

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Mickelson						Registration Number, if PAC		
Full Name of Candidate Carl T. Mickelson								
Street Address 5741 Rick Drive				Office Sought			District City of Green	
City Clinton						State O H	Zip Code 44216-9617	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pro-General		Post-General	Annual Year
	July		August		September		Termination	X 2017
Monthly		Monthly		Monthly		Monthly		Semiannual
Amended Report?			Report Electronically filed?			M	D	Y
Date of Election								

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	\$	0.00
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)	\$	0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-F)	\$	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)	\$	3,785.76
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		

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SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 22 PM 12: 26

AKRON, OHIO

#1867-728

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 FIRST DEGREE.

Carl T Mickelson, Treasurer

Carl T Mickelson

22 Jan 2018

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 0

Other pages 1

Total pages 2

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Mickelson													
From Whom Received Carl T Mickelson								Prior Amount 3,785.76		Amt. Incurred this Period			
Address 5741 Rick Drive										Outstanding Balance 3,785.76			
City Clinton		State OH	Zip Code 44216			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 3 1 4 0 3								0.00				0.00	
Registration Number, if PAC								M		D	Y		
Employer/Occupation/Labor Organization* Lockheed Martin								M		D	Y		
From Whom Received <end-of-list>								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	\$	M	D	Y	\$	
Registration Number, if PAC								M		D	Y		
Employer/Occupation/Labor Organization*								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	\$	M	D	Y	\$	
Registration Number, if PAC								M		D	Y		
Employer/Occupation/Labor Organization*								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 \$ 3,785.76
- 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 \$ 3,785.76 (To Form No. 30-A)