

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Klinger Campaign Committee						Registration Number, if PAC		
Full Name of Candidate Carol Ann Klinger								
Street Address 1715 17th St					Office Sought Council-At Large		District Cuyahoga Falls	
City Cuyahoga Falls					State OH		Zip Code 44223	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		

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	\$	4760	77
2. Total monetary contributions (From Form No. 31-A)	\$	0	
3. Total other income (From Form No. 31-A-2)	\$	625	
4. Total funds available (sum of lines 1, 2, 3)	\$	5385	77
5. Total monetary expenditures (From Form No. 31-B)	\$	2496	03
6. Balance on hand (line 4 minus line 5)	\$	2889	74
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	69,000	08
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	11,553	65
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 7, 8, and amount of any new loans received this period.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

#1715 Ave

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.

Richard Klinger TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

R. Klinger
Signature

12/6/17
Date

Contributions
0

Expenditures
1

Other
8

Total
9

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Klinger Campaign Committee</i>						
To Whom Paid <i>Label & Letters</i>			M	D	Y	Amount
Address <i>1533 Commerce DR</i>			Purpose <i>MAILERS</i>			
City <i>Stow</i>		State <i>OH</i>	Zip Code <i>44224</i>	Check Number <i>1003</i>		
To Whom Paid <i>POSTMASTER</i>			M	D	Y	Amount
Address			Purpose <i>MAILER Postage</i>			
City		State <i>OH</i>	Zip Code	Check Number <i>1004</i>		
To Whom Paid <i>DATABASE Marketing</i>			M	D	Y	Amount
Address <i>PO Box 1547</i>			Purpose <i>MAILERS</i>			
City <i>Stow</i>		State <i>OH</i>	Zip Code <i>44224</i>	Check Number <i>1005</i>		
To Whom Paid <i>MINX Design</i>			M	D	Y	Amount
Address <i>631 W. Exchange</i>			Purpose <i>ARTWORK</i>			
City <i>AERON</i>		State <i>OH</i>	Zip Code <i>44302</i>	Check Number <i>1006</i>		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		

Statement of Other Income

(Prescribed by Secretary of State 2-07)

Klinger Campaign Committee				Registration Number, if PAC			
Full Name	Type*	State	Zip Code	M	D	Y	Amount
LAMAR Co.	RE	LA		1	1	08	625
Address				Form (Cash, Check, etc.)			
PO Box 96030							
City							
Baton Rouge							
				Registration Number, if PAC			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				M	D	Y	Amount
				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, unrecorded 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.

Page total \$ 7625.00

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee													
From Whom Received Rick & Carol Klinger							Prior Amount 5000		Amt. Incurred this Period —				
Address 1715 17th St							Outstanding Balance 5000						
City Clyahoga Falls		State OH	Zip Code 44223		Loans Received This Period				Payments This Period				
Date Loan was originally incurred 01/12/05		M	D	Y	S	M	D	Y	S	M	D	Y	S
Registration Number, if PAC							M	D	Y	M	D	Y	S
Employer Occupation Labor Organization							M	D	Y	M	D	Y	S
From Whom Received Rick & Carol Klinger							Prior Amount 10,000		Amt. Incurred this Period —				
Address 1715 17th St							Outstanding Balance 10,000						
City Clyahoga Falls		State OH	Zip Code 44223		Loans Received This Period				Payments This Period				
Date Loan was originally incurred 04/03/09		M	D	Y	S	M	D	Y	S	M	D	Y	S
Registration Number, if PAC							M	D	Y	M	D	Y	S
Employer Occupation Labor Organization							M	D	Y	M	D	Y	S
From Whom Received Rick & Carol Klinger							Prior Amount 15,000		Amt. Incurred this Period —				
Address 1715 17th							Outstanding Balance 15,000						
City Clyahoga Falls		State OH	Zip Code 44223		Loans Received This Period				Payments This Period				
Date Loan was originally incurred 10/30/09		M	D	Y	S	M	D	Y	S	M	D	Y	S
Registration Number, if PAC							M	D	Y	M	D	Y	S
Employer Occupation Labor Organization							M	D	Y	M	D	Y	S

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 \$ 69,000

² Total received this period \$ 0 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 69,000 (To Form No. 30-A)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee																					
From Whom Received RICK & CAROL Klinger						Prior Amount 5000.00		Amt. Incurred this Period -													
Address 1715 17th St								Outstanding Balance 5000.00													
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred 10/10/97		M		D		Y		S		M		D		Y		S					
Registration Number, if PAC						M		D		Y		S		M		D		Y		S	
Employer Occupation, Labor Organization						M		D		Y		S		M		D		Y		S	
From Whom Received RICK & CAROL Klinger						Prior Amount 72000.00		Amt. Incurred this Period -													
Address 1715 17th St																					
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred 09/02/98		M		D		Y		S		M		D		Y		S					
Registration Number, if PAC						M		D		Y		S		M		D		Y		S	
Employer Occupation, Labor Organization						M		D		Y		S		M		D		Y		S	
From Whom Received RICK & CAROL Klinger						Prior Amount 10,000		Amt. Incurred this Period -													
Address 1715 17th St																					
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred 09/19/98		M		D		Y		S		M		D		Y		S					
Registration Number, if PAC						M		D		Y		S		M		D		Y		S	
Employer Occupation, Labor Organization						M		D		Y		S		M		D		Y		S	

