

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY						Registration Number, if PAC		
Full Name of Candidate								
Street Address 902 E. IGEN DR				Office Sought		District		
City MACEDONIA				State OH		Zip Code 44056		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
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		1^M 1 0^D 6 1^Y 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	\$	89	89
2. Total monetary contributions (From Form No. 31-A)	\$	500	00
3. Total other income (From Form No. 31-A-2)	\$		00
4. Total funds available (sum of lines 1, 2, 3)	\$	589	89
5. Total monetary expenditures (From Form No. 31-B)	\$	589	89
6. Balance on hand (line 4 minus line 5)	\$		00
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	556	17
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		00
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 7, and amount of any new loans received this period.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS

2018 DEC 13 PM 1:19

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

#2570 AVC

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.

SHIRLEY J KOTH Shirley J Koth 12/13/18
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY							
Full Name of Contributor DAVID ENGLE						Registration Number, if PAC	
Street Address 1159 RIVERVIEW DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MACEDONIA		State OH	Zip Code 44056		M 11	D 02	Y 18
Amount 100.00							
Full Name of Contributor JORGE L PLA						Registration Number, if PAC	
Street Address 1312 TIMBER RIDGE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MACEDONIA		State OH	Zip Code 44056		M 11	D 16	Y 18
Amount 400.00							
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 in 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))

Date Total \$ **500.00**

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY									
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount 3.00
Address PO Box 1558 EALW37...									
City COLUMBUS			State OH	Zip Code 43216	CHECK NUMBER BANK FEE				
To Whom Paid SYLVIA J HANNEKEN						M	D	Y	Amount 586.89
Address 1033 HAMPTON DR			Purpose CAMPAIGN MATERIALS REPAYMENT OF DEBT/REIMBURSEMENT						
City MACEDONIA			State OH	Zip Code 44056	Check Number 2007				
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				

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
ED KUCHAR	PLASTIC PROCESS EQUIPMENT		
Street Address	Description of Item or Service	M	D
8303 CORPORATE PARK DR	PRINTING	1	0
City	State	Y	Fair Market Value
MACEDONIA	OH	18	\$205 ⁰⁰
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Sylvia J Hanneken			
Street Address	Description of Item or Service	M	D
1033 HAMPTON DR	CAMPAIGN MATERIALS	1	2
City	State	Y	Fair Market Value
MACEDONIA	OH	18	351.17
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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556.17
Page Total \$ 900.00

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY											
To Whom Owed SYLVIA J HANNEKEN					Prior Amount 2 10000			Amt. Incurred this Period 838.06			
Address 1033 HAMPTON DR					Item or Purpose of Debt CAMPAIGN MATERIALS			Outstanding Balance 838.06			
City MACEDONIA		State OH	Zip Code 44056		Payments This Period						
Date Debt was originally Incurred					Date			Amount			
					M	D	Y	M	D	Y	\$
					1	1	0	7	1	8	586.89
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
Date Debt was originally Incurred					Date			Amount			
					M	D	Y	M	D	Y	\$
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
Date Debt was originally Incurred					Date			Amount			
					M	D	Y	M	D	Y	\$
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 586.89 (also record on Form 31-B)
 Total Outstanding Balance \$ 351.17
 Total Outstanding Balance \$ FORGIVEN (also record on cover page)



Statement of Loans Received

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Form 31-C
R.C. 3517.10

Full Name of Committee CITIZENS FOR MACEDONIA FISCAL RESPONSIBILITY					
From Whom Received SYLVIA J HANNEKEN				Prior Amount 100 ⁰⁰	Amt. Incurred this Period 0
Street Address 1033 HAMPTON DR				Outstanding Balance FORGIVEN 100	
City MACEDONIA	State OH	Zip Code 44056	Loans Received This Period		Payments Received This Period
Date of Original Loan (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)
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period
Date of Original Loan (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)
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)

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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 \$ 100.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

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