

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Friends To Elect Rob Huffman</i>						Registration Number, if PAC	
Full Name of Candidate <i>Robert L Huffman Jr</i>							
Street Address <i>2366 Frederick Drive</i>				Office Sought <i>Cuyahoga Falls City School Board</i>		District <i>Summit</i>	
City <i>Cuyahoga Falls</i>				State <i>OH</i>		Zip Code <i>44221</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(H) for details.

1. Amount brought forward from last report	\$	<i>0</i>	
2. Total monetary contributions (From Form No. 31-A)	\$	<i>295</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>—</i>	<i>—</i>
4. Total funds available (sum of lines 1, 2, & 3)	\$	<i>295</i>	<i>00</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>262</i>	<i>07</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>32</i>	<i>93</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>1322</i>	<i>75</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>—</i>	<i>—</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>—</i>	<i>—</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>—</i>	<i>—</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>—</i>	<i>—</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>—</i>	<i>—</i>
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.

Robert Huffman Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12-14-17
Date
12-14-17

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Contributions Received

Prescribed by Secretary of State 03 05

Name of Committee in Full <i>Friends To Elect Rob Hoffman</i>						
Full Name of Contributor <i>Marge Howard</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2360 Frederick Dr.</i>		Employer Occupation Labor Organization <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Marge Howard</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2360 Frederick Dr.</i>		Employer Occupation Labor Organization <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>50.00</i>
Full Name of Contributor <i>James Garrity</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2318 Frederick Dr.</i>		Employer Occupation Labor Organization <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Laurence Brandenstein</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2330 Frederick Dr.</i>		Employer Occupation Labor Organization <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Michael Procaccio</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>736 Franklin Ave</i>		Employer Occupation Labor Organization <i>American Midwest Mortgage</i>		Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Kristina Hoffman</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2366 Frederick Drive</i>		Employer Occupation Labor Organization <i>Rittman Schools</i>		Form (Cash, Check, etc.) <i>CASH</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>40.00</i>
Full Name of Contributor <i>Tammy Vineyard</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2335 Frederick Dr.</i>		Employer Occupation Labor Organization <i>Retired</i>		Form (Cash, Check, etc.) <i>CASH</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>09</i>	D <i>09</i>	Y <i>17</i>	Amount <i>35.00</i>
Full Name of Contributor <i>Kristina Hoffman</i>				Registration Number, if PAC <i>N/A</i>		
Street Address <i>2366 Frederick Drive</i>		Employer Occupation Labor Organization <i>Rittman Public Schools</i>		Form (Cash, Check, etc.) <i>GoFundMe</i>		
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	M <i>08</i>	D <i>15</i>	Y <i>17</i>	Amount <i>20.00</i>

* 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 Expenditures

Prescribed by Secretary of State 2 01

Name of Committee in Full						
Friends to Elect Rob Huffman						
To Whom Paid			M	D	Y	Amount
Office Depot			1	0	26	17.07
Address		Purpose				
4220 Kent Rd.		ENVELOPES				
City	State	Zip Code	Check Number			
Stow	OH	44224				
To Whom Paid			M	D	Y	Amount
Post Office			1	0	26	245.00
Address		Purpose				
3345 State Rd.		Stamps				
City	State	Zip Code	Check Number			
Cuyahoga Falls	OH	44223				
To Whom Paid			M	D	Y	Amount
Huntington Bank						3.00
Address		Purpose				
2305 2nd Street		Service Fee				
City	State	Zip Code	Check Number			
Cuyahoga Falls	OH	44221				
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					
Friends To Elect Rob Huffman					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Robert L. Huffman Jr.	TA Operating	N/A			
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2366 Frederick Dr.	Signs	08	17	17	313.32
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Robert L. Huffman Jr.	TA Operating				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2366 Frederick Dr.	Business Cards	10	02	17	13.01
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<input type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Karen Schoefield	C Falls City Schools Board				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2306 N Haven Blvd.	Business Cards	10	02	17	13.01
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44223	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Kathy Moffet	C Falls City Schools Board				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2047 8th St	Business Cards	10	02	17	13.01
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Robert L. Huffman Jr.	TA Operating				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2366 Frederick Dr.	Post Cards	08	19	17	106.56
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Robert L. Huffman Jr.	TA Operating				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2366 Frederick Dr.	Poor Hungers	08	31	17	533.99
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Robert Huffman	TA Operating				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2366 Frederick Drive	Facebook/Web	11	15	17	342.86
City	State	Zip Code	Received at Fundraising Event?		
Cuyahoga Falls	OH	44221	<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		

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