

# Ohio Campaign Finance Report

Prescribed by Secretary of State 305

Full Name of Committee <b>Friends of Steve Marks</b>						Registration Number, if PAC		
Full Name of Candidate <b>Charles S. Marks</b>								
Street Address <b>2538 Lansinger Rd</b>					Office Sought		District	
City <b>Mogadore</b>					State <b>OH</b>		Zip Code <b>44260</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 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	<input checked="" type="checkbox"/> Semi-annual <b>2018</b>			
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-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	\$	727	05
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)	\$	727	05
5. Total monetary expenditures (From Form No. 31-B)	\$	30	00
6. Balance on hand (From Form No. 31-B)	\$	697	05
7. Other assets (From Form No. 31-C-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-E)	\$		
12. Value of independent expenditures made (From Form No. 31-D)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS**

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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.

**Shannon M. Marks, Treas.** Shannon M. Marks 7/30/18  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

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

Expenditure pages 1

Other pages 6

Total pages 8

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Friends of Steve Marks</u>							
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>01</u>	<u>16</u>	<u>18</u>	<u>5.00</u>
Address <u>PO Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>02</u>	<u>14</u>	<u>18</u>	<u>5.00</u>
Address <u>PO Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>03</u>	<u>14</u>	<u>18</u>	<u>5.00</u>
Address <u>PO Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St. Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>04</u>	<u>13</u>	<u>18</u>	<u>5.00</u>
Address <u>P.O. Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St. Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>05</u>	<u>14</u>	<u>18</u>	<u>5.00</u>
Address <u>PO Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St. Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid <u>US Bank</u>				M	D	Y	Amount
				<u>06</u>	<u>14</u>	<u>18</u>	<u>5.00</u>
Address <u>PO Box 1800</u>		Purpose <u>Analysis Service Charge</u>					
City <u>St Paul</u>		State <u>OH MN</u>	Zip Code <u>55101-0800</u>	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <u>OH</u>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <u>OH</u>	Zip Code	Check Number			