

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller						Registration Number, if PAC			
Full Name of Candidate Adam Miller									
Street Address 100 Alameda Ave.					Office Sought Cuyahoga Falls Council			District Ward 6	
City Cuyahoga Falls						State O H		Zip Code 44221	
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	Annual Year 2017		Termination		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	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	
				1 0 0 7 1 7					

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 at 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	\$ 8,090.96
2. Total monetary contributions (From Form No. 31-A)	\$ 220.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,310.96
5. Total monetary contributions (From Form No. 31-B)	\$ 3,883.59
6. Balance on hand (From Form No. 31-B)	\$ 4,427.37
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 3,496.82
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	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 15 PM 3:52

1824 Arc

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.

Bill Roemer Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

12/14/17
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Adam Miller						
Full Name of Contributor Jenny Bolyard				Registration Number, if PAC		
Street Address 27 Lincoln Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44221	M 1 0	D 2 2	Y 1 7	Amount 100.00
Full Name of Contributor Stow GOP PAC				Registration Number, if PAC		
Street Address 1316 Ritchie Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Stow	State O H	Zip Code 44224	M 1 0	D 2 2	Y 1 7	Amount 100.00
Full Name of Contributor Jason Somenshein				Registration Number, if PAC		
Street Address 13825 Liberty Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Cleveland	State O H	Zip Code 44135	M 1 0	D 2 6	Y 1 7	Amount 20.00
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
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
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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Citizens For Adam Miller									
To Whom Paid						M	D	Y	Amount
Hunington Bank						1	1	0	0.88
Address		Purpose							
2878 State Rd.		Bank Fee							
City	State	Zip Code	Check Number						
Cuyahoga Falls	OH	44223	Debit						
To Whom Paid						M	D	Y	Amount
Staples						1	1	0	78.00
Address		Purpose							
645 Howe Ave.		Printing							
City	State	Zip Code	Check Number						
Cuyahoga Falls	OH	44221	Debit						
To Whom Paid						M	D	Y	Amount
Fifth Third Bank						0	9	0	43.00
Address		Purpose							
911 Graham Ave		Stamps							
City	State	Zip Code	Check Number						
Cuyahoga Falls	OH	44221	Debit						
To Whom Paid						M	D	Y	Amount
Marcine Supelak						1	1	0	1,353.00
Address		Purpose							
1904 Bender Lane		Design and printing							
City	State	Zip Code	Check Number						
Copley	OH	44321	222						
To Whom Paid						M	D	Y	Amount
Marcine Supelak						1	1	1	1,004.53
Address		Purpose							
1904 Bender Lane		Design and printing							
City	State	Zip Code	Check Number						
Copley	OH	44321	225						
To Whom Paid						M	D	Y	Amount
Marcine Supelak						1	1	1	390.43
Address		Purpose							
1904 Bender Lane		Design and printing							
City	State	Zip Code	Check Number						
Copley	OH	44321	223						
To Whom Paid						M	D	Y	Amount
Record Publishing						1	1	1	1,013.75
Address		Purpose							
1050 W. Main Street		Campaign Ad							
City	State	Zip Code	Check Number						
Kent	OH	44240	226						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller												
From Whom Received Adam Miller							Prior Amount 0.00			Amt. Incurred this Period 3,496.82		
Address 100 Alameda Ave.										Outstanding Balance 3,496.82		
City Cuyahoga Falls		State OH	Zip Code 44221		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 9 3 0 1 5		0	9	3	0	1	5	3496.82				0
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 3,496.82 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,496.82 (To Form No. 30-A)