



Committee Name COMMITTEE TO ELECT JASON SAMS		Office Sought SCHOOL BOARD		District NORTON	
Street Address 3782 LONG DRIVE		City NORTON	State OH	Zip 44203	
Candidate Name OR PAC Registration Number JASON L. SAMS		Treasurer Name CHARLES W. MILLER		Election Date (MM/DD/YYYY) 11/07/2017	

**Type of Report (choose one):**

Annual  Semiannual  Pre-Primary  Post-Primary  Pre-General  Post-General

**Statewide Candidates Only:**

July Monthly  August Monthly  September Monthly

Year
------

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <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. Total monetary contributions (From Forms 31-A and 31-E)	3,100.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1,2, and 3)	3,100.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	2629.49
6. Balance on hand (line 4 minus line 5)	420.51
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
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

10/26/2017 11:31:11 AM

# 1559 Arc

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



Signature of Treasurer or Deputy Treasurer

10/26/2017

Date (MM/DD/YYYY)

Contribution Pages  
1

Expenditure Pages  
2

Other Pages  
1

Total Pages  
4



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT JASON SAMS				
Full Name of Contributor CHARLES W. MILLER			Registration Number, if PAC	
Street Address 1096 NORTON AVENUE		Employer/Occupation/Labor Organization* MILLER'S PARTY RENTAL		Form (Cash, Check, etc.) CASH
City NORTON	State OH	Zip Code 44203	Date (MM/DD/YYYY) 07/25/2017	Amount 100.00
Full Name of Contributor JASON L. SAMS			Registration Number, if PAC	
Street Address 3782 LONG DRIVE		Employer/Occupation/Labor Organization* F.W. ALBRECHT		Form (Cash, Check, etc.) CHECK
City NORTON	State OH	Zip Code 44203	Date (MM/DD/YYYY) 08/25/2017	Amount 3000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (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)]



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT JASON SAMS			
To Whom Paid POWER GRAPHICS		Date (MM/DD/YYYY) 08/31/2017	Amount 930.00
Street Address 3070 WADSWORTH ROAD STE. B		Purpose DOWN PAYMENT ON POLITICAL MATERIALS	
City NORTON	State OH	Zip Code 44203	Check Number DEBIT CARD
To Whom Paid SUNSTREAM SPORTSWEAR INC.		Date (MM/DD/YYYY) 09/05/2017	Amount 50.00
Street Address 208 SECOND STREET N.W.		Purpose TEE SHIRTS	
City BARBERTON	State OH	Zip Code 44203	Check Number DEBIT CARD
To Whom Paid POWER GRAPHICS		Date (MM/DD/YYYY) 09/18/2017	Amount 931.17
Street Address 3070 WADSWORTH ROAD STE.B		Purpose BALANCE ON POLITICAL MATERIALS	
City NORTON	State OH	Zip Code 44203	Check Number DEBIT CARD
To Whom Paid POWER GRAPHICS		Date (MM/DD/YYYY) 09/20/2017	Amount 43.77
Street Address 3070 WADSWORTH ROAD STE. B		Purpose ADDITIONAL POLITICAL MATERIALS	
City NORTON	State OH	Zip Code 44203	Check Number DEBIT CARD
To Whom Paid NORTON CIDER FESTIVAL		Date (MM/DD/YYYY) 09/25/2017	Amount 50.00
Street Address PO BOX 1290		Purpose PARADE FEE	
City NORTON	State OH	Zip Code 44203	Check Number 1000

Page Total \$ 2,004.94



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT JASON SAMS			
To Whom Paid THE BARBERTON HERALD		Date (MM/DD/YYYY) 10/09/2017	Amount 674.00
Street Address 70 FOURTH STREET NW		Purpose ADVERTISING	
City BARBERTON	State OH	Zip Code 44203	Check Number DEBIT CARD
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 674.00