

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF CLAIR DICKINSON</b>						Registration Number, if PAC					
Full Name of Candidate <b>CLAIR E. DICKINSON</b>											
Street Address <b>554 WEBER AVENUE</b>						Office Sought <b>COUNCIL AT LARGE</b>			District <b>SUMMIT COUNTY</b>		
City <b>AKRON</b>						State <b>O H</b>		Zip Code <b>44303</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		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	D	Y	
						1	1	0	6	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	\$ 7,896.29
2. Total monetary contributions (From Form No. 31-A)	\$ 1,000.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,896.29
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,983.00
6. Balance on hand (line 4 minus line 5)	\$ 3,913.29
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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

2018 DEC 14 AM 11:50

BOARD OF ELECTIONS  
AKRON OHIO 44301

#2576 Arc

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

**David K. Horner, Treasurer**

*David K. Horner*  
Signature

12/14/2018  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u>  1  </u>
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Expenditure pages <u>  1  </u>
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Other pages <u>  2  </u>
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Total pages <u>  4  </u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF CLAIR DICKINSON</b>						
Full Name of Contributor <b>COMMITTEE TO ELECT DON WALTERS</b>				Registration Number, if PAC		
Street Address <b>3395 PENDLETON STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CUYAHOGA FALLS</b>	State <b>O   H</b>	Zip Code <b>44221</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>1,000.00</b>
Full Name of Contributor				Registration # 6		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
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, 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF CLAIR DICKINSON</b>												
To Whom Paid <b>SUMMIT COUNTY DEMOCRATIC PARTY</b>						M	D	Y	Amount			
						1	0	2	6	1	8	4,978.00
Address <b>438 GRANT STREET</b>				Purpose <b>CONTRIBUTION</b>								
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44311</b>		Check Number <b>125</b>						
To Whom Paid <b>U.S. BANK</b>						M	D	Y	Amount			
						1	1	1	5	1	8	5.00
Address <b>2226 STATE ROAD</b>				Purpose <b>SERVICE CHARGE</b>								
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>		Zip Code <b>44223</b>		Check Number <b>EFT</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			

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF CLAIR DICKINSON</b>															
From Whom Received <b>CLAIR E. DICKINSON</b>										Prior Amount <b>1,000.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>884 ALDER RUN WAY</b>														Outstanding Balance <b>1,000.00</b>	
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44333</b>		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$			
0		9	1	2	1	6									
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				
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC		M	D	Y	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				
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 1,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,000.00 (To Form No. 30-A)