

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3-05

Full Name of Committee <i>Friends of Cochran, Cole & Timko</i>						Registration Number, if PAC				
Full Name of Candidate <i>Richard Cole, Laura Cochran, Josh Timko</i>										
Street Address <i>1577 Raymond St</i>					Office Sought <i>Council</i>		District <i>Lakemore</i>			
City <i>Lakemore</i>					State <i>OH</i>		Zip Code <i>44250-0411</i>			
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 checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input type="checkbox"/>	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	

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(II) for details.

1. Amount brought forward from last report	\$	0	
2. Total monetary contributions (From Form No. 31-A)	\$	0	
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	0	
5. Total monetary expenditures (From Form No. 31-B)	\$	0	
6. Balance on hand (line 4 minus line 5)	\$	0	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	562	89
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	\$	0	

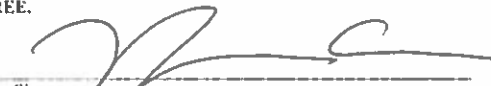
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SUMMIT COUNTY
BOARD OF ELECTIONS**

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Richard Cole Treasurer  12/15/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Cochran Cole & Tinko			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Richard Cole	SUPER Learning Ctr.		
Street Address	Description of Item or Service	M	D
1577 Raymond St	signs	09	06
City	State	Y	Fair Market Value
Lakemore	OH	17	280 ⁰⁰
	Zip Code	Received at Fundraising Event?	
	44280-0411	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Louna Cochran	USPS		
Street Address	Description of Item or Service	M	D
995 Bristol Dr.		09	06
City	State	Y	Fair Market Value
Akron	OH	17	282 ⁸⁹
	Zip Code	Received at Fundraising Event?	
	44312	<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	M	D
City	State	Y	Fair Market Value
	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	M	D
City	State	Y	Fair Market Value
	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	M	D
City	State	Y	Fair Market Value
	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	M	D
City	State	Y	Fair Market Value
	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	M	D
City	State	Y	Fair Market Value
	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)]

\$562.89
Page Total \$ _____