

TERMINATED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Committee to elect Andrea Fink</i>						Registration Number, if PAC	
Full Name of Candidate <i>Andrea Lauren Fink</i>							
Street Address <i>1552 Newport Dr.</i>				Office Sought <i>City Council at large</i>		District	
City <i>Macedonia</i>				State <i>OH</i>		Zip Code <i>44056</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		<i>11/07/17</i>	

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(11) for details.

1. Amount brought forward from last report	\$	<i>0</i>	
2. Total monetary contributions (From Form No. 31-A)	\$	<i>626</i>	
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>626</i>	
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>0</i>	
6. Balance on hand (From Form No. 31-D)	\$	<i>0</i>	
7. Value of in-kind contributions received (From Form No. 31-E)	\$	<i>160</i>	<i>51</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>0</i>	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>0</i>	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>0</i>	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>0</i>	
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>0</i>	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	<i>0</i>	

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 SUMMIT COUNTY
 BOARD OF ELECTIONS

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.

Andrea Fink
Print Name and Title (Treasurer and Deputy Treasurer only)

Quinn Fink
Signature

12/14/17
Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to elect Andrea Fmk						
Full Name of Contributor Thomas Lee				Registration Number, if PAC		
Street Address 3512 Prescott Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="radio"/> Cash	
City Cuyahoga Falls		State OH	Zip Code	M 10	D 06	Y 17
Amount 100						
Full Name of Contributor Corrine Rhmehart						
Street Address 2090 Brady Lakeland				Employer/Occupation/Labor Organization* Clubhouse Bradylake		
City Kent		State OH	Zip Code 44240	M 09	D 16	Y 17
Amount 40						
Full Name of Contributor Sharon Horwitz						
Street Address 80 N. Portage Path				Employer/Occupation/Labor Organization* Retired		
City Akron		State OH	Zip Code 44303	M 09	D 16	Y 17
Amount 25						
Full Name of Contributor Bonney Cardenas						
Street Address 130 Eaton Ridge Dr				Employer/Occupation/Labor Organization* Compadres Grill		
City Northfield		State OH	Zip Code 44067	M 09	D 16	Y 17
Amount 40						
Full Name of Contributor Paul Green						
Street Address 125 Gladstone Ave				Employer/Occupation/Labor Organization*		
City West Islip		State OH NY	Zip Code 11795	M 09	D 16	Y 17
Amount 10						
Full Name of Contributor Shalita Banks						
Street Address 1027 Learidge rd				Employer/Occupation/Labor Organization*		
City Lyndhurst		State OH	Zip Code 44124	M 10	D 06	Y 17
Amount 10						
Full Name of Contributor Lindsey Khatri						
Street Address 1078 Longwood Dr				Employer/Occupation/Labor Organization*		
City Macedonia		State OH	Zip Code 44056	M 09	D 16	Y 17
Amount 40						
Full Name of Contributor Dennis Baillie						
Street Address 1550 11th St				Employer/Occupation/Labor Organization*		
City Cuyahoga Falls		State OH	Zip Code 44221	M 10	D 06	Y 17
Amount 20						

