



Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name Citizens for Bill Albright		Office Sought Undecided		District
Street Address 341 Edmore		City Fairlawn	State OH	Zip 44333
Candidate Name OR PAC Registration Number William Dallas Albright		Treasurer Name Jared Gable		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year
2017

1. Amount brought forward from last report	5,675.00
2. Total monetary contributions (From Forms 31-A and 31-E)	250.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	5,925.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	3,308.15
6. Balance on hand (line 4 minus line 5)	2,916.85
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2018 JUN -2 PM 4:29

#1842 Arc

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

K. Tolson, Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

01/02/2018
Date (MM/DD/YYYY)

Contribution Pages: 1 Expenditure Pages: 1 Other Pages: Total Pages: 2 with cover



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Bill Albright				
Full Name of Contributor Kayla Atchison			Registration Number, if PAC	
Street Address 2764 Copley Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online donation
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY)	Amount 50.00
Full Name of Contributor Charlotte Baynes-Adams			Registration Number, if PAC	
Street Address 8812 Lavelle Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor Rachel Mullen			Registration Number, if PAC	
Street Address 7183 W. Cross Creek Trail		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Brecksville	State OH	Zip Code 44141	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]

250.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for Bill Albright			
To Whom Paid Strategic Groundwork		Date (MM/DD/YYYY) 06/24/2017	Amount 3,300
Street Address 2671 Schaaf Drive		Purpose Media	
City Columbus	State OH	Zip Code 43209	Check Number 1093
To Whom Paid Paypal		Date (MM/DD/YYYY) 11/20/17	Amount 8.15
Street Address 2211 North First Street		Purpose Service Charge	
City San Jose	State OH	Zip Code 95131	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 3,308.15