



**TERMINATED**

Committee Name Citizens For Jessica Brandt		Office Sought Council At Large		District
Street Address 1286 Laurel Dr.		City Macedonia	State OH	Zip 44056
Candidate Name OR PAC Registration Number Jessica Brandt		Treasurer Name Melissa Granke		Election Date (MM/DD/YYYY) 11/07/2017
<b>Type of Report (choose one):</b> <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				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	953.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	953.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	953.00
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form 31-J-1)	303.62
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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SUMMIT COUNTY  
BOARD OF ELECTIONS

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

*Melissa Granke*  
Signature of Treasurer or Deputy Treasurer

12/11/17  
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 6	Total Pages 9
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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt			
To Whom Paid Jessica Brandt		Date (MM/DD/YYYY) 10/25/2017	Amount 900.00
Street Address 573 Bluejay Trail		Purpose Fliers, Stamps, Signs	
City Macedonia	State OH	Zip Code 44056	Check Number Cash per
To Whom Paid Jessica Brandt		Date (MM/DD/YYYY) 12/11/2017	Amount 53.00
Street Address 573 Bluejay Trail		Purpose Fliers, Stamps, Signs	
City Macedonia	State OH	Zip Code 44056	Check Number Cash per
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 153.00



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt				
<b>Full Name of Contributor</b> Fundraising Event Cash Contributions			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 53
<b>Full Name of Contributor</b> Kevin Bilkie			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7995 Brook Cir		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Date (MM/DD/YYYY)</b> 10/24/17	<b>Amount</b> 100.00
<b>Full Name of Contributor</b> Friends of Joseph Migliorini, Mayor			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8536 Crow Dr, Suite 201		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Date (MM/DD/YYYY)</b> 10/24/2017	<b>Amount</b> 750.00
<b>Full Name of Contributor</b> Tom & Cathy Loya			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 9186 N. Bedford Rd		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Date (MM/DD/YYYY)</b> 10/11/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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)]



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt				
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Petition Filing		<b>Date (MM/DD/YYYY)</b> 07/13/2017
<b>Fair Market Value</b> 45.00				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Financial Disclosure		<b>Date (MM/DD/YYYY)</b> 09/12/2017
<b>Fair Market Value</b> 25.00				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Flier printing partial		<b>Date (MM/DD/YYYY)</b> 10/21/2017
<b>Fair Market Value</b> 108.24				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Business Cards		<b>Date (MM/DD/YYYY)</b> 05/31/2017
<b>Fair Market Value</b> 77.92				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Shirt		<b>Date (MM/DD/YYYY)</b> 08/23/2017
<b>Fair Market Value</b> 24.00				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <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

<b>Full Name of Committee</b> Citizens for Jessica Brandt				
<b>Full Name of Contributor</b> Jessica Brandt		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 573 Bluejay Trail		<b>Description of Item or Service</b> Facebook Ads		<b>Date (MM/DD/YYYY)</b> 10/31/2017
<b>Fair Market Value</b> 23.46				
<b>City</b> Macedonia		<b>State</b> OH	<b>Zip Code</b> 44056	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <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)]



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt			
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 77.92
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Business Cards	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
		<b>Date of Original Loan (MM/DD/YYYY)</b> 05/31/2017	<b>Date of Payment (MM/DD/YYYY)</b> Amount
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 45
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Petition Filing	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
		<b>Date of Original Loan (MM/DD/YYYY)</b> 07/13/2017	<b>Date of Payment (MM/DD/YYYY)</b> Amount
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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 \$ 0 (also record on Form 31-B)

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



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt			
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 24.00
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Shirt	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b> 08/23/2017		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 35
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Financial Disclosure	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b> 09/12/2017		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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 \$ 0 (also record on Form 31-B)

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



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt			
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 590
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Signs	<b>Outstanding Balance</b> 590
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b> 05/31/2017		<b>Date of Payment (MM/DD/YYYY)</b> 10/25/2017	<b>Amount</b> 590.00
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 78.40
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Stamps for flier	<b>Outstanding Balance</b> <del>78.40</del>
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b> 10/25/2017	<b>Amount</b> 78.40
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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 \$ 668.40 (also record on Form 31-B)

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





**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Jessica Brandt			
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 392.84
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Flyer printing	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b> 10/22/2017		<b>Date of Payment (MM/DD/YYYY)</b> 10/25/2017	<b>Amount</b> 234.60
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b> 12/11/2017	<b>Amount</b> 50.00
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> Jessica Brandt		<b>Prior Amount</b>	<b>Amount Incurred this Period</b> 23.46
<b>Street Address</b> 573 Bluejay Trail		<b>Item or Purpose of Debt</b> Facebook Ads	<b>Outstanding Balance</b> Forgiven
<b>City</b> Macedonia	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Payments Received This Period</b>
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date of Original Loan (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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 \$ 284.60 (also record on Form 31-B)

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