

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee: <b>Friends of Joe Kazy</b>						Registration Number of PAC			
Full Name of Candidate: <b>JOE KAZY</b>									
Street Address: <b>3141 Montroy Dr</b>					Office Sought: <b>Norton City Council Ward 1</b>		District		
City: <b>Norton</b>			State: <b>Oh</b>		Zip Code: <b>44203</b>				
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 type="checkbox"/> Post-General	Annual Year				
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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		M	D	Y
					<b>11</b>		<b>07</b>	<b>17</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 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	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	300	00
3. Total other income (From Form No. 31-A-2)	\$	400	00
4. Total funds available from (lines 2, 3)	\$	700	00
5. Total monetary expenditures (From Form No. 31-B)	\$	663	29
6. Balance on hand (line 4 minus line 5)	\$	34	71
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	
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)	\$	0	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	
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**

AB #1613

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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.

Misty Kazy Print Name and Title (Treasurer and Deputy Treasurer only)      Misty Kazy Signature      12/12/17 Date

Contributions pages <u>2</u>	Expenditures pages <u>1</u>	Other pages <u>1</u>	Total pages <u>4</u>
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# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Joe Katz</i>						Registration Number, if PAC			
Full Name <i>Fundraiser Event</i>				Address		Type*		M   D   Y   Amount <i>08   20   17   400.00</i>	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Full Name				Address		Type*		M   D   Y   Amount	
City		State		Zip Code		Form (Cash, Check, etc.)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Joe Katz</i>						
Full Name of Contributor <i>United Transportation Union Political Action Committee</i>			Registration Number, if PAC <i>FECA# C00001636</i>			
Street Address <i>167 S. State Street # 245</i>		Employer Occupation Labor Organization*	M	D	Y	Amount
City <i>Westererville</i>		State <i>Ohio</i>	Zip Code <i>44081</i>		Form (Cash, Check, etc.) <i>CK# 014930</i>	
Full Name of Contributor <i>Brian C. Katz</i>			Registration Number, if PAC			
Street Address <i>4300 W. 143rd Street</i>		Employer Occupation Labor Organization*	M	D	Y	Amount
City <i>Cleveland</i>		State <i>Ohio</i>	Zip Code <i>44135</i>		Form (Cash, Check, etc.) <i>CK# 1188</i>	
Full Name of Contributor <i>Kayle Roberts</i>			Registration Number, if PAC			
Street Address <i>22406 Fairview Circle #3</i>		Employer Occupation Labor Organization*	M	D	Y	Amount
City <i>Fairview Park</i>		State <i>Ohio</i>	Zip Code <i>44126</i>		Form (Cash, Check, etc.) <i>CASH</i>	
Full Name of Contributor <i>Hale Nelson</i>			Registration Number, if PAC			
Street Address <i>3144 Rosebay Blvd</i>		Employer Occupation Labor Organization*	M	D	Y	Amount
City <i>Norton</i>		State <i>Ohio</i>	Zip Code <i>44203</i>		Form (Cash, Check, etc.) <i>CASH</i>	
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.)	

\* 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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# Statement of Contributions Received

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Name of Committee in Full <b>Friends of Joe Kazy</b>							
Full Name of Contributor <b>CARRIE A. Beegle</b>					Registration Number, if PAC		
Street Address <b>3920 Reimer Rd</b>		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CK # 485</b>		
City <b>Norton</b>	State <b>OH</b>	Zip Code <b>44203</b>	M <b>0</b>	D <b>9</b>	Y <b>0217</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Brotherhood of Locomotive Engineers and Trainmen</b>					Registration Number, if PAC <b>C00099234</b>		
Street Address <b>7061 E. Pleasant Valley Rd</b>		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CK # 7630</b>		
City <b>Independence</b>	State <b>OH</b>	Zip Code <b>44131-5500</b>	M <b>0</b>	D <b>9</b>	Y <b>1317</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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	Zip Code	M	D	Y	Amount	

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31-R

R.C. 3517.10

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
Friends of Joe Kary						09	18	17	15.00
Address		Purpose		City		State	Zip Code	Check Number	
Georgio's Own Fresh		Food For Volunteers		Norton		Ohio	44203	D. Carl	
To Whom Paid						M	D	Y	Amount
Circle K						09	18	17	4.55
Address		Purpose		City		State	Zip Code	Check Number	
1383 Wooster Rd		Drinks For Volunteers		Norton		Ohio	44203	D. Carl	
To Whom Paid						M	D	Y	Amount
Thomas Design						10	01	17	174.00
Address		Purpose		City		State	Zip Code	Check Number	
3762 Easton Rd		Flyers		Norton		Ohio	44203	0303	
To Whom Paid						M	D	Y	Amount
Walmart						09	10	17	24.67
Address		Purpose		City		State	Zip Code	Check Number	
222 Amokrise Dr		Office Supplies		Wadsworth		Ohio	44281	D. Carl	
To Whom Paid						M	D	Y	Amount
Norton Cedar Fest						09	10	17	50.00
Address		Purpose		City		State	Zip Code	Check Number	
		Parade Fee		Norton		Ohio		D. Carl	
To Whom Paid						M	D	Y	Amount
Thomas Design						11	09	17	370.00
Address		Purpose		City		State	Zip Code	Check Number	
3762 Easton Rd		Signs		Norton		Ohio	44203	0304	
To Whom Paid						M	D	Y	Amount
McDonald's						11	07	17	25.07
Address		Purpose		City		State	Zip Code	Check Number	
3177 Greenwich Rd		Breakfast for Election Day Volunteers		Norton		Ohio	44203	D. Carl	
To Whom Paid						M	D	Y	Amount
Address		Purpose		City		State	Zip Code	Check Number	