

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT HEATHER SAMS						Registration Number, if PAC	
Full Name of Candidate HEATHER SAMS							
Street Address 3782 LONG DRIVE				Office Sought COUNCIL MEMBER		District NORTON	
City NORTON				State OH		Zip Code 44203	
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pro-General	X	Post-General	Annual Year	
	July Monthly	August Monthly	September Monthly	X	Termination	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		11 07 17	

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	\$	- 0 -	.
2. Total monetary contributions (From Form No. 31-A)	\$	950	.00
3. Total other income (From Form No. 31-A-2)	\$	- 0 -	.
4. Total funds available (sum of lines 1, 2, 3)	\$	950	.00
5. Total monetary expenditures (From Form No. 31-B)	\$	950	.00
6. Balance on hand (From Form No. 31-B)	\$	- 0 -	.
7. Total monetary contributions received (From Form No. 31-A)	\$	- 0 -	.
8. Value of in-kind contributions made (From Form No. 31-J-3)	\$	- 0 -	.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	- 0 -	.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	- 0 -	.
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.	\$.

**OFFICIAL COPY
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.

LARRY H. SAMS TREASURER  **12/11/17**
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>1</u>	Expenditures pages <u>5</u>	Other pages <u>0</u>	Total pages <u>6</u>
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Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full							
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	
COMMITTEE TO ELECT HEATHER SAMS							
HEATHER SAMS					-		
3782 LONG DRIVE		MONDELEZ / SALES REP			CASH		
NORTON	OH	44203	07	26	17	950.00	
Full Name of Contributor							
Street Address					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							
Street Address					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							
Street Address					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							
Street Address					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							
Street Address					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							
Street Address					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							
Street Address					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							
Street Address					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, occupation 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)]

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
COMMITTEE TO ELECT HEATHER SAMS										
To Whom Paid						M	D	Y	Amount	
HARLAND CLARKE CHECK ORDER - HUNTINGTON						0	8	02	17	40.78
Address			Purpose							
PO BOX 1558 EAIW37			CHECKS							
City		State	Zip Code		Check Number					
COLUMBUS		OH	43216		DEBIT					
To Whom Paid						M	D	Y	Amount	
POWER GRAPHICS						0	9	01	17	355.00
Address			Purpose							
3070 WADSWORTH RD SUITE B			ADVERTISING							
City		State	Zip Code		Check Number					
NORTON		OH	44203		DEBIT					
To Whom Paid						M	D	Y	Amount	
POWER GRAPHICS						0	9	14	17	355.96
Address			Purpose							
3070 WADSWORTH RD SUITE B			ADVERTISING							
City		State	Zip Code		Check Number					
NORTON		OH	44203		DEBIT					
To Whom Paid						M	D	Y	Amount	
NORTON CIDER FESTIVAL						0	9	25	17	50.00
Address			Purpose							
PO BOX 1290			ADVERTISING							
City		State	Zip Code		Check Number					
NORTON		OH	44203		1001					
To Whom Paid						M	D	Y	Amount	
HUNTINGTON NATIONAL BANK						1	0	3	17	9.00
Address			Purpose							
PO BOX 1558 EAIW37			SERVICE CHARGE							
City		State	Zip Code		Check Number					
COLUMBUS		OH	43216		DEBIT					
To Whom Paid						M	D	Y	Amount	
HEATHER SAMS						1	2	07	17	139.26
Address			Purpose							
3782 LONG DRIVE			CLOSE CHECKING ACCOUNT							
City		State	Zip Code		Check Number					
NORTON		OH	44203		DEBIT					
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					