

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Jeff Noble						Registration Number, if PAC					
Full Name of Candidate Jeffrey Alan Noble											
Street Address 3822 Talent Drive						Office Sought Ward 4, Council			District Green		
City Akron						State O H		Zip Code 44319			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		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			M 1 1	D 0 7	Y 1 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 at 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	\$	1,319.56
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	2,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,319.56
5. Total monetary expenditures (From Form No. 31-B)	\$	1,382.61
6. Balance on hand (line 4 minus line 5)	\$	1,936.95
7. Value of in-kind contributions received (From Form No. 31-A-3)	\$	
8. Value of in-kind contributions made (From Form No. 31-A-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-G)	\$	4,000.00
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	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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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

Rita Lucy Noble, Treasurer Rita Lucy Noble 10/23/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Jeff Noble							
Full Name Jeff Noble				Registration Number, if PAC			
Address 3822 Talent Drive		Type* L N		M 0	D 9	Y 17	Amount 2,000.00
City Akron		State O H	Zip Code 44319	Form(Cash,Check,etc) Bank Deposit			
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, uncashed check or the committee's own insufficient funds check received, place the letters 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

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Committee to Elect Jeff Noble											
To Whom Paid						M	D	Y	Amount		
Staples						0	8	3	1	17	36.28
Address				Purpose							
2981 S Arlington Road				Paper, Supplies							
City		State		Zip Code		Check Number					
Akron		O H		44312		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Green All Sports Boosters						0	9	2	5	17	260.00
Address				Purpose							
PO Box				Advertisement							
City		State		Zip Code		Check Number					
Green		O H		44232		Check 6655					
To Whom Paid						M	D	Y	Amount		
Vistaprint						0	9	2	6	17	227.35
Address				Purpose							
95 Hayden Ave				Rack Cards							
City		State		Zip Code		Check Number					
Lexington		M A		02421		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Yellow Jacket T-shirts						0	9	2	8	17	128.10
Address				Purpose							
543 N Main Street				Campaign T-shirts							
City		State		Zip Code		Check Number					
Akron		O H		44310		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Staples						0	9	2	9	17	36.28
Address				Purpose							
2981 S Arlington Road				Paper, Supplies							
City		State		Zip Code		Check Number					
Akron		O H		44312		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Cross & Oberlie						1	0	0	5	17	597.28
Address				Purpose							
916 Byrd Ave.				Campaign Signs							
City		State		Zip Code		Check Number					
Neenah		W I		54956		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Ohio Ethics Commission						1	0	1	0	17	35.00
Address				Purpose							
30 W Spring Street				Ethics Paperwork							
City		State		Zip Code		Check Number					
Columbus		O H		43215		Card Transaction					
To Whom Paid						M	D	Y	Amount		
Lowe's						1	0	1	8	17	18.23
Address				Purpose							
940 Interstate Parkway				Sign Supplies and Zip ties							
City		State		Zip Code		Check Number					
Akron		O H		44312		Card Transaction					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Jeff Noble						
To Whom Paid Staples			M	D	Y	Amount
			1	0	2	18.14
Address 4014 Medina Road		Purpose Paper, Supplies				
City Copley	State O	H	Zip Code 44333	Check Number Card Transaction		
To Whom Paid Staples			M	D	Y	Amount
			1	0	2	18.14
Address 4014 Medina Road		Purpose Paper, Supplies				
City Copley	State O	H	Zip Code 44333	Check Number Card Transaction		
To Whom Paid Home Depot			M	D	Y	Amount
			1	0	2	7.81
Address 4066 Medina Road		Purpose Zip ties for signs				
City Copley	State O	H	Zip Code 44333	Check Number Card Transaction		
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		

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Jeff Noble															
From Whom Received Jeff Noble								Prior Amount 2,000.00		Amt. Incurred this Period 2,000.00					
Address 3822 Talent Drive										Outstanding Balance 4,000.00					
City Akron		State OH	Zip Code 44319		Loans Received This Period Date			Amount		Payments This Period Date			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$		
		0	8	1	8	1	1	0	9	0	6	1	7	2000	
Registration Number, if PAC					M	D	Y	\$	0	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 Date			Amount		Payments This Period Date			Amount		
Date Loan was originally Incurred		M	D	Y	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								Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance					
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount		
Date Loan was originally Incurred		M	D	Y	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								Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance					
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount		
Date Loan was originally Incurred		M	D	Y	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	\$		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 2,000.00
- 2 Total received this period \$ 2,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 4,000.00 (To Form No. 30-A)