



#2180 BTD

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

2018 JUL 25 AM 8:09

TERMINATED

Committee Name Friends of John Sans		Office Sought Summit County Council		District 5
Street Address 355 Storer Ave.		City Akron	State OH	Zip 44302
Candidate Name OR PAC Registration Number John R. Sans		Treasurer Name John R. Sans		Election Date (MM/DD/YYYY) 11/08/2016
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year
2018

1. Amount brought forward from last report	42.44
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2 & 3)	42.44
5. Total monetary expenditures (From Forms 31-B and 31-F)	42.44
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	Forgiven
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

John R. Sans
Signature of Treasurer or Deputy Treasurer

07/23/2018
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
0

Other Pages
1

Total Pages
2



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of John Sans					
From Whom Received John R. Sans				Prior Amount 7202.20	Amt. Incurred this Period 0.00
Street Address 355 Storer Ave.				Outstanding Balance 7202.20 Forgiven	
City Akron	State OH	Zip Code 44302	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* BASF/Chemist		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* 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).

Total Prior Amount \$ _____

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

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

Total Outstanding Balance \$ Forgiven (also record on Form 30-A)