

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>The Committee To Elect Chns Inks</i>							Registration Number, if PAC			
Full Name of Candidate <i>Chns Inks</i>										
Street Address <i>3925 Holiday Dr</i>					Office Sought <i>School Board</i>			District <i>Norton</i>		
City <i>Norton</i>					State <i>OH</i>		Zip Code <i>44203</i>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No					Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No					Date of Election
					M		D		Y	

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	\$	1059	00
2. Total monetary contributions (From Form No. 31-A)	\$	2585	00
3. Total other income (From Form No. 31-A-2)	\$	0	-
4. Total funds available (sum of lines 1, 2, 3)	\$	3644	-
5. Total monetary expenditures (From Form No. 31-B)	\$	3603	47
6. Balance of funds available (line 4 - line 5)	\$	40	53
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	15	-
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	-
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	-
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2583	39
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**

2017 DEC 15 AM 9:43

#1795 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.

Judys A. Anderson
Print Name and Title (Treasurer and Deputy Treasurer only)

Judys A. Anderson
Signature

12/15/17
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee To Elect Chris Luks				
Full Name of Contributor Jerome C. Flume 2002 Trust			Registration Number, if PAC	
Street Address 3045 Smith Rd Suite 200		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Fairlawn	State OH	Zip Code 44333	M D Y 10 12 17	Amount 250.00
Full Name of Contributor Erica Wathey			Registration Number, if PAC	
Street Address 3448 Chadwick Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Uniontown	State OH	Zip Code 44685	M D Y 10 20 17	Amount 1500.00
Full Name of Contributor James E. Little			Registration Number, if PAC	
Street Address 920 Rosemarie Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Wadsworth	State OH	Zip Code 44201-8229	M D Y 10 20 17	Amount 500.00
Full Name of Contributor John W Canterbury			Registration Number, if PAC	
Street Address 3800 Mulberry St. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Uniontown	State OH	Zip Code 44685	M D Y 10 26 17	Amount 50.00
Full Name of Contributor Contributions from Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y 10 17 17	Amount 260 -
Full Name of Contributor Betty Tolpelt			Registration Number, if PAC	
Street Address 2752 Greenidge		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Norton	State OH	Zip Code 44203	M D Y 09 26 17	Amount 25.00
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

* 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)]

~~\$ 2560.00~~
~~\$ 2585.00~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
The Committee to Elect Chris Inks							12	13	17	2583.39
Address				Purpose						
3925 Holiday Dr.										
City				State	Zip Code		Check Number			
Norton				OH	44203					
To Whom Paid							M	D	Y	Amount
Huntington Bank (Facebook Ads)							11	07	17	27.00
Address				Purpose						
11601 Willow Rd				Ads Facebook						
City				State	Zip Code		Check Number			
Menlo Park				CA	53474-452					
To Whom Paid							M	D	Y	Amount
Huntington Bank							11	15	17	3-
Address				Purpose						
P.O. Box 1558				Bank Service Charge						
City				State	Zip Code		Check Number			
Columbus				OH	43216-1558					
To Whom Paid							M	D	Y	Amount
Huntington Bank VISTA PRINT							10	30	17	941.30
Address				Purpose						
P.O. Box 1558				Postcards						
City				State	Zip Code		Check Number			
Columbus				OH	43216-1558					
To Whom Paid							M	D	Y	Amount
Hunting Bank (Check order)							09	27	17	40.78
Address				Purpose						
P.O. Box 1558				Checks						
City				State	Zip Code		Check Number			
Columbus				OH	43216-1580					
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			

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3603.47
Page Total \$

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>The Committee To Elect Chris Inks</u>			
Full Name of Contributor <u>Christopher Inks</u>		Registration Number, if PAC	
Street Address <u>3925 Holiday Dr</u>	Employer/Occupation/Labor Organization* <u>School Board</u>	M D Y <u>10 17 17</u>	Amount <u>260⁰⁰</u>
City <u>Norton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Form (Cash, Check, etc.) <u>Cash</u>
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)

* 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

<u>260</u>	<u>-</u>
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Total expenditures this event

<u>-</u>	<u>0</u>	<u>-</u>
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Page Total \$ 260⁰⁰

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>The Committee to Elect Chris Luker</u>			
Full Name of Contributor <u>Betty Dolphin</u>		Registration Number, if PAC	
Street Address <u>2752 Greenridge</u>	Employer/Occupation/Labor Organization*	M D Y <u>9 26 17</u>	Amount <u>25.00</u>
City <u>Norton</u>	State <u>OH</u>	Zip Code <u>44203</u>	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.)
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.)
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.)
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

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Total expenditures this event.

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