

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>902 EILEEN DR</b>				Office Sought		District			
City <b>MACEDONIA</b>				State <b>OH</b>		Zip Code <b>44058</b>			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	Semiannual
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 0 5 D 0 8 Y 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 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	\$	73	89
2. Total monetary contributions (From Form No. 31-A)	\$	400	00
3. Total other income (From Form No. 31-A-2)	\$	100	00
4. Total funds available (sum of lines 1, 2, 3)	\$	573	89
5. Total monetary expenditures (From Form No. 31-B)	\$	484	00
6. Balance on hand (line 4 minus line 5)	\$	89	89
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	100	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 JUN -7 PM 3:57

STATE OF OHIO  
ARRON, OHIO

# 2093 Arc

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**SHIRLEY J KOTH TREASURER**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Shirley J Koth*  
Signature

**6/7/18**  
Date

Contribution pages **2**

Expenditure pages **1**

Other pages **1**

Total pages **4**

# Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full <b>CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY</b>						
Full Name of Contributor <b>SHIRLEY J KOTH</b>					Registration Number, if PAC	
Street Address <b>902 EILEEN DR</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>		M <b>05</b>	D <b>15</b>	Y <b>18</b>
Amount <b>100.00</b>						
Full Name of Contributor <b>JORGE L PLA</b>						
Street Address <b>1312 TIMBER RIDGE DR</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>		M <b>05</b>	D <b>11</b>	Y <b>18</b>
Amount <b>200.00</b>						
Full Name of Contributor <b>DAVID ENGLE</b>						
Street Address <b>1159 RIVERVIEW DR</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>		M <b>05</b>	D <b>11</b>	Y <b>18</b>
Amount <b>100.00</b>						
Full Name of Contributor						
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code		M	D	Y
Amount						
Full Name of Contributor						
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code		M	D	Y
Amount						
Full Name of Contributor						
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code		M	D	Y
Amount						
Full Name of Contributor						
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code		M	D	Y
Amount						
Full Name of Contributor						
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, occupation 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 also appear. (R.C. 3517.10(B)(4))

# Statement of Other Income

Prescribed by Secretary of State 2:01

Name of Committee in Full				Registration Number, if PAC			
CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY							
Full Name				Registration Number, if PAC			
SYLVIA HANNEKEN							
Address		Type*	M		D	Y	Amount
1033 HAMPTON		LN	05		24	18	100 <sup>00</sup>
City		State	Zip Code		Form (Cash, Check, etc.)		
MACEDONIA		OH	44056		CHECK		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		

\* 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.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY</b>										
To Whom Paid <b>GATEHOUSE MEDIA</b>							M	D	Y	Amount <b>484.00</b>
Address <b>PO BOX 719</b>										
City <b>WOOSTER</b>		State <b>OH</b>	Zip Code <b>44691</b>		CHECK NUMBER <b>2006</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					
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 <b>CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY</b>													
From Whom Received <b>SYLVIA HANNEREN</b>								Prior Amount <b>0</b>		Amt. Incurred this Period <b>100.00</b>			
Address <b>1033 HAMPTON DR</b>										Outstanding Balance			
City <b>MACEDONIA</b>		State <b>OH</b>		Zip Code <b>44056</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred						<b>05</b>	<b>24</b>	<b>18</b>	<b>100.00</b>				
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	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
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	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer Occupation Labor Organization*						M	D	Y		M	D	Y	

\* 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 also 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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 0
- 2 Total received this period \$ 100.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 100.00 (To Form No. 30-A)