

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Elect Kahoe</b>							Registration Number, if PAC		
Full Name of Candidate <b>Jim Kahoe</b>									
Street Address <b>4197 Swan Lake Dr.</b>					Office Sought <b>Village Council</b>			District <b>Richfield</b>	
City <b>Richfield</b>					State <b>OH</b>		Zip Code <b>44286</b>		
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		Semiannual <b>2017</b>
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 <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>7</b>

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	899.46
2. Total monetary contributions (From Form No. 31-A)	\$ 250.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 1,149.46
5. Total monetary expenditures (From Form No. 31-B)	\$ 117.60
6. Balance on hand (line 4 minus line 5)	\$ 1,031.86
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-G)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,500.00
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 15 PM 3:52

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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

**Jim Kahoe**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**12/13/17**

Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Kahoe</b>							
Full Name of Contributor <b>Tim Austin</b>					Registration Number, if PAC		
Street Address <b>24536 Annie Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westlake</b>		State <b>O   H</b>	Zip Code <b>44145</b>	M <b>1</b>	D <b>03</b>	Y <b>017</b>	Amount <b>250.00</b>
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 <b>Committee to Elect Kahoe</b>													
To Whom Paid <b>Print to Promote</b>							M	D	Y	Amount			
							1	2	0	6	1	7	117.60
Address <b>540 S. Main Street Suite 115</b>				Purpose <b>Advertisement</b>									
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44311</b>			Check Number <b>132</b>						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						
To Whom Paid							M	D	Y	Amount			
Address													
City		State		Zip Code			Check Number						

## Statement of Outstanding Debts

Prescribed by Secretary of State 2 01

Full Name of Committee <b>B Committee to Elect Kahoe</b>									
To Whom Owed <b>Jim Kahoe</b>					Prior Amount <b>0</b>		Amt Incurred this Period <b>2,500<sup>00</sup></b>		
Address <b>4197 Swan Lake</b>					Item or Purpose of Debt <b>Fundraiser and Signs</b>		Outstanding Balance <b>2,500<sup>00</sup></b>		
City <b>Richfield</b>			State <b>Oh</b>	Zip Code <b>44286</b>		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
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		
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		
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)