



TERMINATED

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name John King Election Committee		Office Sought Village Council seat		District
Street Address 3634 Wheatley Spur		City Richfield	State OH	Zip 44286
Candidate Name OR PAC Registration Number John D. King		Treasurer Name Kathy S. Hayes		Election Date (MM/DD/YYYY) 11/07/17
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 2017
Amended Report <input checked="" type="checkbox"/> No <input 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	684.74
2. Total monetary contributions (From Forms 31-A and 31-E)	150.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	834.74
5. Total monetary expenditures (From Forms 31-B and 31-F)	834.74
6. Balance on Hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	113.50
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 DEC 13 AM 10:32

#16110

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

Kathy S. Hayes
Signature of Treasurer or Deputy Treasurer

12/11/2017
Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
1

Other Pages
3

Total Pages
6

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full John King Election Committee						
Full Name of Contributor Anthea Teufel				Registration Number, if PAC		
Street Address 3263 Atlantic Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) GoFundMe	
City Naples	State FL	Zip Code 34119	M 1	D 0	Y 2017	Amount \$150.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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)]

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full John King Election Committee			
Full Name of Contributor John D. King	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3634 Wheatley Spur	Description of Item or Service cash payment of bank overdraft fee		M D Y Fair Market Value 1 2 0 4 1 7 \$37.00
City Richfield	State OH	Zip Code 44286	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor John D. King	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3634 Wheatley Spur	Description of Item or Service cash payment of negative balance due to automatic payment to Facebook		M D Y Fair Market Value 1 2 0 4 1 7 \$31.50
City Richfield	State OH	Zip Code 44286	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor John D. King	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3634 Wheatley Spur	Description of Item or Service pavilion rental—Village didn't cash original check		M D Y Fair Market Value 1 2 0 7 1 7 \$45.00
City Richfield	State OH	Zip Code 44286	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	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 Y Fair Market Value
City	State OH	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 Y Fair Market Value
City	State OH	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 Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
John King Election Committee							
To Whom Paid				M	D	Y	Amount
Novex Systems LLC				1	1	2	\$414.20
Address		Purpose					
6040 Hillcrest Dr.		Mailing, palm cards					
City		State	Zip Code	Check Number			
Valley View		OH	44125	0998			
To Whom Paid				M	D	Y	Amount
Facebook				1	0	3	\$44.87
Address		Purpose					
1 Hacker Way		Advertising					
City		State	Zip Code	Check Number			
Menlo Park		CA	94025				
To Whom Paid				M	D	Y	Amount
5/3 Bank				1	1	1	\$11.00
Address		Purpose					
3640 West Market St.		Account fee					
City		State	Zip Code	Check Number			
Fairlawn		OH	44333				
To Whom Paid				M	D	Y	Amount
U.S. Postmaster				1	0	3	\$299.09
Address		Purpose					
3900 Broadview Rd.		postage for election mailing					
City		State	Zip Code	Check Number			
Richfield		OH	44286	996			
To Whom Paid				M	D	Y	Amount
GoFundMe				1	0	1	\$50.00
Address		Purpose					
855 Jefferson Ave., PO Box 1329		Refund of donation received from foreign national					
City		State	Zip Code	Check Number			
Redwood City		CA	94063				
To Whom Paid				M	D	Y	Amount
Facebook				1	2	0	\$7.68
Address		Purpose					
1 Hacker Way		advertising					
City		State	Zip Code	Check Number			
Menlo Park		CA	94025				
To Whom Paid				M	D	Y	Amount
GoFundMe				1	0	2	\$7.90
Address		Purpose					
855 Jefferson Ave., PO Box 1329		transaction fee					
City		State	Zip Code	Check Number			
Redwood City		CA	94063				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					