

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF CLAIR DICKINSON							Registration Number, if PAC		
Full Name of Candidate CLAIR E. DICKINSON									
Street Address 844 ALDER RUN WAY					Office Sought COUNCIL AT LARGE			District SUMMIT COUNTY	
City AKRON					State O H		Zip Code 44333		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election			M 0	D 5	Y 0 8 1 8

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	\$	3,671.63
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,671.63
5. Total monetary expenditures (From Form No. 31-B)	\$	20.00
6. Balance on hand (sum of lines 4 and 5)	\$	3,651.63
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	1,000.00
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	\$	

2135
BOARD OF ELECTIONS
AKRON, OHIO
2018 APR 26 AM 11:53

OFFICIAL COPY
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

David K. Horner, Treasurer

David K. Horner
Signature

4/26/2018
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 0

Expenditure pages 1

Other pages 2

Total pages 3

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF CLAIR DICKINSON									
To Whom Paid U.S. BANK						M	D	Y	Amount
						0	1	1	8
Address 2226 STATE ROAD						Purpose SERVICE CHARGE			
City CUYAHOGA FALLS		State O	H	Zip Code 44223	Check Number EFT				
To Whom Paid U.S. BANK						M	D	Y	Amount
						0	2	1	8
Address 2226 STATE ROAD						Purpose SERVICE CHARGE			
City CUYAHOGA FALLS		State O	H	Zip Code 44223	Check Number EFT				
To Whom Paid U.S. BANK						M	D	Y	Amount
						0	3	1	8
Address 2226 STATE ROAD						Purpose SERVICE CHARGE			
City CUYAHOGA FALLS		State O	H	Zip Code 44223	Check Number EFT				
To Whom Paid U.S. BANK						M	D	Y	Amount
						0	4	1	8
Address 2226 STATE ROAD						Purpose SERVICE CHARGE			
City CUYAHOGA FALLS		State O	H	Zip Code 44223	Check Number EFT				
To Whom Paid									
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				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF CLAIR DICKINSON															
From Whom Received CLAIR E. DICKINSON										Prior Amount 1,000.00		Amt. Incurred this Period 0.00			
Address 844 ALDER RUN WAY														Outstanding Balance 1,000.00	
City AKRON		State OH	Zip Code 44333		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
0		9	1	2	1	6									
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address														Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC		M	D	Y					M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address														Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 1,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,000.00 (To Form No. 30-A)