

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Rod Armstrong						Registration Number, if PAC			
Full Name of Candidate Rodney G. Armstrong, Jr									
Street Address 1316 Ritchie Rd					Office Sought SMFCDS School Board		District Summit		
City Stow						State O H	Zip Code 44224		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		
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 D Y 1 1 0 7 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	\$ 525.00
2. Total monetary contributions (From Form No. 31-A)	\$ 535.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 1,060.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,060.00
6. Balance on hand (line 4 minus line 5)	\$ 0.00
7. Value of in-kind contributions received (From Form No. 31-A-1)	\$ 117.98
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 4,035.38
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	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

1743
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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.

Rodney G. Armstrong, Jr., Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Rodney G. Armstrong, Jr.
Signature

12/12/17
Date

Contribution pages 4

Expenditure pages 1

Other pages 2

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Rod Armstrong							
Full Name of Contributor FROM FORM 31-E FOR EVENT ON 10/22/17					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	2	1
							7
							535.00
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, 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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Rod Armstrong												
To Whom Paid RODNEY ARMSTRONG						M	D	Y	Amount			
						1	2	0	4	1	7	1,060.00
Address 1316 RITCHIE RD				Purpose LOAN PAYMENT								
City STOW		State OH		Zip Code 44224		Check Number BANK TRANSFER						
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						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Rod Armstrong				
Full Name of Contributor Brian Lowdermilk			Registration Number, if PAC	
Street Address 2536 SAMIRA		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 40.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CASH
Full Name of Contributor MARY MUMPER			Registration Number, if PAC	
Street Address 4242 HILE RD		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 25.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CASH
Full Name of Contributor GARY PASKEY			Registration Number, if PAC	
Street Address 4175 MARIBEND DR		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 50.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CHECK
Full Name of Contributor LARRY CARLISLE			Registration Number, if PAC	
Street Address 1543 ROSE AVE		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 40.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CASH
Full Name of Contributor KIMBERLY KEKEL			Registration Number, if PAC	
Street Address 3743 COMPTON CT		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 25.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CASH
Full Name of Contributor JOHN WYSMIERSKI			Registration Number, if PAC	
Street Address 3993 BAUMBERGER RD		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 25.00
City STOW	State O H	Zip Code 44224		Form(Cash,Check,etc) CHECK
Full Name of Contributor GLORIA RODGERS			Registration Number, if PAC	
Street Address 4562 NEWCOMBER RD		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 100.00
City STOW	State O H	Zip Code 44224		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
535.00

Total expenditures this event
0.00

Page Total \$ 305.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Rod Armstrong			
Full Name of Contributor MATTHEW RIEHL		Registration Number, if PAC	
Street Address 2080 MAPLE RD	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 25.00
City STOW	State O H	Zip Code 44224	Form(Cash,Check,etc) CHECK
Full Name of Contributor ADAM MILLER		Registration Number, if PAC	
Street Address 100 ALAMEDA	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 100.00
City CUYAHOGA FALLS	State O H	Zip Code 44221	Form(Cash,Check,etc) CHECK
Full Name of Contributor CYNTHIA CLOUD		Registration Number, if PAC	
Street Address 4860 CLARKE DR	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 40.00
City STOW	State O H	Zip Code 44224	Form(Cash,Check,etc) CHECK
Full Name of Contributor WILLIAM DEAN		Registration Number, if PAC	
Street Address 1308 GOLDFINCH DR	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 25.00
City STOW	State O H	Zip Code 44224	Form(Cash,Check,etc) CHECK
Full Name of Contributor DON ROBART		Registration Number, if PAC	
Street Address 1745 CALVERT DR	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 2 1 7 40.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CHECK
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State	Zip Code	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
535.00

Total expenditures this event
0.00

Page Total \$ 230.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Rod Armstrong				
Full Name of Contributor Kathleen Armstrong		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1316 Ritchie Rd		Description of Item or Service Food/drinks for 10/22		M D Y Fair Market Value 1 0 2 2 1 7 117.98
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Rod Armstrong														
From Whom Received Rodney G. Armstrong, Jr							Prior Amount 5,095.38			Amt. Incurred this Period 0.00				
Address 1316 Ritchie Rd							Outstanding Balance 4,035.38							
City Stow		State OH	Zip Code 44224		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	\$	1060.00	
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	\$		
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	\$		

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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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 5,095.38
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 1,060.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 4,035.38 (To Form No. 30-A)