



TERMINATED

Committee Name <i>The Committee to Elect Keri Keller</i>		Office Sought		District
Street Address <i>2241 Jesse Drive</i>		City <i>Hudson</i>	State <i>OH</i>	Zip <i>44236</i>
Candidate Name OR PAC Registration Number <i>Keri Keller</i>		Treasurer Name <i>P. Wesley Lambert</i>		Election Date (MM/DD/YYYY) <i>11/7/17</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
Amended Report <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Termination <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	ϕ
2. Total monetary contributions (From Forms 31-A and 31-E)	$\$ 2300^{00}$
3. Total other income (From Form 31-A-2)	ϕ
4. Total funds available (sum of lines 1, 2, 3)	$\$ 2300^{00}$
5. Total monetary expenditures (From Forms 31-B and 31-F)	$\$ 4786.01$
6. Balance on hand (line 4 minus line 5)	ϕ
7. Value of in-kind contributions received (From Form 31-J-1)	$\$ 1187.19$
8. Value of in-kind contributions made (From Form 31-J-2)	ϕ
9. Outstanding loans owed by committee (From Form 31-C)	ϕ
10. Outstanding debts owed by committee (From Form 31-N)	ϕ
11. Outstanding loans owed to committee (From Form 31-K)	ϕ
12. Value of independent expenditures made (From Form 31-U)	ϕ

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 DEC 15 AM 11:01

AKRON, OH 44303

$\# 1655 \phi$

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Keri Keller

12/14/17

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages
7

Expenditure Pages
1

Other Pages
7

Total Pages
15

includes receipts & checks

Statement of Contributions Received

Prescribed by Secretary of State 03 05

Name of Committee in Full <i>The Committee to Elect Kerri Keller</i>						
Full Name of Contributor <i>Nancy Hatgas</i>					Registration Number, if PAC	
Street Address <i>27441 Western</i>			Employer/Occupation/Labor Organization* <i>CFO - Bruse McDowell</i>		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Westlake</i>	State <i>OH</i>	Zip Code <i>44145</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>Check</i>
Full Name of Contributor <i>Morgan Cost</i>					Registration Number, if PAC	
Street Address <i>350 Aberdeen Lane</i>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Aurora</i>	State <i>OH</i>	Zip Code <i>44202</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Casey Weinstein</i>					Registration Number, if PAC	
Street Address <i>P. N. Westhauer</i>			Employer/Occupation/Labor Organization* <i>Sales - Gartner</i>		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Hudson, OH</i>	State <i>OH</i>	Zip Code <i>44236</i>	M <i>7</i>	D <i>29</i>	Y <i>12</i>	Amount <i>Check</i>
Full Name of Contributor <i>Richard Harris</i>					Registration Number, if PAC	
Street Address <i>2751 Paddock Dr</i>			Employer/Occupation/Labor Organization* <i>Attorney - Bruse McDowell</i>		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Jeffrey Heintz</i>					Registration Number, if PAC	
Street Address <i>3170 Silver Lake Blvd.</i>			Employer/Occupation/Labor Organization* <i>Attorney - Bruse McDowell</i>		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Silver Lake</i>	State <i>OH</i>	Zip Code <i>44224</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Clair Diekensen</i>					Registration Number, if PAC	
Street Address <i>1081 Alder Run</i>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Cathy Mauder</i>					Registration Number, if PAC	
Street Address <i>765 Archwood Dr.</i>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>50⁰⁰</i>	
City <i>Wadsworth</i>	State <i>OH</i>	Zip Code <i>44281</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Amanda Leffler</i>					Registration Number, if PAC	
Street Address <i>507 Hampshire</i>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	M <i>9</i>	D <i>29</i>	Y <i>12</i>	Amount <i>check</i>

