

Ohio Campaign Finance Report TERMINATED

Prescribed by Secretary of State 3/05

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Full Name of Committee Committee to Elect Christopher C. Kostoff		Registration Number, if PAC	
Full Name of Candidate Christopher C. Kostoff			
Street Address 405 Greensfield Lane		Office Sought School Board	District Reverse
City Copley		State OH	Zip Code 44321
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 type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
	<input checked="" type="checkbox"/> Termination		
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)	\$	- 0 -
3. Total other income (From Form No. 31-A-2)	\$	- 0 -
4. Total funds available (sum of lines 1, 2, 3)	\$	- 0 -
5. Total monetary expenditures (From Form No. 31-B)	\$	- 0 -
6. Balance on hand (line 4 minus line 5)	\$	- 0 -
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	392 84
8. Value of in-kind contributions made (From Form No. 31-L-2)	\$	- 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.	\$	- 0 -

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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 NOV 16 AM 7:54

AKRON, OHIO

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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.

Nathaniel Kostoff, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Nathaniel P. Kostoff
Signature

11/15/17
Date

Contribution pages 1

Expenditure pages _____

Other pages _____

Total pages 1

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to Elect Christopher C. Kostoff			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Christopher C. Kostoff			
Street Address	Description of Item or Service	M D Y	Fair Market Value
405 Greenfield Lane	Signs	1 0 1 7 1 7	392.84
City	State	Zip Code	Received at Fundraising Event?
Copley	OH	44321	<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
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

* 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)]