



Campaign Finance | (614) 466-3111  
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Committee Name <i>McKINNEY FOR STOW COUNCIL AT LARGE</i>		Office Sought <i>COUNCIL AT LARGE</i>		District <i>CITY OF STOW</i>
Street Address <i>4731 HILARY CR.</i>		City <i>STOW</i>	State <i>OH</i>	Zip <i>44224</i>
Candidate Name <i>TOM MCKINNEY</i>		Treasurer Name <i>TOM MCKINNEY</i>		Election Date (MM/DD/YYYY) <i>11/07/2017</i>
<b>Type of Report (choose one):</b> <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				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <div style="border: 1px solid black; padding: 5px; display: inline-block;"><i>2017</i></div>
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	<i>- 0 -</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>545.00</i>
3. Total other income (From Form 31-A-2)	<i>112.04</i>
4. Total funds available (sum of lines 1,2, and 3)	<i>657.04</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>627.87</i>
6. Balance on hand (line 4 minus line 5)	<i>29.17</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>- 0 -</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>- 0 -</i>
9. Outstanding loans owed by committee (From Form 31-C)	<del><i>112.04</i></del> <i>112.04</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>- 0 -</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>- 0 -</i>
12. Value of independent expenditures made (From Form 31-U)	<i>- 0 -</i>

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 DEC 12 AM 9:54

# 1734 AVC

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

*Thyzen W. McKinney*  
 Signature of Treasurer or Deputy Treasurer

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

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 <b>MCKINNEY FOR STOW COUNCIL AT LARGE</b>									
Full Name of Contributor <b>ANITA BIGHAM</b>							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
									<b>100.00</b>
Full Name of Contributor <b>DAVID KLEIN</b>							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
									<b>30.00</b>
Full Name of Contributor <b>JOHN PAPP</b>							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
									<b>30.00</b>
Full Name of Contributor <b>JACK BAUMANN</b>							Registration Number, if PAC		
Street Address <b>4563 HUDSON DR.</b>				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City <b>STOW</b>		State <b>OH</b>		Zip Code <b>44224</b>		M	D	Y	Amount
						<b>10</b>	<b>28</b>	<b>17</b>	<b>CASH</b> <b>25.00</b>
Full Name of Contributor <b>JACK BAUMANN</b>							Registration Number, if PAC		
Street Address <b>4563 HUDSON DR.</b>				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City <b>STOW</b>		State <b>OH</b>		Zip Code <b>44224</b>		M	D	Y	Amount
						<b>10</b>	<b>28</b>	<b>17</b>	<b>CASH</b> <b>25.00</b>
Full Name of Contributor <b>TRANSFER FROM 31-E</b>							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
						<b>09</b>	<b>24</b>	<b>17</b>	<b>520.00</b>
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		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		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)]

# Statement of Other Income

Prescribed by Secretary of State 201

Name of Committee in Full				Registration Number, if PAC			
Full Name	Type*	Address	City	M	D	Y	Amount
MCKINNEY FOR STOW COUNCIL AT LARGE							
Thompson W. McKinney	LN	4731 Hilary Cr.	Stow, OH	10	20	17	\$80.00
				Form (Cash, Check, etc.)			
				LN CHECK			
Thompson W. McKinney	LN	4731 Hilary Cr.	Stow, OH	07	03	17	32.04
				Form (Cash, Check, etc.)			
				CASH			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				Amount			
				Form (Cash, Check, etc.)			
				Registration Number, if PAC			
				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, uncashed 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.

# Statement of Expenditures

Prescribed by Secretary of State 2.01

Name of Committee in Full <b>McKINNEY FOR STOW COUNCIL AT LARGE</b>						
To Whom Paid <b>MINOTMAN PRESS</b>			M	D	Y	Amount
Address <b>3515 HUDSON AR., SUITE 800</b>			Purpose <b>Campaign Signs</b>			
City <b>STOW</b>		State <b>OH</b>	Zip Code <b>44224</b>		Check Number <b>05915842</b>	
To Whom Paid <b>Young's</b>			M	D	Y	Amount
Address <b>4299 KENT RD.</b>			Purpose <b>Campaign SHIRTS (2)</b>			
City <b>STOW</b>		State <b>OH</b>	Zip Code <b>44224</b>		Check Number <b>8964</b>	
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	

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
MCKINNEY FOR STOW COUNCIL AT LARGE			
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS		Registration Number, if PAC	
Street Address	Employer Occupation Labor Organization*	M   D   Y   Amount	
		0   9   24   17   \$360.00	
City	State   Zip Code	Form (Cash, Check, etc.)	
		CASH	
Full Name of Contributor ANITA BIGHAM		Registration Number, if PAC	
Street Address 10080 GLEN EAGLE LANE		Registration Number, if PAC	
City TWINSBURG	State   Zip Code OH   44087	M   D   Y   Amount	
		0   9   24   17   \$100.00	
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor DAVID KLEIN		Registration Number, if PAC	
Street Address 1286 GOLDFINCH TR		Registration Number, if PAC	
City STOW,	State   Zip Code OH   44224	M   D   Y   Amount	
		0   9   24   17   \$30.00	
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor JOHN PAPP		Registration Number, if PAC	
Street Address 4446 DEAUVILLE		Registration Number, if PAC	
City STOW	State   Zip Code OH   44224	M   D   Y   Amount	
		0   9   24   17   \$30.00	
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
Street Address		Registration Number, if PAC	
City	State   Zip Code	M   D   Y   Amount	
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address		Registration Number, if PAC	
City	State   Zip Code	M   D   Y   Amount	
Form (Cash, Check, etc.)			

\* 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)]

Fill in the boxes below only on the last page for this event  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

Name of Committee in Full <b>MCKINNEY FOR STOW COUNCIL AT LARGE</b>									
To Whom Paid <b>TAVERN OF STOW</b>						M	D	Y	Amount <b>\$248.01</b>
Address <b>4976 BARROW RD.</b>			Purpose <b>FOOD</b>						
City <b>STOW</b>		State <b>OH</b>	Zip Code <b>44224</b>		Check Number <b>CASH</b>				
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				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee <b>MCKINNEY FOR STOW COUNCIL AT LARGE</b>																	
From Whom Received <b>NONE</b>										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City			State		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
M			D		Y			M		D		Y		S			
Date Loan was originally Incurred																	
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			
From Whom Received <b>Thompson W. MCKINNEY</b>										Prior Amount		Amt. Incurred this Period					
Address <b>4731 HILARY CR.</b>												Outstanding Balance <b>80.00</b>					
City <b>STOW</b>			State <b>OH</b>		Zip Code <b>44224</b>			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
M			D		Y			M		D		Y		S			
Date Loan was originally Incurred <b>10 20 17</b>												<b>80.00</b>					
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City			State		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
M			D		Y			M		D		Y		S			
Date Loan was originally Incurred																	
Registration Number, if PAC										M		D		Y			
Employer Occupation Labor Organization*										M		D		Y			

\* 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)]

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).

<sup>1</sup> Total prior amount \$ \_\_\_\_\_

<sup>2</sup> Total received this period \$ \_\_\_\_\_ (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \_\_\_\_\_ (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \_\_\_\_\_ (To Form No. 30-A)