

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Citizens for Schmidt</i>						Registration Number, if PAC					
Full Name of Candidate <i>John Schmidt</i>											
Street Address <i>1460 Curtis Ave.</i>					Office Sought <i>County Council</i>		District <i>2</i>				
City <i>Cuy. Falls</i>			State <i>OH</i>		Zip Code <i>44221</i>						
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <i>2017</i>		
	July Monthly		August Monthly		September Monthly		Termination				
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	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-primary 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(B) for details.

1. Amount brought forward from last report	\$	<i>7708</i>	<i>22</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>300</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>762</i>	<i>50</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>8770</i>	<i>72</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>1562</i>	<i>50</i>
6. Balance on hand (From Form No. 31-B)	\$	<i>7208</i>	<i>22</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		<i>0</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		<i>6</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		<i>0</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		<i>0</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		<i>0</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$		<i>0</i>
13. For Electronic Filing Identifies only Sum of Rows 2, 7, and amount of any new loans received this period.	\$		

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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)
John Schmidt

Signature
[Handwritten Signature]

Date
1-29-18

Contribution pages *1*

Expenditure pages *1*

Other pages *3*

Total pages *5*

Statement of Contributions Received

Prescribed by Secretary of State 2-01

Name of Committee in Full <i>Citizens for Schmidt</i>							
Full Name of Contributor <i>Phil Charappa</i>						Registration Number, if PAC	
Street Address <i>1420 Neptune</i>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>ah</i>		State <i>OH</i>	Zip Code <i>44301</i>		M <i>08</i>	D <i>14</i>	Y <i>17</i>
Full Name of Contributor						Amount <i>300.00</i>	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Street Address						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employers contribute via payroll deduction and exceed the aggregate of \$100 the labor organization of

300.00

Statement of Other Income

Prescribed by Secretary of State 2 01

Name of Committee in Full				Registration Number, if PAC			
Full Name	Address	Type*	City	M	D	Y	Amount
<i>Citizens for Schmidt</i>							
<i>Friends of Drew Reilly</i>							
<i>816 Davis</i>				<i>09</i>	<i>18</i>	<i>17</i>	<i>762.50</i>
<i>Cuy. Falls</i>			<i>OH</i>	<i>44221</i>		<i>LNC</i>	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	
Full Name				Registration Number, if PAC			
Address				Type*		Amount	
City				State		Zip Code	

* 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.

762.50

31-B
R.C. 3517.10

Page _____

Statement of Expenditures

Prescribed by Secretary of State 2:01

Name of Committee in Full		To Whom Paid			M	D	Y	Amount
Citizens for Schmidt		Sawicki - Sons			0	8	17	762.50
Address		Purpose		Check Number				
1521 W. Jeffe Lafayette		yard signs for Drew Reilly		1043				
City		State	Zip Code					
Set		MI	48216					
To Whom Paid		Zig Walters Comm			0	8	24	250.00
Address		Purpose		Check Number				
1700 W Market		contribution		1044				
City		State	Zip Code					
Akron		OH	44305					
To Whom Paid		Summit County Dem Party			0	8	30	250.00
Address		Purpose		Check Number				
438 Grant st		fundraise		1045				
City		State	Zip Code					
Akron		OH	44311					
To Whom Paid		Nan Whaley Comm.			0	8	30	100.00
Address		Purpose		Check Number				
443 E 6 th		contribution		1046				
City		State	Zip Code					
Dayton		OH	45402					
To Whom Paid		Gene Shapiro Comm.			11	11	17	100.00
Address		Purpose		Check Number				
1188 Shady side		contribution		1047				
City		State	Zip Code					
The Felmadge		OH	44228					
To Whom Paid		Ron Cable Comm.			11	13	17	100.00
Address		Purpose		Check Number				
2435 Call Rd		contribution		1048				
City		State	Zip Code					
Stow		OH	44224					
To Whom Paid					M	D	Y	Amount
Address		Purpose		Check Number				
City		State	Zip Code					
To Whom Paid					M	D	Y	Amount
Address		Purpose		Check Number				
City		State	Zip Code					

31-K
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Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <i>Citizens for Schmidt</i>									
To Whom Made <i>Brew Reilly Comm.</i>						Prior Amount <i>0</i>		Amt. Loaned this Period <i>762.50</i>	
Address <i>816 Davis</i>								Outstanding Balance <i>762.50</i>	
City <i>Cuy. Falls</i>			State <i>OH</i>		Zip Code <i>44221</i>		Payments Received This Period		
Date Loan was Originally Made						Date		Amount	
			M		D		Y		\$
			M		D		Y		\$
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code		Payments Received This Period		
Date Loan was Originally Made						Date		Amount	
			M		D		Y		\$
			M		D		Y		\$
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code		Payments Received This Period		
Date Loan was Originally Made						Date		Amount	
			M		D		Y		\$
			M		D		Y		\$

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ _____ (also record on cover page)

Total Payments Received this Period \$ _____ (also record on Form 31-A-2)