



Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name Victor for Tallmadge Council		Office Sought Council At Large		District City of Tallmadge	
Street Address 786 Fairwood Dr		City Tallmadge		State OH	Zip 44278
Candidate Name OR PAC Registration Number Chuck Victor		Treasurer Name Charles Victor		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year 2017
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 1920.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1,2, and 3)	
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 1506.11
6. Balance on hand (line 4 minus line 5)	
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 50.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	\$ 500.00
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

2017 OCT 18 AM 9:02

#1379401

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

Charles Victor

Signature of Treasurer or Deputy Treasurer

10/18/2017

Date (MM/DD/YYYY)

Contribution Pages
8

Expenditure Pages
3

Other Pages
2

Total Pages
13



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Debra Kinzel			Registration Number, if PAC	
Street Address 2506 Wyndotte		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
Amount 80.00				
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, Etc) Check
Full Name of Contributor Jim Harris			Registration Number, if PAC	
Street Address 1073 Hillcrest		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 50.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash
Full Name of Contributor John Schluep			Registration Number, if PAC	
Street Address 3000 Milboro		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
Amount 50.00				
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) Check
Full Name of Contributor Jack McKee			Registration Number, if PAC	
Street Address 78 Waterford Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 50.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash
Full Name of Contributor Mike Schafer			Registration Number, if PAC	
Street Address 538 Wring Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 60.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) 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)]

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

Total Expenditures This Event

Page Total \$ 290.00



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor John Valle			Registration Number, if PAC	
Street Address 425 Sackett Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
Amount 100.00				
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) Check
Full Name of Contributor Don Engle			Registration Number, if PAC	
Street Address 643 Delaware Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 100.00				
City Akron		State OH	Zip Code 44303	Form (Cash, Check, Etc) Check
Full Name of Contributor Dave Utley			Registration Number, if PAC	
Street Address 6085 Arlyne Ln		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 75.00				
City Medina		State OH	Zip Code 44256	Form (Cash, Check, Etc) Check
Full Name of Contributor Dave Lieberth			Registration Number, if PAC	
Street Address 1275 Sunsetview Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 50.00				
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) Check
Full Name of Contributor Dan Sladek			Registration Number, if PAC	
Street Address 724 Thoreau Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 50.00				
City Akron		State OH	Zip Code 44306	Form (Cash, Check, Etc) Cash

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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

Total Expenditures This Event

Page Total \$ 375.00



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Jim Bright			Registration Number, if PAC	
Street Address 2923 Fair Oaks Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 50.00				
City Norton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jane Huffman			Registration Number, if PAC	
Street Address 305 Milton Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 100.00				
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Carol Martin			Registration Number, if PAC	
Street Address 260 Delaware		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 100.00				
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dennis Thompson			Registration Number, if PAC	
Street Address 829 Bentley Place		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 30.00				
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Steve Wood			Registration Number, if PAC	
Street Address 486 East Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/17
Amount 30.00				
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	

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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

Total Expenditures This Event

Page Total \$ 310.00



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Shawn Needham			Registration Number, if PAC	
Street Address 576 Colchester Ct		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 30.00				
City Akron		State OH	Zip Code 44319	Form (Cash, Check, Etc) Cash
Full Name of Contributor Joe Okolish			Registration Number, if PAC	
Street Address 1883 Congo Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 30.00				
City Akron		State OH	Zip Code 44305	Form (Cash, Check, Etc) Cash
Full Name of Contributor Kim Army			Registration Number, if PAC	
Street Address 378 Southeast Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 50.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Mark Salerno			Registration Number, if PAC	
Street Address 519 Karen Trl		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
Amount 30.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Megan Raber			Registration Number, if PAC	
Street Address 449 Victoria Park Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
Amount 100.00				
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check

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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

Total Expenditures This Event

Page Total \$ 240.00



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Jake Adams			Registration Number, if PAC	
Street Address 2066 Quayle Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
				Amount 100.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor Ron Oskar			Registration Number, if PAC	
Street Address 110 Maple Hill Ln		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/26/2017
				Amount 50.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor Ginny Collins			Registration Number, if PAC	
Street Address 3080 Whitewood St NW		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/09/2017
				Amount 25.00
City N Canton		State OH	Zip Code 44720	Form (Cash, Check, Etc) Check
Full Name of Contributor Beth Curley			Registration Number, if PAC	
Street Address 927 Oakland Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/25/2017
				Amount 30.00
City Akron		State OH	Zip Code 44310	Form (Cash, Check, Etc) Check
Full Name of Contributor Nancy Gulden			Registration Number, if PAC	
Street Address 21322 Montclare Blvd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/02/2017
				Amount 100.00
City Strongsville		State OH	Zip Code 44149	Form (Cash, Check, Etc) Check

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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

Total Expenditures This Event

Page Total \$ 305.00



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Jason Hayes			Registration Number, if PAC	
Street Address 1804 Fenton Manor		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/02/2017
City Cumming		State GA	Zip Code 30041	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				

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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
\$ 1,620.00

Total Expenditures This Event
\$ 292.83

Page Total \$ 100.00



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Tim Ream		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 206 Southeast Ave		Description of Item or Service Fundraiser - signs and banner		Date (MM/DD/YYYY) 05/25/2017
City Tallmadge		State OH	Zip Code 44278	Fair Market Value 50.00
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value

