

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

|  |                          |   |                          |                |   |                             |                          |              |                                     |                            |
|--|--------------------------|---|--------------------------|----------------|---|-----------------------------|--------------------------|--------------|-------------------------------------|----------------------------|
| Full Name of Committee<br><b>SCOTT FRIENDS OF Thanasiu</b>               |                          |   |                          |                |   | Registration Number, if PAC |                          |              |                                     |                            |
| Full Name of Candidate<br><b>SCOTT Thanasiu</b>                          |                          |   |                          |                |   |                             |                          |              |                                     |                            |
| Street Address<br><b>449 S. Firestone Blvd</b>                           |                          |   |                          |                | Office Sought<br><b>City Council ward 7</b> |                             | District                 |              |                                     |                            |
| City<br><b>AKRON</b>   |                          |   |                          |                | State<br><b>OH</b>                          |                             | Zip Code<br><b>44301</b> |              |                                     |                            |
| Type of Report<br>(place X to the left of report type)                   | <input type="checkbox"/> | Pre-Primary   | <input type="checkbox"/> | Post-Primary   | <input type="checkbox"/>                    | Pre-General                 | <input type="checkbox"/> | Post-General | <input checked="" type="checkbox"/> | Annual Year<br><b>2017</b> |
|  | <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 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  | \$ | 80 | -      |
| 2. Total monetary contributions (From Form No. 31-A)  | \$ | 0  | -      |
| 3. Total other income (From Form No. 31-A-2)  | \$ | 0  | -      |
| 4. Total funds available (sum of lines 1, 2, 3)   | \$ | 80 | \$0.00 |
| 5. Total monetary expenditures (From Form No. 31-B)   | \$ | 80 | -      |
| 6. Balance on hand (From Form No. 31-B)   | \$ | 0  | -      |
| 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)   | \$ |    |        |
| 10. Outstanding debts owed by committee (From Form No. 31-N)  | \$ |    |        |
| 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<br>Sum of lines 2, 7, and amount of any new loans received this period. | \$ |    |        |

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2018 FEB -8 PM 2:43

BOARD OF ELECTIONS  
AKRON, OHIO

# 2032 Av

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

**Scott A. Thanasiu**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Scott A. Thanasiu*  
Signature

08 Feb 2018  
00/00/0000  
Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages **0**



**Statement of Expenditures**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-B

R.C. 3517.10

|  |             |  |                     |
|--|-------------|--|---------------------|
| <b>Full Name of Committee</b><br>Friends of Scott Thomas |             |  |                     |
| To Whom Paid<br>S/S Bank                                 |             | Date (MM/DD/YYYY)<br>01/01/2017-12/31/2017 | Amount<br>50-       |
| Street Address   |             | Purpose<br>Bank Fees                       |                     |
| City   | State<br>OH | Zip Code                                   | Check Number<br>EFT |
| To Whom Paid   |             | Date (MM/DD/YYYY)                          | Amount              |
| Street Address   |             | Purpose                                    |                     |
| City   | State<br>OH | Zip Code                                   | Check Number        |
| To Whom Paid   |             | Date (MM/DD/YYYY)                          | Amount              |
| Street Address   |             | Purpose                                    |                     |
| City   | State<br>OH | Zip Code                                   | Check Number        |
| To Whom Paid   |             | Date (MM/DD/YYYY)                          | Amount              |
| Street Address   |             | Purpose                                    |                     |
| City   | State<br>OH | Zip Code                                   | Check Number        |
| To Whom Paid   |             | Date (MM/DD/YYYY)                          | Amount              |
| Street Address   |             | Purpose                                    |                     |
| City   | State<br>OH | Zip Code                                   | Check Number        |

Page Total \$ 50.<sup>00</sup>