* 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 Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
The Committee to Elect Kerri Kelly						Registration Number, if PAC	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Charles Flagg					1000		
104 Owen Brown St					Amount		
City		State	Zip Code	M	D	Y	Amount
Hudson		OH	44736	10	16	12	check
Full Name of Contributor						Registration Number, if PAC	
John Fairweather						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
339 Ely Rd					1000		
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44313	10	25	17	Cash
Full Name of Contributor						Registration Number, if PAC	
Daniel Lappier						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
509 Hampshire					1000		
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44313	10	25	17	check
Full Name of Contributor						Registration Number, if PAC	
Thomas Wrenckel						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2905 Woodhaven					500		
City		State	Zip Code	M	D	Y	Amount
Medina		OH	44256	10	25	17	check
Full Name of Contributor						Registration Number, if PAC	
Paul Rose						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2310 Oak Glenn					1000		
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44333	10	25	17	check
Full Name of Contributor						Registration Number, if PAC	
Megan Oldham						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2130 Saymore Rd					1000		
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44313	10	25	17	check
Full Name of Contributor						Registration Number, if PAC	
Nicole Stackleff						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
8018 Meadowcreek Ln					1000		
City		State	Zip Code	M	D	Y	Amount
Cincinnati		OH	45244	10	25	17	check
Full Name of Contributor						Registration Number, if PAC	
Megan Raker						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
449 Victoria Ave drive					1000		
City		State	Zip Code	M	D	Y	Amount
Tallmadge		OH	44128	10	25	17	check

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>The Committee to Elect Kerri Keenan</i>						
Full Name of Contributor <i>Daniel Wright</i>				Registration Number, if PAC		
Street Address <i>83 S. Hayden Pkwy</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	M <i>10</i>	D <i>16</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>William Woodridge</i>				Registration Number, if PAC		
Street Address <i>100 College St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	M <i>10</i>	D <i>16</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Jo Woodridge</i>				Registration Number, if PAC		
Street Address <i>100 College St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	M <i>10</i>	D <i>16</i>	Y <i>12</i>	Amount <i>check</i>
Full Name of Contributor <i>Victoria Wesley</i>				Registration Number, if PAC		
Street Address <i>918 Hampton Ct.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Sagamau Hills</i>	State <i>OH</i>	Zip Code <i>44236</i>	M	D	Y	Amount <i>check</i>
Full Name of Contributor <i>Valerie Smith</i>				Registration Number, if PAC		
Street Address <i>878 Hampton Ct</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Sagamau Hills</i>	State <i>OH</i>	Zip Code <i>44236</i>	M	D	Y	Amount
Full Name of Contributor <i>Kimberly Valenti</i>				Registration Number, if PAC		
Street Address <i>P.O. Box 1149</i>		Employer/Occupation/Labor Organization* <i>Law office</i>			Form (Cash, Check, etc.) <i>50⁰⁰</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	M	D	Y	Amount <i>check</i>
Full Name of Contributor <i>Elmyr Sucasman</i>				Registration Number, if PAC		
Street Address <i>2276 Ricker Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	M	D	Y	Amount
Full Name of Contributor <i>Alebra Seawell</i>				Registration Number, if PAC		
Street Address <i>8474 Cliffview Circle</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>100⁰⁰</i>	
City <i>Macedonia</i>	State <i>OH</i>	Zip Code <i>44056</i>	M	D	Y	Amount

