00</b>	
City <b>Cuyahoga Falls</b>			State <b>OH</b>		Zip Code <b>44223</b>			Payments This Period	
Date Debt was originally Incurred <b>10 13 17</b>					M	D	Y	Amount	
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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 11593.65 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2-01

Full Name of Committee <b>Klinger Campaign Committee</b>				
To Whom Owed <b>Rick Klinger</b>			Prior Amount <b>5000</b>	Amt. Incurred this Period <b>0</b>
Address <b>1715 17th</b>			Item or Purpose of Debt <b>ADV.</b>	Outstanding Balance <b>5000.00</b>
City <b>Cuy Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period	
Date Debt was originally Incurred			Date	Amount
			M	D
			Y	\$
Registration Number, if PAC			M	D
			Y	\$
			M	D
			Y	\$
To Whom Owed <b>Rick Klinger</b>			Prior Amount <b>161.97</b>	Amt. Incurred this Period <b>0</b>
Address <b>1715 17th</b>			Item or Purpose of Debt <b>ADV</b>	Outstanding Balance <b>161.97</b>
City <b>Cuy Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period	
Date Debt was originally Incurred			Date	Amount
			M	D
			Y	\$
Registration Number, if PAC			M	D
			Y	\$
			M	D
			Y	\$
To Whom Owed <b>Rick Klinger</b>			Prior Amount <b>522.90</b>	Amt. Incurred this Period <b>0</b>
Address <b>1715 17th</b>			Item or Purpose of Debt <b>ADV</b>	Outstanding Balance <b>522.90</b>
City <b>Cuy Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period	
Date Debt was originally Incurred			Date	Amount
			M	D
			Y	\$
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-A). Transfer total outstanding debt amount to the cover page.

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

Total Outstanding Balance \$ 11,593.65 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee <b>Klinger Campaign Committee</b>							
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>220.00</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADU</b>		Outstanding Balance <b>220.00</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				<b>06</b>	<b>21</b>	<b>13</b>	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>372.75</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>ADU</b>		Outstanding Balance <b>372.75</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				<b>05</b>	<b>10</b>	<b>13</b>	
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Rick Klinger</b>				Prior Amount <b>230</b>		Amt. Incurred this Period <b>0</b>	
Address <b>1715 17th</b>				Item or Purpose of Debt <b>POSTAGE</b>		Outstanding Balance <b>230.00</b>	
City <b>Cuy Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Payments This Period			
				Date		Amount	
				M	D	Y	\$
Date Debt was originally Incurred				M	D	Y	
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). Transfer total outstanding debt amount to the cover page.

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

Total Outstanding Balance \$ 11593.65 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>									
To Whom Owed <b>Rick Klinger</b>					Prior Amount <b>0</b>			Amt. Incurred this Period <b>2104.88</b>	
Address <b>1715 17th</b>					Item or Purpose of Debt <b>ADV</b>			Outstanding Balance <b>2104.88</b>	
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Rick Klinger</b>					Prior Amount			Amt. Incurred this Period	
Address <b>1715 17th St</b>					Item or Purpose of Debt			Outstanding Balance	
City <b>Cuyahoga Falls OH</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Rick Klinger</b>					Prior Amount			Amt. Incurred this Period	
Address <b>1715 17th St</b>					Item or Purpose of Debt			Outstanding Balance	
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Payments This Period			
						Date		Amount	
Date Debt was originally Incurred					M	D	Y	\$	
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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 11593.65 (also record on cover page)

31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>																	
From Whom Received <b>RICK &amp; CAROL KLINGER</b>										Prior Amount <b>5000.00</b>		Amt. Incurred this Period					
Address <b>1715 17th St</b>												Outstanding Balance <b>5000.00</b>					
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		S		M		D		Y		S	
10		10		97													
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization										M		D		Y			
From Whom Received <b>RICK &amp; CAROL KLINGER</b>										Prior Amount <b>72000.00</b>		Amt. Incurred this Period <b>0</b>					
Address <b>1715 17th St</b>												<b>0</b>					
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>		Zip Code <b>44223</b>		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		07		98													
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization										M		D		Y			
From Whom Received <b>RICK &amp; CAROL KLINGER</b>										Prior Amount <b>10,000</b>		Amt. Incurred this Period					
Address <b>1715 17th</b>												Outstanding Balance <b>10,000</b>					
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>		Zip Code <b>44223</b>		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		19		98													
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization										M		D		Y			

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).

<sup>1</sup> Total prior amount \$ 69,000

<sup>2</sup> Total received this period: 0 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 0 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 69,000 (To Form No. 30-A)



31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>													
From Whom Received <b>RICK &amp; CAROL KLINGER</b>								Prior Amount <b>5000 00</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th St</b>										Outstanding Balance <b>5000 00</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		07		06		01							
Registration Number, if PAC													
Employer Occupation Labor Organization													
From Whom Received <b>RICK &amp; CAROL KLINGER</b>								Prior Amount <b>2528.90</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th St</b>										Outstanding Balance <b>0 00</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		05		20		07							
Registration Number, if PAC													
Employer Occupation Labor Organization													
From Whom Received <b>RICK &amp; CAROL KLINGER</b>								Prior Amount <b>19,000</b>		Amt. Incurred this Period <b>-</b>			
Address <b>1715 17th St</b>										Outstanding Balance <b>19,000</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		01		10		04							
Registration Number, if PAC													
Employer Occupation Labor Organization													

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 \$ 69,000
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance 69,000 (To Form No. 30-A)

31-C  
R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Klinger Campaign Committee</b>											
From Whom Received <b>RICK &amp; CAROL Klinger</b>								Prior Amount <b>5000</b>		Amt. Incurred this Period <b>—</b>	
Address <b>1715 17th St</b>								Outstanding Balance <b>5000</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>							
Date Loan was originally Incurred <b>01/12/05</b>				Loans Received This Period Date Amount				Payments This Period Date Amount			
Registration Number, if PAC				M D Y \$				M D Y \$			
Employer Occupation Labor Organization				M D Y				M D Y			
From Whom Received <b>RICK &amp; CAROL Klinger</b>								Prior Amount <b>10,000</b>		Amt. Incurred this Period <b>—</b>	
Address <b>1715 17th St</b>								Outstanding Balance <b>10,000</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>							
Date Loan was originally Incurred <b>04/03/09</b>				M D Y \$				M D Y \$			
Registration Number, if PAC				M D Y				M D Y			
Employer Occupation Labor Organization				M D Y				M D Y			
From Whom Received <b>RICK &amp; CAROL Klinger</b>								Prior Amount <b>15,000</b>		Amt. Incurred this Period <b>—</b>	
Address <b>1715 17th St</b>								Outstanding Balance <b>15,000</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>							
Date Loan was originally Incurred <b>10/30/09</b>				M D Y \$				M D Y \$			
Registration Number, if PAC				M D Y				M D Y			
Employer Occupation Labor Organization				M D Y				M D Y			

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).

<sup>1</sup> Total prior amount \$ 69,000

<sup>2</sup> Total received this period \$ 0 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 0 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 69,000 (To Form No. 30-A)