

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee BLUE RIBBON SCHOOLS COMMITTEE						Registration Number, if PAC				
Full Name of Candidate										
Street Address 2914 Granby Circle					Office Sought		District			
City Twinsburg					State O H		Zip Code 44087			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2018	
	July Monthly		August Monthly		September Monthly		Termination			
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 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	\$ 12,202.86
2. Total monetary contributions (From Form No. 31-A)	\$ 149.45
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,352.31
5. Total monetary expenditures (From Form No. 31-B)	\$ 839.40
6. Balance on hand (line 4 minus line 5)	\$ 11,512.91
7. Value of in-kind contributions received (From Form No. 31-J-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-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

2019 JAN 17 PM 3:23

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311
#2614 Ave

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

John B Cook, Treasurer _____ 01/17/2019
 Print Name and Title (Treasurer and Deputy Treasurer only) _____ Signature _____ Date _____

Contribution pages <u> 1 </u>	Expenditure pages <u> 1 </u>	Other pages <u> 1 </u>	Total pages <u> 3 </u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full BLUE RIBBON SCHOOLS COMMITTEE							
Full Name of Contributor Aggregate of Individual Contributions Less Than \$25 Each					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash/Check		
City	State	Zip Code	M	D	Y	Amount 149.45	
			0	6	2	5	18
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	
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 BLUE RIBBON SCHOOLS COMMITTEE												
To Whom Paid Twinsburg City Schools						M	D	Y	Amount			
						1	0	1	9	1	8	830.00
Address 11136 Ravenna Rd			Purpose Support staff fundraiser									
City Twinsburg City Schools			State O	H	Zip Code 44087	Check Number 1138						
To Whom Paid Twinsburg City Schools						M	D	Y	Amount			
						1	0	1	9	1	8	9.40
Address 11136 Ravenna Rd			Purpose Copying									
City Twinsburg City Schools			State O	H	Zip Code 44087	Check Number 1139						
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												