

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

<u> </u>										
Committee Name					Office Sought			District		
Josh Hostetler for Coventry School Board					School Board				Coventr	
Street Address City					State Zip)		
3344 South Main St Akron						ОН	44	319		
Candidate Name OR PAC Registration Number Treasurer Name						l		Election Date	(MM/DD	YYYY)
Joshua L. Hostetler Joshua L. Hostetler								11/07/2017	7	
Type of Report (choose one):					- 11			<u> </u>		
	Primary	☐ Post-Pr	imary	Pre	-Genera	ı 🔯 [*]	Pos	t-General		
Statewide Candidates Only:									Yea	<u></u>
☐ July Monthly ☐ August Monthly	□ Sent	ember Mont	hlv						20	·
			1	C D	(D	0.054	7 41	2/1/1/		
Amended Report Termination Short Fo								e is filing a		
No ☐ Yes Check this box wishes to terming	inate with t	this report						d instruction	าร.	
4. A married by a right forward from Inc.	l ronart					345.00		_	1	
1. Amount brought forward from last					345.00					
2. Total monetary contributions (From	m Forms 3	1-A and 31-	E)							
3. Total other income (From Form 31-	-A-2)								[2] [3]	
4. Total funds available (sum of lines 1, 2, 3)				345.00			DEC			
5. Total monetary expenditures (From	Portrais 3	1 B and 31-F	F)					7 540	ω	
6. Balance on hand (lige Altrinus line	50UN	TY				345.00			==	Ģ.
7. Value of in-kind coatmentions red	arvest Pro	FANGI-	J-1)	40.00			လု	7		
8. Value of in-kind contributions made (From Form 31-J-2)									58	
9. Outstanding loans owed by comm									1	
						684.04			-	
10. Outstanding debts owed by committee (From Form 31-N)									-	
11. Outstanding loans owed to comm	nittee (Fro 	m Form 31-	K)							
			04.115							
12. Value of independent expenditur	es made (From Form	31-0)						J	
12. Value of independent expenditur THIS STATEMENT IS MADE UNDER WHOEVER COMMITS ELECTION FAI	PENALTY	OF ELECT	ION FA			HE FIF	тн	DEGREE.	J	
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THIS STATEMENT IS MADE UNDER WHOEVER COMMITS ELECTION FAI	PENALTY	OF ELECT	ION FA			12/13	/201		J	
THIS STATEMENT IS MADE UNDER WHOEVER COMMITS ELECTION FAI	PENALTY LSIFICATI	OF ELECTION IS GUIL	ION FA			12/13 Date (I	/201	17	J	





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
Josh Hostetler for Coventry School Boa	ırd							
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC			
Coventry Schools Taxpayers Accountab	alition		_	_				
					Date (MM/DD/YYYY)	Fair Market Volue		
Street Address	Description of Item o							
65 Whitefriars Dr.	Printing Flier				11/01/2017	40.00		
y State			Zip Code	Received at Fundraising	ng Event?			
Akron OH			44319	☐ Yes				
Full Name of Contributor	'		Employer, Occupation	n, Labor Organization*	Registration Number, i	I PAC		
					4			
Street Address Description of Item			ervice		Date (MM/DD/YYYY)	Fair Market Value		
				,				
City	[;	State	Zip Code	Received at Fundraisin	ng Event?			
				Yes No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC					
Street Address Description of Item or			ervice		Date (MM/DD/YYYY)	Fair Market Value		
					, ,			
Cit.	L	State	Zip Code	Received at Fundraising	na Event?			
City		State	Zip Code		ig Event?			
				Yes No				
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC			
Street Address Description of Ite			ervice		Date (MM/DD/YYYY)	Fair Market Value		
					50			
City	<u> </u>	State	Zip Code	Received at Fundraising	na Event?			
City		Olate	Lip Code	Yes □ No				
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC			
Street Address Description of Ite			ervice		Date (MM/DD/YYYY)	Fair Market Value		
City	1.	State	Zip Code	Received at Fundraisis	ing Event?			
			,	Yes No				
				3 0				

		_	40.00
Page	Total		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee						
Josh Hostetler for Coventry School	Board					
To Whom Owed Joshua L. Hostetler			Amount Incurred this Period			
Street Address 3344 South Main Street	Item or Purpose of Debt workshop / Petitions	nding Balance				
City Akron	Payments This Period					
	Date of Payment (MM/DD/YYYY) Amount					
Registration Number, if PAC	Date of Payment (MM/DD/YYYY) Amount		Amount			
				Date of Payment (MM/DD/YY	YY)	Amount
To Whom Owed Joshua L. Hostetler	Prior Amount 271.67	Amount Incurred this Period 0.00				
Street Address 3344 South Main Street				Item or Purpose of Debt Yard Signs	Outstanding Balance 271.67	
City Akron		State OH	Zip Code 44319	Payments This Period		
	Date of Payment (MM/DD/YYYY) Amount		Amount			
Registration Number, if PAC			Date of Payment (MM/DD/YYYY) Amoun		Amount	
			Date of Payment (MM/DD/YYYY)		Amount	
						

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$	(also record on Form 31-B)
	1
Total Outstanding Balance \$	(also record on cover page)





Total Payments This Period \$ 0.00

Total Outstanding Balance \$ 684.04

Statement of Outstanding Debts

Form 31-N

						R.C. 3517,10	
Full Name of Committee							
Josh Hostetler for Coventry School	l Board						
To Whom Owed	Prior Amount Amo		t Incurred this Period				
Joshua L. Hostetler	50.00	37					
Street Address	Item or Purpose of Debt	nding Balance					
3344 South Main Street				Facebook Ads	287.3	7	
City		State	Zip Code				
kron OH 44319				Payments This Period			
	Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)) Date of Payment (MM/DD/YYYY) Amount			
			11/07/2017				
Registration Number, if PAC				Date of Payment (MM/DD/Y)	YY)	Amount	
				Date of Payment (MM/DD/Y)	YY)	Amount	
To Whom Owed				Prior Amount	Amoun	t Incurred this Period	
Street Address				Item or Purpose of Debt	Oulstar	nding Balance	
City		State	Zip Code	Payment	s This	Period	
	Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount	
Registration Number, if PAC	<u> </u>			Date of Payment (MM/DD/Y)	YY)	Amount	
				Date of Payment (MM/DD/Y)	YY)	Amount	
If a debt is forgiven, write "Forgiven" in the " (Form No, 31-B). Total amount forgiven sho cover page							

(also record on Form 31-B)

(also record on cover page)