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03 05

Name of Committee in Full Committee to elect Andrea Fmk							
Full Name of Contributor Rita Darrow						Registration Number, if PAC	
Street Address 9450 Woodview		Employer Occupation Labor Organization*				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Macedonia	State OH	Zip Code 44056	M 09	D 16	Y 17	Amount 50.00	
Full Name of Contributor Kim Griner						Registration Number, if PAC	
Street Address 1365 Ashford		Employer Occupation Labor Organization*				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Sagamore	State OH	Zip Code 44067	M 9	D 16	Y 17	Amount 20.00	
Full Name of Contributor Jena Hannah						Registration Number, if PAC	
Street Address 862 Sioux Ln.		Employer Occupation Labor Organization*				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Macedonia	State OH	Zip Code 44056	M 09	D 16	Y 17	Amount 50.00	
Full Name of Contributor Rita Darrow						Registration Number, if PAC	
Street Address 9450 Woodview Dr.		Employer Occupation Labor Organization*				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Macedonia	State OH	Zip Code 44056	M 10	D 06	Y 17	Amount 25.00	
Full Name of Contributor Kim Griner						Registration Number, if PAC	
Street Address 1365 Ashford		Employer Occupation Labor Organization*				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Sagamore Hills	State Ohio	Zip Code 44067	M 10	D 06	Y 17	Amount 25.00	
Full Name of Contributor Karen Wiper						Registration Number, if PAC	
Street Address 402 E. School St.		Employer Occupation Labor Organization* Retired				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Kent	State OH	Zip Code 44240	M 10	D 06	Y 17	Amount 10	
Full Name of Contributor Donald Wiper						Registration Number, if PAC	
Street Address 402 E. School St.		Employer Occupation Labor Organization* Retired				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Kent	State OH	Zip Code 44240	M 10	D 06	Y 17	Amount 10	
Full Name of Contributor Sylvia Hanneken						Registration Number, if PAC	
Street Address 1033 Hampton Dr.		Employer Occupation Labor Organization* City Council / Retired				Form (Cash, Check, etc.) <input checked="" type="radio"/>	
City Macedonia	State OH	Zip Code 44056	M 10	D 06	Y 17	Amount 30	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Committee to elect Andrea Fink</u>								
Full Name of Contributor <u>Alyssum Kellogg</u>						Registration Number, if PAC		
Street Address <u>1565 Newport Dr.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>Macedonia</u>		State <u>OH</u>	Zip Code <u>44056</u>		M <u>09</u>	D <u>16</u>	Y <u>17</u>	Amount <u>20</u>
Full Name of Contributor <u>Ragan Hill</u>						Registration Number, if PAC		
Street Address <u>9320 N Bedford Rd</u>				Employer/Occupation/Labor Organization* <u>Post office</u>		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>Macedonia</u>		State <u>OH</u>	Zip Code <u>44056</u>		M <u>10</u>	D <u>06</u>	Y <u>17</u>	Amount <u>10</u>
Full Name of Contributor <u>Jodi Chappell Mitchel</u>						Registration Number, if PAC		
Street Address <u>8977 N Chabery Cir</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>macedonia</u>		State <u>OH</u>	Zip Code <u>44056</u>		M <u>11</u>	D <u>06</u>	Y <u>17</u>	Amount <u>15</u>
Full Name of Contributor <u>Bock Rath, Billie</u>						Registration Number, if PAC		
Street Address <u>1452 Newport Dr.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>macedonia</u>		State <u>OH</u>	Zip Code <u>44056</u>		M <u>10</u>	D <u>06</u>	Y <u>17</u>	Amount <u>20</u>
Full Name of Contributor <u>Rosella Torcaso</u>						Registration Number, if PAC		
Street Address <u>1081 E. Park Haven Dr</u>				Employer/Occupation/Labor Organization* <u>VA Dept</u>		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>Seven Hills</u>		State <u>OH</u>	Zip Code <u>44131</u>		M <u>10</u>	D <u>06</u>	Y <u>17</u>	Amount <u>20</u>
Full Name of Contributor <u>Craig Madrin</u>						Registration Number, if PAC		
Street Address <u>2220 High St APT 911</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <input checked="" type="radio"/>		
City <u>Cuyahoga Falls</u>		State <u>OH</u>	Zip Code <u>44221</u>		M <u>10</u>	D <u>06</u>	Y <u>17</u>	Amount <u>10</u>
Full Name of Contributor						Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City		State <u>OH</u>	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 <u>OH</u>	Zip Code		M	D	Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Fmk									
To Whom Paid Andrea Fmk						M	D	Y	Amount \$587.00
Address 1552 Newport Dr.			Purpose Reimbursement for signs and fliers						
City Macedonia		State OH	Zip Code 44056		Check Number 2889454				
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$39.00
Address			Purpose Bank Fees OCT - NOV						
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				
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				

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to elect Andrea Fink			
Full Name of Contributor Andrea Fink	Employer, Occupation, Labor Organization* Dept of VA	Registration Number, if PAC	
Street Address 1552 Newport Dr.	Description of Item or Service Signs	M D Y 09 11 11	Fair Market Value 160.51
City Macedonia	Sta te OH	Zip Code 44050	Received at Fundraising Event? <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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	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 Y	Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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