

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Mike Zita</b>							Registration Number, if PAC			
Full Name of Candidate <b>Mike Zita</b>										
Street Address <b>3565 Little Blvd.</b>						Office Sought <b>Mayor</b>			District <b>Norton</b>	
City <b>Norton</b>						State <b>O H</b>		Zip Code <b>44203</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		<b>X</b> <b>2017</b>	
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 <b>1</b>	D <b>1</b>	Y <b>0</b>
							M <b>3</b>	D <b>1</b>	Y <b>5</b>	

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	\$	442.53
2. Total monetary contributions (From Form No. 31-A)	\$	50.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	492.53
5. Total monetary expenditures (From Form No. 31-B)	\$	334.87
6. Balance on hand (line 4 minus line 5)	\$	157.66
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
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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ACCEPTED

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SUMMIT COUNTY  
BOARD OF ELECTIONS

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

Print Name and Title (Treasurer and Deputy Treasurer only)  
**KIMBERLY A. ZITA, TREASURER**

Signature  
*Kimberly A. Zita*

Date  
**1-31-18**

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

# Statement of Contributions Received

Prescribed by Secretary of State 3.05

Name of Committee in Full <b>Committee to Elect Mike Zita</b>							
Full Name of Contributor <b>Kim Zita</b>					Registration Number, if PAC		
Street Address <b>3565 Little Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Elec. Transfer</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>	M <b>0</b>	D <b>9</b>	Y <b>2017</b>	Amount <b>50.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	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 appear [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full <b>Committee to Elect Mike Zita</b>						
To Whom Paid <b>Ohio Ethics Commission</b>			M	D	Y	Amount <b>35.00</b>
Address <b>30 West Spring Street</b>			Purpose <b>Ethics Commission Report Filing</b>			
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Check Number <b>Electronic</b>		
To Whom Paid <b>Keep Judge McKenney</b>			M	D	Y	Amount <b>100.00</b>
Address <b>1410 Johns Road</b>			Purpose <b>Donation</b>			
City <b>Clinton</b>		State <b>O   H</b>	Zip Code <b>44216</b>	Check Number <b>Paypal</b>		
To Whom Paid <b>Target</b>			M	D	Y	Amount <b>149.87</b>
Address <b>1183 Williams Reserve Dr</b>			Purpose <b>Parade Candy</b>			
City <b>Wadsworth</b>		State <b>O   H</b>	Zip Code <b>44281</b>	Check Number <b>1059</b>		
To Whom Paid <b>Norton Cider Festival</b>			M	D	Y	Amount <b>50.00</b>
Address <b>PO Box 1290</b>			Purpose <b>Parade Entry Fee</b>			
City <b>Norton</b>		State <b>O   H</b>	Zip Code <b>44203</b>	Check Number <b>1060</b>		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		