

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF CLAIR DICKINSON</b>						Registration Number, if PAC					
Full Name of Candidate <b>CLAIR E. DICKINSON</b>											
Street Address <b>844 ALDER RUN WAY</b>					Office Sought <b>COUNCIL AT LARGE</b>		District <b>SUMMIT COUNTY</b>				
City <b>AKRON</b>						State <b>O H</b>		Zip Code <b>44333</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <b>2017</b>		
	July Monthly		August Monthly		September Monthly		Termination				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election			M <input type="checkbox"/>	D <input type="checkbox"/>	Y <input type="checkbox"/>

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 at 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	\$ 3,705.63
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,705.63
5. Total monetary expenditures (From Form No. 31-B)	\$ 34.00
6. Balance on hand (line 4 minus line 5)	\$ 3,671.63
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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

2018 JAN 30 PM 12:38

# 1959 BAR

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

**David K. Horner, Treasurer**

*David K. Horner*  
Signature

1/30/2018  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u>0</u>
--------------------------------

Expenditure pages <u>1</u>
-------------------------------

Other pages <u>2</u>
-------------------------

Total pages <u>3</u>
-------------------------

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF CLAIR DICKINSON</b>										
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						0	7	1	7	5.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						0	8	1	7	9.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						0	9	1	7	5.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						1	0	1	7	5.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						1	1	1	7	5.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount	
						1	2	1	7	5.00
Address <b>2226 STATE ROAD</b>			Purpose <b>SERVICE CHARGE</b>							
City <b>CUYAHOGA FALLS</b>			State <b>O</b>	H	Zip Code <b>44223</b>	Check Number <b>EFT</b>				
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF CLAIR DICKINSON</b>												
From Whom Received <b>CLAIR E. DICKINSON</b>								Prior Amount <b>1,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>844 ALDER RUN WAY</b>										Outstanding Balance <b>1,000.00</b>		
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44333</b>		Loans Received This Period					Payments This Period		
					Date	Amount		Date	Amount			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	S	M	D	Y	S
0		9	1	2	1	6						
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			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	S	M	D	Y	S
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			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	S	M	D	Y	S
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 1,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,000.00 (To Form No. 30-A)