

Ohio Campaign Finance Report TERMINATED

Prescribed by Secretary of State 3.05

Full Name of Committee JASON JIVIDEN for School Board Committee						Registration Number, if PAC	
Full Name of Candidate JASON JIVIDEN							
Street Address 5368 Myers Rd				Office Sought SCHOOL BOARD		District MANCHESTER	
City New Franklin				State OH		Zip Code 44319	
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	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input checked="" type="checkbox"/> 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 8 1 0 7 20 17	

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.

#1677 @

AKRON, OH
2017 DEC 15 PM 3:23

1. Amount brought forward from last report	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	0	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	0	00
5. Total monetary expenditures (From Form No. 31-B)	\$	773	73
6. Balance on hand (line 4 minus line 5)	\$	0	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	713	73
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

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.

JASON JIVIDEN 12-15-17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
JASON JIVIDEN FOR SENIOR BOARD COMMITTEE			
Full Name of Contributor JASON JIVIDEN		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 5868 Myers Rd.		Description of Item or Service CAMPANAS CARDS	M D Y Fair Market Value 09 22 17 73.62
City New Franklin, OH		State Zip Code OH 44319	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor JASON JIVIDEN		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 5868 Myers Rd.		Description of Item or Service YARD SIGNS	M D Y Fair Market Value 09 26 17 327.61
City New Franklin		State Zip Code OH 44319	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor JASON JIVIDEN		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 5868 Myers Rd.		Description of Item or Service POM. POMS	M D Y Fair Market Value 10 31 17 172.50
City New Franklin		State Zip Code OH 44319	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor JASON JIVIDEN		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 5868 Myers Rd.		Description of Item or Service T-SHIRTS	M D Y Fair Market Value 140.00
City New Franklin		State Zip Code OH 44319	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]