

Ohio Campaign Finance Report

Prescribed by Secretary of State 3.05

Full Name of Committee Martin for Council						Registration Number, if PAC		
Full Name of Candidate Kenneth C. Martin								
Street Address 8861 Harold Court					Office Sought Council		District Macedonia	
City Macedonia					State OH		Zip Code 44056	
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 checked="" type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year		2014	
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual			
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	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	\$	2558	90
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)	\$	2558	90
5. Total monetary contributions (From Form No. 31-B)	\$		
6. Balance on hand (From Form No. 31-B)	\$	2558	90
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)	\$	6708	90
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	855	33
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.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS

2010 JAN 31 PM 3:05
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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.

Kenneth C. Martin
Print Name and Title (Treasurer and Deputy Treasurer only)

Kenneth C. Martin
Signature

1-31-18
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee Martin for Council												
From Whom Received Kenneth C. Martin								Prior Amount 6708.90		Amt. Incurred this Period 0		
Address 8861 Harad Court										Outstanding Balance 6708.90		
City Macedonia		State OH		Zip Code 44056			Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M D Y 10 05 13		M	D	Y	S	M	D	Y	S	
Registration Number, if PAC								M	D	Y	S	
Employer Occupation/Labor Organization*								M	D	Y	S	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State OH		Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M D Y		M	D	Y	S	M	D	Y	S	
Registration Number, if PAC								M	D	Y	S	
Employer Occupation/Labor Organization*								M	D	Y	S	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State OH		Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M D Y		M	D	Y	S	M	D	Y	S	
Registration Number, if PAC								M	D	Y	S	
Employer Occupation/Labor Organization*								M	D	Y	S	

* 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 \$ ~~\$0.00~~ 6708.90
- 2 Total received this period \$ \$0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ ~~\$0.00~~ 6708.90 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Martin for Council									
To Whom Owed Kimpton Printing				Prior Amount 619.33			Amt. Incurred this Period 0.00		
Address 400 East Highland Rd				Item or Purpose of Debt printing			Outstanding Balance 619.33		
City Macedonia		State OH	Zip Code 44056		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC									
To Whom Owed Nordown Hill Boosters				Prior Amount 236			Amt. Incurred this Period 0.00		
Address 8006 Bedford Road				Item or Purpose of Debt Ad			Outstanding Balance 236.00		
City Macedonia		State OH	Zip Code 44056		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC									
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			Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC									

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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 855.33 (also record on cover page)