

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee The Committee to Elect Scott Barr						Registration Number, if PAC	
Full Name of Candidate Scott Lowell Barr							
Street Address 2823 Myrick Lane				Office Sought Council-At-Large		District Twinsburg	
City Twinsburg				State OH		Zip Code 44087	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> 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		1 ^M 1 0 ^D 7 1 ^Y 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 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	\$	3230	67
2. Total monetary contributions (From Form No. 31-A)	\$	198	25
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,428	67 92
5. Total monetary expenditures (From Form No. 31-B)	\$	2,538	97
6. Balance on hand (line 4 minus line 5)	\$	889	95
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	00
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 DEC 14 AM 11:15

#1769 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.

Angela Magnes

Print Name and Title (Treasurer and Deputy Treasurer only)

Angela Magnes
Signature

12-10-17
Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
The Committee to Elect Scott Barr							Registration Number, if PAC		
Full Name of Contributor Lisa Witherite							Form (Cash, Check, etc.) check		
Street Address 10354 Andover Dr.				Employer/Occupation/Labor Organization*			Amount		
City Twinsburg		State OH	Zip Code 44087		M 10	D 19	Y 17	Amount 150.00	
Full Name of Contributor Lori Posk							Registration Number, if PAC		
Street Address 2916 Alling Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) payroll		
City Twinsburg		State OH	Zip Code 44087		M 11	D 20	Y 17	Amount 48.25	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>										
To Whom Paid <u>The Impact Group</u>						M	D	Y	Amount	
Address <u>5100 Darrow Rd</u>						<u>12</u>	<u>05</u>	<u>17</u>	<u>750.00</u>	
Purpose <u>Marketing</u>										
City <u>Hudson</u>			State <u>OH</u>	Zip Code <u>44236</u>		Check Number <u>113</u>				
To Whom Paid <u>Brewster's</u>						M	D	Y	Amount	
Address <u>2681 Creekside Pr.</u>						<u>11</u>	<u>08</u>	<u>17</u>	<u>530.00</u>	
Purpose <u>election night thank you party</u>										
City <u>Twinsburg</u>			State <u>OH</u>	Zip Code <u>44087</u>		Check Number				
To Whom Paid <u>Teresa's Pizza</u>						M	D	Y	Amount	
Address <u>9783 Ravenna Rd</u>						<u>11</u>	<u>06</u>	<u>17</u>	<u>59.98</u>	
Purpose <u>Lunch for Volunteers of campaign</u>										
City <u>Twinsburg</u>			State <u>OH</u>	Zip Code <u>44087</u>		Check Number				
To Whom Paid <u>Fed Ex</u>						M	D	Y	Amount	
Address <u>2728 E. Aurora Rd</u>						<u>10</u>	<u>24</u>	<u>17</u>	<u>4.27</u>	
Purpose <u>paperwork copies</u>										
City <u>Twinsburg</u>			State <u>OH</u>	Zip Code <u>44087</u>		Check Number <u>111</u>				
To Whom Paid <u>Scott Barr - 31-N</u>						M	D	Y	Amount	
Address <u>2823 Myrick Lane</u>						<u>10</u>	<u>30</u>	<u>17</u>	<u>1174.72</u>	
Purpose <u>debt payment</u>										
City <u>Twinsburg</u>			State <u>OH</u>	Zip Code <u>44087</u>		Check Number <u>112</u>				
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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee The Committee to Elect Scott Barr											
To Whom Owed Scott Barr					Prior Amount 986.31			Amt. Incurred this Period 0.00			
Address 2823 Myrick Lane					Item or Purpose for Debt Campaign Filers			Outstanding Balance 0.00			
City Twinsburg			State OH	Zip Code 44087		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					0	8	0	8	1	7	986.31
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed Scott Barr					Prior Amount 188.41			Amt. Incurred this Period 0.00			
Address 2823 Myrick Lane					Item or Purpose for Debt Campaign + Shirts			Outstanding Balance 0.00			
City Twinsburg			State OH	Zip Code 44087		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					0	7	1	0	3	0	188.41
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	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 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 \$ 1174.72 ~~0.00~~ (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)