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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>The Committee to Elect Keri Belle</i>				
Full Name of Contributor <i>Hail Bankel</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>50.00</i>
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount <i>Cash</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>The Committee to Elect Kerri Keller</i>										
To Whom Paid <i>The Image Group</i>							M	D	Y	Amount
Address <i>1255 Corporate Drive</i>							<i>9</i>	<i>15</i>	<i>17</i>	<i>\$2000⁰⁰</i>
City <i>Holland</i>			State <i>OH</i>		Zip Code <i>43528</i>		Check Number <i># 99</i>			
To Whom Paid <i>The Image Group</i>							M	D	Y	Amount
Address <i>1255 Corporate Drive</i>							<i>12</i>	<i>14</i>	<i>17</i>	<i>\$1918.48</i>
City <i>Holland</i>			State <i>OH</i>		Zip Code <i>43528</i>		Check Number <i>1001</i>			
To Whom Paid <i>Kerri Keller</i>							M	D	Y	Amount
Address <i>2241 Jesse Drive</i>							<i>12</i>	<i>14</i>	<i>17</i>	<i>\$867.53</i>
City <i>Hudson</i>			State <i>OH</i>		Zip Code <i>44236</i>		Check Number <i>1002</i>			
To Whom Paid <i>Citizens Bank</i>							M	D	Y	Amount
Address <i>333 S. Broadway St.</i>							<i>9</i>	<i>12</i>	<i>17</i>	<i>9.99</i>
City <i>Akron</i>			State <i>OH</i>		Zip Code <i>44306</i>		Check Number <i>Debit</i>			
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <i>The Committee To Elect Kerri Keller</i>																	
From Whom Received <i>Kerri Keller</i>										Prior Amount <i>0</i>		Amt. Incurred this Period <i>2500⁰⁰</i>					
Address <i>2241 Jesse Drive</i>												Outstanding Balance <i>Forgiven</i>					
City <i>Hudson</i>		State <i>OH</i>		Zip Code <i>44236</i>		Loans Received This Period						Payments This Period					
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
		<i>09</i>		<i>05</i>		<i>17</i>				<i>12</i>		<i>14</i>		<i>17</i>		<i>867.53</i>	
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ _____
- ² Total received this period \$ 2500⁰⁰ (To Form No. 31-A-2)
- ³ Total payments this period \$ _____ (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 2500⁰⁰ (To Form No. 30-A)



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>The Committee to Elect Keni Keller</i>				
Full Name of Contributor [REDACTED]		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address [REDACTED]		Description of Item or Service [REDACTED]		Date (MM/DD/YYYY) Fair Market Value [REDACTED]
City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <i>Keni Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>		Description of Item or Service <i>news paper ad</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/15/17 \$1500.00</i>
City <i>Hudson</i>		State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <i>Keni Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>		Description of Item or Service <i>Facebook Fees</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/24/17 \$250.00</i>
City <i>Hudson</i>		State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <i>Keni Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>		Description of Item or Service <i>Thank you notes & postcards</i>		Date (MM/DD/YYYY) Fair Market Value <i>9/17/17 \$47.99</i>
City <i>Hudson</i>		State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <i>Keni Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>		Description of Item or Service <i>Avery Labels</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/20/17 17.40</i>
City <i>Hudson</i>		State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee The Committee to Elect Keri Keller				
Full Name of Contributor Keri Keller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2241 Jesse Drive		Description of Item or Service Postage		Date (MM/DD/YYYY) 9/8/12
City Hudson		State OH	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Keri Keller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2241 Jesse Dr.		Description of Item or Service BOE Fees		Date (MM/DD/YYYY) 8/9/17
City Hudson		State OH	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Keri Keller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2241 Jesse Dr.		Description of Item or Service Disclosure Fees		Date (MM/DD/YYYY) 10/16/17
City Hudson		State OH	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Keri Keller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2241 Jesse Dr.		Description of Item or Service Postage		Date (MM/DD/YYYY) 8/18/17
City Hudson		State OH	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Keri Keller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2241 Jesse Dr.		Description of Item or Service Website Fees		Date (MM/DD/YYYY) 8/18/17
City Hudson		State OH	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>The Committee to Elect Kerri Keller</i>				
Full Name of Contributor <i>Kerri Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>	Description of Item or Service <i>met & greet coffee pastry</i>		Date (MM/DD/YYYY) <i>10/7/17</i>	Fair Market Value <i>\$50⁰⁰</i>
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Kerri Keller</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>2241 Jesse Dr.</i>	Description of Item or Service <i>Postage</i>		Date (MM/DD/YYYY) <i>10/31/17</i>	Fair Market Value <i>\$138.58</i>
City <i>Andersn</i>	State <i>OH</i>	Zip Code <i>44236</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value*
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]