

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Donovan For Council						Registration Number, if PAC	
Full Name of Candidate James M. Donovan							
Street Address 496 Helena Dr.				Office Sought City Council		District	
City Tallmadge				State OH		Zip Code 44278	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	July Monthly	August Monthly	September Monthly	Termination	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 1 0 7 20 17	

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	\$	146	.61
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)	\$	146	.61
5. Total monetary expenditures (From Form No. 31-B)	\$	0	.
6. Balance on hand (Sum of lines 4 and 5)	\$	146	.61
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,208	.72
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$.	.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$.	.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$.	.
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 2, 7, and amount of any new loans received this period.	\$.	.

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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 COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

James M. Donovan
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12/13/17
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					
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	Zip Code	Received at Fundraising Event?		
			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
James Donovan					
496 Helena Dr.	Advertising	10	01	17	225.00
Tallmadge	OH	44278			
			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
James Donovan					
496 Helena Dr.	Yard Signs	10	06	17	373.06
Tallmadge	OH	44278			
			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Tallmadge Democratic Club					
1178 Grovewood Dr.	Mailer Joint	10	01	17	610.66
Tallmadge	OH	44278			
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<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)]