



Committee Name Committee to elect Brian Steele		Office Sought		District
Street Address 8684 Gettysburg Dr		City Twinsburg	State Oh	Zip 44087
Candidate Name OR PAC Registration Number Brian Steele		Treasurer Name Brian Steele		Election Date (MM/DD/YYYY)
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				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input 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.

Year
2017

1. Amount brought forward from last report	44.90
2. Total monetary contributions (From Forms 31-A and 31-E)	10.00
3. Total other income (From Form 31-A-2)	39.99
4. Total funds available (sum of lines 1, 2, 3)	94.90
5. Total monetary expenditures (From Forms 31-B and 31-F)	44.99
6. Balance on hand (line 4 minus line 5)	49.90
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 JAN 30 AM 11:09

MARKET OFFICE

#1948

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

Brian Steele

Signature of Treasurer or Deputy Treasurer

01-30-18

Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
2

Other Pages
2

Total Pages
5



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Brian Steele				
Full Name of Contributor Brian Steele			Registration Number, if PAC	
Street Address 8684 Gettysburg Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Twinsburg	State OH	Zip Code 44087	Date (MM/DD/YYYY) 07/31/17	Amount 10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee to Elect Brian Steele			
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 10.00
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 9.99
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 5.00
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 5.00
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 5.00

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee to Elect Brian Steele			
Full Name of Contributor Citizens Bank		Registration Number, if PAC	
Street Address 8968 Darrow Rd	Type* Refund	Date (MM/DD/YYYY) 07/31/17	Form (Cash, Check, etc.) EFT
City Twinsburg	State OH	Zip Code 44087	Amount 5.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Brian Steele			
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 01/30/17	Amount 9.99
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number Eft
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 02/20/17	Amount 10.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 03/31/17	Amount 5.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 04/28/17	Amount 5.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 05/31/17	Amount 5.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT

Page Total \$ 34.99



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Brian Steele			
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 06/30/17	Amount 5.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 07/30/17	Amount 5.00
Street Address 8968 Darrow Rd		Purpose Bank Charge	
City Twinsburg	State OH	Zip Code 44087	Check Number EFT
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 \$ 10.00