

TERMINATED Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Committee should be closed T.D

Full Name of Committee <i>Friends of Anthony Destro</i>						Registration Number, if PAC				
Full Name of Candidate <i>Anthony J DESTRO II</i>										
Street Address <i>2941 JUANITA RD</i>					Office Sought <i>Precinct B</i>		District <i>B</i>			
City <i>Silver Lake</i>					State <i>OH</i>		Zip Code <i>44224</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 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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election			M	D	Y	

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>ND</i>	
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$		
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$		
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

1/23/18
ND 1/23/18

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**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

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.

Anthony J DESTRO II *A Destro* *Dec 15, 2017*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages	Expenditure pages	Other pages	Total pages
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Statement of Contributions Received

Prescribed by Secretary of State 03 05

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	
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	
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	
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	
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	
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	
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	
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	

* 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 Other Income

Prescribed by Secretary of State 2-01

Name of Committee in Full								
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC		
Address				Type*	M	D	Y	Amount
City				State	Zip Code		Form (Cash, Check, etc.)	

NSD

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2.01

Name of Committee in Full										
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				
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				

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer, Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

/

Total expenditures this event

/

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

Name of Committee in Full										
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				
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				

Transfer total expenditures for this event to Form NO. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Contributors in Officeholder's Employment

Prescribed by Secretary of State 2 01

Name of Committee in Full			
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)

The above are employees of a unit or department under the direct supervision and control of _____, who currently holds the public office

of _____. I hereby affirm that each contribution was voluntarily made

(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G"

In-Kind Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full					
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		
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		

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In-Kind Contributions Made

Prescribed by Secretary of State 2 01

Name of Committee in Full			
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		
Recipient Committee			
Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code		

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee																
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
Date Loan was originally Incurred			M		D			Y			M		D		Y	
Registration Number, if PAC			M		D			Y			M		D		Y	
Employer Occupation Labor Organization*			M		D			Y			M		D		Y	
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
Date Loan was originally Incurred			M		D			Y			M		D		Y	
Registration Number, if PAC			M		D			Y			M		D		Y	
Employer Occupation Labor Organization*			M		D			Y			M		D		Y	
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
Date Loan was originally Incurred			M		D			Y			M		D		Y	
Registration Number, if PAC			M		D			Y			M		D		Y	
Employer Occupation Labor Organization*			M		D			Y			M		D		Y	
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
Date Loan was originally Incurred			M		D			Y			M		D		Y	
Registration Number, if PAC			M		D			Y			M		D		Y	
Employer Occupation Labor Organization*			M		D			Y			M		D		Y	

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ NO
- 2 Total received this period \$ NO (To Form No. 31-A-2)
- 3 Total payments this period \$ NO (To Form No. 31-B)
- 4 Total Outstanding Balance \$ NO (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee									
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	M	D
Registration Number, if PAC					M	D	Y		
					M	D	Y		
[Redacted]					Prior Amount			Amt. Incurred this Period	
					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	M	D
Registration Number, if PAC					M	D	Y		
					M	D	Y		
[Redacted]					Prior Amount			Amt. Incurred this Period	
					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	M	D
Registration Number, if PAC					M	D	Y		
					M	D	Y		
[Redacted]					Prior Amount			Amt. Incurred this Period	
					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	M	D
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ NO (also record on Form 31-B)

Total Outstanding Balance \$ NO (also record on cover page)

Statement of Loans Made

Prescribed by Secretary of State 2 01

Full Name of Committee										
To Whom Made					Prior Amount			Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
Date Loan was Originally Made					Date			Amount		
M	D	Y	M	D	Y	\$				
[REDACTED]					M	D	Y			
					M	D	Y			
					M	D	Y			
To Whom Made					Prior Amount			Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
Date Loan was Originally Made					Date			Amount		
M	D	Y	M	D	Y	\$				
[REDACTED]					M	D	Y			
					M	D	Y			
					M	D	Y			
To Whom Made					Prior Amount			Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
Date Loan was Originally Made					Date			Amount		
M	D	Y	M	D	Y	\$				
[REDACTED]					M	D	Y			
					M	D	Y			
					M	D	Y			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ NO (also record on Form 31-B)

Total Outstanding Balance \$ NO (also record on cover page)

Total Payments Received this Period \$ NO (also record on Forms 31-A-2)

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee			
Street Address	Telephone Number	e-mail Address	
City	State	Zip Code	FAX Number
Full Name of Treasurer			
Street Address	Telephone Number	e-mail Address	
City	State	Zip Code	FAX Number
Full Name of Deputy Treasurer (if any)			
Street Address	Telephone Number	e-mail Address	
City	State	Zip Code	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate			Party Affiliation Independent/Non-Partisan
Street Address	Office Sought		Subdivision/District
City	State	Zip Code	Election Year
Signature of Candidate			Date
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, name the sponsor		Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only			
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> N

Signature of Treasurer _____

Date _____

Reason(s) for filing this form:

- Original Designation of Treasurer/Acknowledgement of Appointment
- Change of Treasurer/Acknowledgement of Appointment
- Designation or change of Deputy Treasurer
- Change of Address for _____

Change of Committee name. The previous name was: _____

Change of Filing Location. The previous location was: _____

The new location is: _____

Change of Office Sought from _____ to _____

Other. Please explain: _____