

Ohio Campaign Finance Report TERMINATED

Prescribed by Secretary of State 3-05

Full Name of Committee COMMITTEE TO ELECT SYLVIA HANNEKEN						Registration Number, if PAC	
Full Name of Candidate SYLVIA J HANNEKEN							
Street Address 902 EILEEN DR				Office Sought COUNCIL-AT-LARGE		District	
City MACEDONIA				State OH		Zip Code 44056	
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		
	<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		M D Y 1 1 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 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	\$	250 00
2. Total monetary contributions (From Form No. 31-A)	\$	5 00
3. Total other income (From Form No. 31-A-2)	\$	800 00
4. Total funds available (Sum of lines 1, 2, & 3)	\$	1055 00
5. Total monetary expenditures (From Form No. 31-B)	\$	1055 00
6. Balance on hand (line 4 minus line 5)		0
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	172 00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	-
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0
12. Value of independent expenditures made (From Form No. 31-U)	\$	0
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

2017 DEC -1 PM 3:51

#1707 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.

SHIRLEY J KOTH
Name and Title (Treasurer and Deputy Treasurer only)

Shirley J Koth
Signature

12/1/17
Date

Contribution pages **2**

Expenditure pages **1**

Other pages **2**

Total pages **5**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT SYLVIA HANNEKEN							Registration Number, if PAC													
Full Name of Contributor TERRI GABRIEL							Form (Cash, Check, etc.) CHECK													
Street Address 25935 GARDEN RD			Employer/Occupation/Labor Organization*			M			D			Y			Amount \$5.00					
City BEDFORD			State OH			Zip Code 44146			10			31			17					
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		
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			
COMMITTEE TO ELECT SYLVIA HANNEKEN							
Full Name SYLVIA J HANNEKEN				Registration Number, if PAC			
Address 1033 HAMPTON DR		Type* LN		M	D	Y	Amount \$800 @
City MACEDONIA		State OH	Zip Code 44056	Form (Cash, Check, etc.) CHECK			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	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 COMMITTEE TO ELECT SYLVIA HANNEKEN							
To Whom Paid GATEHOUSE MEDIA				M	D	Y	Amount \$568⁰⁰
Address PO BOX 719		Purpose NEWS LEADER PRINT + DIGITAL ADVERTISING					
City WOODSTER		State OH	Zip Code 44691	Check Number 1002			
To Whom Paid SYLVIA J HANNEKEN				M	D	Y	Amount \$487.00
Address 1033 HAMPTON DR		Purpose LOAN PAYMENT					
City MACEDONIA		State OH	Zip Code 44056	Check Number 725888			
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 SYLVIA HANNEKEN			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
SYLVIA J HANNEKEN			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1033 HAMPTON DR	POSTAGE STAMPS	10	25 17 39.20
City	State Zip Code	Received at Fundraising Event?	
MACEDONIA	OH 44056	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
SYLVIA J HANNEKEN			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1033 HAMPTON DR	ENVELOPES FOR MAILING	10	31 17 12.80
City	State Zip Code	Received at Fundraising Event?	
MACEDONIA	OH 44056	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
SYLVIA J HANNEKEN			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1033 HAMPTON DR	FACEBOOK PROMOTION BOOSTED POST	10	26 17 120.00
City	State Zip Code	Received at Fundraising Event?	
MACEDONIA	OH 44056	<input type="radio"/> YES <input checked="" type="radio"/> 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	State Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> 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	State Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> 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	State Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> 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	State Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	

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Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee COMMITTEE TO ELECT SYLVIA HANNEKEN																
From Whom Received SYLVIA J HANNEKEN										Prior Amount 600⁰⁰		Amt. Incurred this Period 800⁰⁰				
Address 1033 HAMPTON DR										Outstanding Balance FORGIVEN						
City Macedonia			State OH		Zip Code 44056			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	S	M	D	Y	S	
Date Loan was originally Incurred			09		14		17		10		31		17		800 ⁰⁰	
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										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	S	M	D	Y	S	
Date Loan was originally Incurred								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										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	S	M	D	Y	S	
Date Loan was originally Incurred								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	

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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 \$ 600⁰⁰
- ² Total received this period \$ 800⁰⁰ (To Form No. 31-A-2)
- ³ Total payments this period \$ 487⁰⁰ (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ FORGIVEN (To Form No. 30-A)