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 \$ 69,000
- 2 Total received this period: 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 69,000 (To Form No. 30-A)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee													
From Whom Received Rick & Carol Klinger										Prior Amount 5000.00		Amt. Incurred this Period -	
Address 1715 17th St												Outstanding Balance 5000.00	
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		07		06		01							
Registration Number, if PAC													
Employer Occupation Labor Organization													
From Whom Received Rick & Carol Klinger										Prior Amount 2528.90		Amt. Incurred this Period -	
Address 1715 17th St												Outstanding Balance 0.00	
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		05		20		07							
Registration Number, if PAC													
Employer Occupation Labor Organization													
From Whom Received Rick & Carol Klinger										Prior Amount 19,000		Amt. Incurred this Period -	
Address 1715 17th St												Outstanding Balance 19,000	
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		01		10		04							
Registration Number, if PAC													
Employer Occupation Labor Organization													

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 \$ 19,000

² Total received this period \$ 0 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance 69,000 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee KLINGER CAMPAIGN COMMITTEE				
To Whom Owed RICK KLINGER			Prior Amount 230.00	Am. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt ADV.	Outstanding Balance 220.00
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred 06/21/13			Date	Amount
Registration Number, if PAC			M	D
			Y	S
			M	D
			Y	S
To Whom Owed RICK KLINGER			Prior Amount 372.75	Am. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt ADV.	Outstanding Balance 372.75
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred 05/10/13			Date	Amount
Registration Number, if PAC			M	D
			Y	S
			M	D
			Y	S
To Whom Owed RICK KLINGER			Prior Amount 230.	Am. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt POSTAGE	Outstanding Balance 230.00
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred			Date	Amount
Registration Number, if PAC			M	D
			Y	S
			M	D
			Y	S

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. 21-1-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2.01

Full Name of Committee KLINGER CAMPAIGN COMMITTEE				
To Whom Owed Rick Klinger			Prior Amount 5000	Amt. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt ADU	Outstanding Balance 5000.00
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred 04/24/13			M	D
Registration Number, if PAC			Y	\$
			M	D
			Y	\$
			M	D
			Y	\$
To Whom Owed Rick Klinger			Prior Amount 161.97	Amt. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt ADU	Outstanding Balance 161.97
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred 03/16/13			M	D
Registration Number, if PAC			Y	\$
			M	D
			Y	\$
			M	D
			Y	\$
To Whom Owed Rick Klinger			Prior Amount 522.90	Amt. Incurred this Period 0
Address 1715 17th			Item or Purpose of Debt ADU	Outstanding Balance 522.90
City CUY FALLS	State OH	Zip Code 44223	Payments This Period	
Date Debt was originally Incurred 02/14/13			M	D
Registration Number, if PAC			Y	\$
			M	D
			Y	\$
			M	D
			Y	\$

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Total per 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-C). Total per total of all outstanding debt amounts on the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee					Prior Amount 594.15		Amt. Incurred this Period 0	
To Whom Owed Rick Klinger					Item or Purpose of Debt Adv		Outstanding Balance 594.15	
Address 1715 17th								
City Cuyahoga Falls		State OH	Zip Code 44223		Payments This Period			
					Date		Amount	
Date Debt was originally Incurred		M 11	D 0	Y 13	M	D	Y	\$
Registration Number, if PAC					M	D	Y	
					M	D	Y	
					M	D	Y	
To Whom Owed Rick Klinger					Prior Amount 2200.00		Amt. Incurred 0	
Address 1715 17th St					Item or Purpose of Debt Adv		Outstanding Balance 2200.00	
City Cuyahoga Falls OH								
		State OH	Zip Code 44223		Payments This Period			
					Date		Amount	
Date Debt was originally Incurred		M 04	D 04	Y 17	M	D	Y	\$
Registration Number, if PAC					M	D	Y	
					M	D	Y	
					M	D	Y	
To Whom Owed Rick Klinger					Prior Amount 147.00		Amt. Incurred 0	
Address 1715 17th St					Item or Purpose of Debt Postage		Outstanding Balance 147.00	
City Cuyahoga Falls								
		State OH	Zip Code 44223		Payments This Period			
					Date		Amount	
Date Debt was originally Incurred		M 10	D 13	Y 17	M	D	Y	\$
Registration Number, if PAC					M	D	Y	
					M	D	Y	
					M	D	Y	

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-F). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee									
To Whom Owed Rick Klinger					Prior Amount 0			Amt. Incurred this Period 2104.88	
Address 1715 17th					Item or Purpose of Debt ADV			Outstanding Balance 2104.88	
City Cuyahoga Falls		State OH	Zip Code 44223		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred 08 24 17					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Rick Klinger					Prior Amount			Amt. Incurred this Period	
Address 1715 17th St					Item or Purpose of Debt			Outstanding Balance	
City Cuyahoga Falls Oh		State Oh	Zip Code 44223		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Rick Klinger					Prior Amount			Amt. Incurred this Period	
Address 1715 17th St					Item or Purpose of Debt			Outstanding Balance	
City Cuyahoga Falls		State Oh	Zip Code 44223		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ 11543.65 (also record on cover page)