



TERMINATED

Committee Name JON PODA CAMPAIGN COMMITTEE		Office Sought		District
Street Address 2798 ALEXANDRA CT.		City UNIONTOWN	State OH	Zip 44685
Candidate Name OR PAC Registration Number JON PODA		Treasurer Name MARJORIE M. PODA		Election Date (MM/DD/YYYY) N/A
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	4.03
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	4.03
5. Total monetary expenditures (From Forms 31-B and 31-F)	4.03
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 JAN 27 11:55 AM

#1886-7285

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Deputy Treasurer

01-29-2018
 Date (MM/DD/YYYY)

Contribution Pages
 0

Expenditure Pages
 1

Other Pages
 4

Total Pages
 5



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee JON PODA CAMPAIGN COMMITTEE			
To Whom Paid JON PODA		Date (MM/DD/YYYY) 12-07-2017	Amount 4.03
Street Address 2798 ALEXANDRIA CT.		Purpose LOAN PAYMENT	
City UMIONTOWN	State OH	Zip Code 44685	Check Number 269
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 4.03



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee <u>JON PODA CAMPAIGN COMMITTEE</u>							
From Whom Received <u>JON PODA</u>				Prior Amount <u>5150.⁰⁰</u>	Amt. Incurred this Period <u>0</u>		
Street Address <u>2798 ALEXANDRIA CT.</u>						Outstanding Balance <u>5150.⁰⁰</u>	
City <u>UMONTOWN</u>	State <u>OH</u>	Zip Code <u>44685</u>	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) <u>03-05-2013</u>			Date of Loan (MM/DD/YYYY) <u>N/A</u>	Amount <u>N/A</u>	Date of Payment (MM/DD/YYYY) <u>12-07-2017</u>	Amount <u>4.03</u>	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received				Prior Amount	Amt. Incurred this Period		
Street Address						Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

FORGIVEN

* 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).

Total Prior Amount \$ 5150.⁰⁰

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 4.03 (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on Form 30-A)