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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Victor for Tallmadge Council				
To Whom Paid Tallmadge Lions Club			Date (MM/DD/YYYY) 04/18/2017	Amount 80.00
Street Address Lions Park		Purpose Fundraiser - hall rental		
City Tallmadge	State OH	Zip Code 44278	Check Number 0887165	
To Whom Paid Restaurant Depot			Date (MM/DD/YYYY) 05/08/2017	Amount 6.37
Street Address 1062 Swietzer Ave		Purpose Fundraiser - water		
City Akron	State OH	Zip Code 44301	Check Number checking debit	
To Whom Paid Giant Eagle			Date (MM/DD/YYYY) 05/23/2017	Amount 45.87
Street Address 205 West Tallmadge Ave		Purpose Fundraiser - food		
City Tallmadge	State OH	Zip Code 44278	Check Number checking debit	
To Whom Paid Touch of Dutch			Date (MM/DD/YYYY) 05/26/2017	Amount 140.99
Street Address 206 Southeast Ave		Purpose Fundraiser - catering		
City Tallmadge	State OH	Zip Code 44278	Check Number 08897167	
To Whom Paid US Postal Service			Date (MM/DD/YYYY) 06/02/2017	Amount 19.60
Street Address 162 Northeast Ave		Purpose Fundraiser - postage for thank you		
City Tallmadge	State OH	Zip Code 44278	Check Number checking debit	

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.

Page Total \$ 292.83



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Victor for Tallmadge Council			
To Whom Paid Miracle Custom Awards		Date (MM/DD/YYYY) 04/03/2017	Amount 10.00
Street Address 556 Wolf Ledges Pkwy		Purpose Name tag	
City Akron	State OH	Zip Code 44311	Check Number 08897164
To Whom Paid Minuteman Press		Date (MM/DD/YYYY) 04/03/2017	Amount 58.71
Street Address 3515 Hudson Dr		Purpose Business cards	
City Stow	State OH	Zip Code 44224	Check Number 08897163
To Whom Paid Marazita Graphics		Date (MM/DD/YYYY) 05/09/2017	Amount 168.75
Street Address 1100 Triplett Blvd		Purpose rack cards	
City Akron	State OH	Zip Code 44306	Check Number checking debit
To Whom Paid Tallmadge FOP 111		Date (MM/DD/YYYY) 07/13/2017	Amount 100.00
Street Address 53 Northeast Ave		Purpose sponsorship - golf outing	
City Tallmadge	State OH	Zip Code 44278	Check Number 09166173
To Whom Paid JT Designz		Date (MM/DD/YYYY) 08/17/2017	Amount 15.98
Street Address 6182 Island Dr NW		Purpose decals	
City Canton	State OH	Zip Code 44718	Check Number checking debit

Page Total \$ 353.44



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Victor for Tallmadge Council			
To Whom Paid PsPrint		Date (MM/DD/YYYY) 09/15/2017	Amount 153.47
Street Address 1600 East Touhy Ave		Purpose post cards	
City Des Plaines	State IL	Zip Code 60018	Check Number checking debit
To Whom Paid JT Designz		Date (MM/DD/YYYY) 09/20/2017	Amount 15.98
Street Address 6182 Island Dr NW		Purpose decals	
City Canton	State OH	Zip Code 44718	Check Number checking debit
To Whom Paid Kiko Auctioneers		Date (MM/DD/YYYY) 09/22/2017	Amount 604.39
Street Address 2739 Fulton Dr NW		Purpose yard signs	
City Canton	State OH	Zip Code 44718	Check Number 09166174
To Whom Paid Chuck Victor		Date (MM/DD/YYYY) 10/05/2017	Amount 35.00
Street Address 786 Fairwood Dr		Purpose reimbursement for Ethics Commission Filing	
City Tallmadge	State OH	Zip Code 44278	Check Number 09166175
To Whom Paid US Postal Service		Date (MM/DD/YYYY) 10/14/2017	Amount 51.00
Street Address 162 Northeast Ave		Purpose postage	
City Tallmadge	State OH	Zip Code 44278	Check Number checking debit

Page Total \$ 859.84



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Victor for Tallmadge Council				
Full Name of Contributor Laborers International Union NA			Registration Number, if PAC PAC fund LA 236	
Street Address 720 Wolf Ledges Pkwy		Employer/Occupation/Labor Organization* Local 294		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44311	Date (MM/DD/YYYY) 9/26/17	Amount 250.00
Full Name of Contributor Carolyn Mackey			Registration Number, if PAC	
Street Address 191 Ernest Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/11/17	Amount 50.00
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

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Victor for Tallmadge Council						
From Whom Received Charles Victor					Prior Amount	Armt. Incurred this Period 500.00
Street Address 786 Fairwood Dr						Outstanding Balance 500.00
City Tallmadge	State OH	Zip Code 44278	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY) 03/29/2017	Date of Loan (MM/DD/YYYY)	Amount 500.00	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received					Prior Amount	Armt. Incurred this Period
Street Address						Outstanding Balance
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

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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).

Total Prior Amount \$ 0

Total Received This Period \$ 500.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 500.00 (also record on Form 30-A)