

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee BLUE RIBBON SCHOOLS COMMITTEE						Registration Number, if PAC			
Full Name of Candidate									
Street Address 2914 Granby Circle					Office Sought		District		
City Twinsburg					State O H		Zip Code 44087		
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General	Annual Year
	July Monthly			August Monthly		September Monthly		Termination	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	
						0	5	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	\$ 16,737.54
2. Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 16,737.54
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,534.68
6. Balance on hand (line 4 minus line 5)	\$ 12,202.86
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 64.02
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)	\$ 0.00
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	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

2018 JUN 15 PM 9:45
 OFFICE OF THE
 CLERK OF THE
 BOARD OF ELECTIONS
 COLUMBUS, OHIO
 #2224 Ave

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

John B Cook, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06-15-18

Date

Contribution pages <u>0</u>

Expenditure pages <u>1</u>

Other pages <u>8</u>

Total pages <u>9</u>

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
BLUE RIBBON SCHOOLS COMMITTEE										
To Whom Paid							M	D	Y	Amount
Record Courier							0	4	1	8
Address							Check Number			
1050 West Main Street							1132			
City							Zip Code			
Kent							44236			
Purpose							Check Number			
Advertising							1133			
To Whom Paid							M	D	Y	Amount
Record Courier							0	4	1	8
Address							Check Number			
1050 West Main Street							1133			
City							Zip Code			
Kent							44236			
Purpose							Check Number			
Advertising							1134			
To Whom Paid							M	D	Y	Amount
Direct Digital Graphics							0	5	2	8
Address							Check Number			
1716 Enterprise Parkway							1134			
City							Zip Code			
Twinsburg							44087			
Purpose							Check Number			
Mailing Services							1135			
To Whom Paid							M	D	Y	Amount
Belinda McKinney							0	5	2	8
Address							Check Number			
19357 Rashell Rd							1135			
City							Zip Code			
Walton Hills							44146			
Purpose							Check Number			
Postage							1136			
To Whom Paid							M	D	Y	Amount
Patricia Koslo							0	5	1	8
Address							Check Number			
1169 Berkshire Drive							1136			
City							Zip Code			
Macedonia							44056			
Purpose							Check Number			
Consulting							1137			
To Whom Paid							M	D	Y	Amount
Twinsburg City Schools							0	5	2	8
Address							Check Number			
11136 Ravenna Road							1137			
City							Zip Code			
Twinsburg							44087			
To Whom Paid							M	D	Y	Amount
Address							Check Number			
City							Zip Code			
To Whom Paid							M	D	Y	Amount
Address							Check Number			
City							Zip Code			

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full BLUE RIBBON SCHOOLS COMMITTEE			
Full Name of Contributor Kathi Poweers	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2827 Alling Dr	Description of Item or Service Supplies	M D Y 0 4 1 8 1 8	Fair Market Value 64.02
City Twinsburg	State Zip Code OH 44087	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BLUE RIBBON SCHOOLS COMMITTEE																		
To Whom Owed Twinsburg City Schools						Prior Amount 693.97			Amt. Incurred this Period 0.00									
Address 10084 Ravenna Rd						Item or Purpose for Debt Catering			Outstanding Balance 0.00									
City Twinsburg				State OH	Zip Code 44087		Payments Made This Period											
						Date			Amount									
Date Debt was originally Incurred						M	D	Y	M	D	Y	\$						
						0	4	1	5	1	8	0	5	2	1	1	8	693.97
Registration Number, if PAC						M	D	Y	M	D	Y	\$						
						M	D	Y	M	D	Y	\$						
To Whom Owed						Prior Amount			Amt. Incurred this Period									
Address						Item or Purpose for Debt			Outstanding Balance									
City				State	Zip Code		Payments Made This Period											
						Date			Amount									
Date Debt was originally Incurred						M	D	Y	M	D	Y	\$						
						M	D	Y	M	D	Y	\$						
Registration Number, if PAC						M	D	Y	M	D	Y	\$						
						M	D	Y	M	D	Y	\$						
To Whom Owed						Prior Amount			Amt. Incurred this Period									
Address						Item or Purpose for Debt			Outstanding Balance									
City				State	Zip Code		Payments Made This Period											
						Date			Amount									
Date Debt was originally Incurred						M	D	Y	M	D	Y	\$						
						M	D	Y	M	D	Y	\$						
Registration Number, if PAC						M	D	Y	M	D	Y	\$						
						M	D	Y	M	D	Y	\$						

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 693.97 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)