

Ohio Campaign Finance Report TERMINATED

Prescribed by Secretary of State 3 05

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY						Registration Number, if PAC	
Full Name of Candidate VICTORIA JEROMOS-BLAYNEY							
Street Address 3854 SUNNYSIDE CIRCLE					Office Sought VILLAGE COUNCIL		District
City REMINDERVILLE					State OH	Zip Code 44702	
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 checked="" type="checkbox"/> Termination	<input type="checkbox"/> 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		11/07/17	

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(11) for details.

1. Amount brought forward from last report	\$	639	88
2. Total monetary contributions (From Form No. 31-A)	\$	330	00
3. Total other income (From Form No. 31-A-2)	\$	969	88
4. Total funds available (sum of lines 1, 2, 3)	\$	969	88
5. Total monetary expenditures (From Form No. 31-B)	\$	969	88
6. Balance on hand (line 4 minus line 5)	\$	0	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	132	79
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	
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.	\$		


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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 11 AM 11:42

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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.

VICTORIA JEROMOS-BLAYNEY
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

12-11-17
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 FRIENDS OF JEROME-BUAYNEY									
Full Name of Contributor MICHELLE TOSD							Registration Number, if PAC		
Street Address 3842 SURFSIDE CIRCLE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CASH		
City REMINDESVILLE		State OH	Zip Code 44202		M 10	D 20	Y 17	Amount 20.00	
Full Name of Contributor DONNA ARCECI							Registration Number, if PAC		
Street Address 3847 SURFSIDE CIRCLE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CASH		
City REMINDESVILLE		State OH	Zip Code 44202		M 10	D 19	Y 17	Amount 50.00	
Full Name of Contributor TRANSFER FROM 31-E							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M 10	D 20	Y 17	Amount 260.00	
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	

* 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						
To Whom Paid			M	D	Y	Amount
VICTORIA JEROMOS-BLAYNEY			1	2	07	1750.00
Address		Purpose				
3854 SURFSIDE CIRCLE		REPAYMENT OF LOAN				
City	State	Zip Code	Check Number			
REMINDEVILLE	OH	44202	1001			
To Whom Paid			M	D	Y	Amount
VICTORIA JEROMOS-BLAYNEY			1	2	07	17919.88
Address		Purpose				
3854 SURFSIDE CIRCLE		REPAYMENT OF DEBT				
City	State	Zip Code	Check Number			
REMINDEVILLE	OH	44202	1002			
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 Loans Made

Prescribed by Secretary of State 2-01

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY									
To Whom Made VICTORIA JEROMOS-BLAYNEY					Prior Amount 50.00			Amt. Loaned this Period 50.00 -0-	
Address 3854 SUNSHINE CIRCLE								Outstanding Balance 50.00 -0-	
City ROBINDEVILLE			State OH		Zip Code 44202			Payments Received This Period	
					Date		Amount		
Date Loan was Originally Made					M	D	Y	\$	
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code			Payments Received This Period	
					Date		Amount		
Date Loan was Originally Made					M	D	Y	\$	
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code			Payments Received This Period	
					Date		Amount		
Date Loan was Originally Made					M	D	Y	\$	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)

Total Payments Received this Period \$ 50.00 (also record on Forms 31-A-2)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
FRIENDS OF JEROMUS-BUAYNET			
Full Name of Contributor		Registration Number, if PAC	
CARIE GICHENKO			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
3772 SURFSIDE CIRCLE		10	2017 40.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH
Full Name of Contributor			
BETHY ALLEMAN			
Full Name of Contributor		Registration Number, if PAC	
BETHY ALLEMAN			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
3857 SURFSIDE CIRCLE		10	2017 20.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH
Full Name of Contributor			
JIM PROHASKA			
Full Name of Contributor		Registration Number, if PAC	
JIM PROHASKA			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
3851 SURFSIDE CIRCLE		10	2017 20.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH
Full Name of Contributor			
MEGIDAN VILLHAUER			
Full Name of Contributor		Registration Number, if PAC	
MEGIDAN VILLHAUER			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
10100 N. SURFSIDE CIRCLE		10	2017 40.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CHECK
Full Name of Contributor			
MARA ELSAS			
Full Name of Contributor		Registration Number, if PAC	
MARA ELSAS			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
3672 Windjammer Cove		10	2017 20.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH
Full Name of Contributor			
JOHN STANKOWITZ			
Full Name of Contributor		Registration Number, if PAC	
JOHN STANKOWITZ			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
9953 Pebble Beach Cove		10	2017 40.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH
Full Name of Contributor			
VALERIE FEARIS			
Full Name of Contributor		Registration Number, if PAC	
VALERIE FEARIS			
Street Address	Employer Occupation Labor Organization*	M	D Y Amount
3869 SURFSIDE CIRCLE		10	2017 20.00
City	State	Zip Code	Form (Cash, Check, etc.)
REMINDERVILLE	OH	44202	CASH

* 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 \$ 200.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF JENOMAS - RAYNEY				Registration Number, if PAC			
Full Name of Contributor CARRIE HORWITZ				M D Y Amount			
Street Address 3869 SURFSIDE CIRCLE		Employer Occupation Labor Organization*		10 19 17		60.00	
City ROMINDERVILLE		State OH	Zip Code 44702	Form (Cash, Check, etc.) CHECK			
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

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Total expenditures this event.

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Page Total \$ 60.00

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
FRIENDS OF JEROMOS-BLAYNEY			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DENISE LARRY			
Street Address	Description of Item or Service	M	D
3862 SURFSIDE CIRCLE	WINE	1	0
City	State	Y	Fair Market Value
REMINDEVILLE	OH	17	105.96
	Zip Code	Received at Fundraising Event?	
	44202	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTORIA JEROMOS-BLAYNEY			
Street Address	Description of Item or Service	M	D
3854 SURFSIDE CIRCLE	REPAY DEBT	1	2
City	State	Y	Fair Market Value
REMINDEVILLE	OH	17	26.83
	Zip Code	Received at Fundraising Event?	
	44202	<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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF JEROMOS - BLAYNEY							
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 752.83		Amt. Incurred this Period 136.50	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt PENS		Outstanding Balance 889.33	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 889.33		Amt. Incurred this Period 75.20	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt PLATES/CRACKERS		Outstanding Balance 904.53	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed VICTORIA JEROMOS-BLAYNEY				Prior Amount 904.53		Amt. Incurred this Period 30.00	
Address 3854 SURFSIDE CIRCLE				Item or Purpose of Debt CHEESE/CRACKERS		Outstanding Balance 934.53	
City REMINDEVILLE		State OH	Zip Code 44202		Payments This Period		
Date Debt was originally Incurred				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 in 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 \$ _____ (also record on Form 31-B)

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF JEROMOS-BLAYNEY									
To Whom Owed VICTORIA JEROMOS-BLAYNEY					Prior Amount 934.53			Amt. Incurred this Period 12.18	
Address 3854 SURFSIDE CIRCLE					Item or Purpose of Debt GLASSES/TABLETS			Outstanding Balance 946.71 FORGIVEN	
City REMINDERVILLE			State OH	Zip Code 44002		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					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 in 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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 26.83 (also record on cover page)