

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Steve Marks</b>					Registration Number, if EAC			
Full Name of Candidate <b>Charles S. Marks</b>								
Street Address <b>2538 Lansinger Rd.</b>					Office Sought		District	
City <b>Mogadore</b>					State <b>OH</b>	Zip Code <b>44260</b>		
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 checked="" type="checkbox"/> Annual Year <b>2017</b>			
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Seasonal			
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		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	\$	757	.05
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)	\$	757	.05
5. Total monetary expenditures (From Form No. 31-B)	\$	30	.00
6. Balance on hand (See Form No. 31-D)	\$	727	.05
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 Entries only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 JAN 23 PM 3:22

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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.

Shannon M. Marks Treas.      Shannon M. Marks      1/23/18  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages \_\_\_\_\_

Expenditure pages 1

Other pages 6

Total pages 8

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Steve Marks						
To Whom Paid			M	D	Y	Amount
US Bank			07	17	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			08	14	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			09	15	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			10	16	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			11	14	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			12	14	17	5.00
Address		Purpose				
P.O. Box 1800		Analysis Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH	MN 55101-0800				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					