

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3 05

Ac

Full Name of Committee HAYDEN JEFFREY SHUPE						Registration Number, if PAC				
Full Name of Candidate HAYDEN JEFFREY SHUPE										
Street Address 4409 BLACK RD				Office Sought Twp TRUSTEE		District RICHFIELD				
City RICHFIELD				State OH		Zip Code 44286				
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	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input type="checkbox"/>	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	

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(11) for details.

1. Amount brought forward from last report	\$	0	00
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)	\$	0	00
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$	0	00
7. Value of in-kind contributions received (From Form No. 31-D)	\$	553	77
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-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.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 NOV 30 AM 9:13

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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.

HAYDEN J SHUPE
Print Name and Title (Treasurer and Deputy Treasurer only)

Hayden J Shupe
Signature

Nov 30, 2017
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Full Name of Contributor HAYDEN JEFFREY SHOPE		Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address 4409 BLACK RD		Description of Item or Service		M	D	Y	Fair Market Value	
City RICHLAND		State OH	Zip Code 44286	0	9	14	17	\$390.00
				Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO				
Full Name of Contributor HAYDEN J SHOPE		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	1	1	06	17	27.76
				Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO				
Full Name of Contributor HAYDEN J. SHOPE		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	1	1	01	17	104.09
				Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO				
Full Name of Contributor HAYDEN J SHOPE		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	1	1	04	17	31.92
				Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

\$553.77 ✓
Page Total **(4)**