

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Klinger Campaign Committee						Registration Number, if PAC	
Full Name of Candidate CAROL ANN KLINGER							
Street Address 1715 17th St				Office Sought Council-At Large		District Cuyahoga Falls	
City Cuyahoga Falls				State OH		Zip Code 44223	
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	X 2018		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election			

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.

#2691 Ave
CONTACT APPOINTY
BOARD OF ELECTIONS
AKRON, OHIO
2019 JAN 29 PM 1:36

1. Amount brought forward from last report	\$	2889	74
2. Total monetary contributions (From Form No. 31-A)	\$	0	
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	2889	74
5. Total monetary expenditures (From Form No. 31-B)	\$	2889	74
6. Balance on hand (line 4 minus line 5)	\$	0	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	69,000	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	8663	91
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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.

Richard Klinger Treasurer

R. Klinger
Signature

1/21/19
Date

Contribution pages 0

Expenditure pages 1

Other pages 8

Total pages 10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Klinger Campaign Committee									
To Whom Paid Rick & Carol Klinger						M	D	Y	Amount 2889.74
Address 1715 17th St			Purpose Repay Debt						
City Cuyahoga Falls		State OH	Zip Code 44223		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				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee										
To Whom Owed Rick Klinger					Prior Amount 220.00			Amt. Incurred this Period 0		
Address 1715 17th					Item or Purpose of Debt A.D.V.			Outstanding Balance 0		
City Cuy. Falls		State OH	Zip Code 44223		Payments This Period					
Date Debt was originally Incurred					Date		Amount			
					M	D	Y	\$		
Registration Number, if PAC					M		D		Y	\$
					M		D		Y	
To Whom Owed Rick Klinger					Prior Amount 372.75			Amt. Incurred this Period 0		
Address 1715 17th					Item or Purpose of Debt A.D.V.			Outstanding Balance 0		
City Cuy Falls		State OH	Zip Code 44223		Payments This Period					
Date Debt was originally Incurred					Date		Amount			
					M	D	Y	\$		
Registration Number, if PAC					M		D		Y	\$
					M		D		Y	
To Whom Owed Rick Klinger					Prior Amount 230			Amt. Incurred this Period 0		
Address 1715 17th					Item or Purpose of Debt Postage			Outstanding Balance 0		
City Cuy. Falls		State OH	Zip Code 44223		Payments This Period					
Date Debt was originally Incurred					Date		Amount			
					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. 31-1-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 2889.74 (also record on Form 31-B)

Total Outstanding Balance \$ 8663.91 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee KLINGER CAMPAIGN COMMITTEE									
To Whom Owed RICK KLINGER					Prior Amount 5000			Amt. Incurred this Period 0	
Address 1715 17th					Item or Purpose of Debt ADV.			Outstanding Balance 4359.03	
City CUY FALLS		State OH		Zip Code 44223		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
M		D		Y		M		D	
01		4		2013		07		23	
Registration Number, if PAC					Y		S		640.97
					M		D		
					M		D		
To Whom Owed RICK KLINGER					Prior Amount 161.97			Amt. Incurred this Period 0	
Address 1715 17th					Item or Purpose of Debt ADV			Outstanding Balance	
City CUY FALLS					State OH		Zip Code 44223		Payments This Period
Date Debt was originally Incurred					Date			Amount	
M		D		Y		M		D	
03		16		2013		07		23	
Registration Number, if PAC					Y		S		161.97
					M		D		
					M		D		
To Whom Owed RICK KLINGER					Prior Amount 522.90			Amt. Incurred this Period 0	
Address 1715 17th					Item or Purpose of Debt ADV			Outstanding Balance 0	
City CUY FALLS		State OH		Zip Code 44223		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
M		D		Y		M		D	
02		14		2013		07		23	
Registration Number, if PAC					Y		S		522.90
					M		D		
					M		D		

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. 31-1-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 2889.74 (also record on Form 31-B)

Total Outstanding Balance \$ 8863.91 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee									
To Whom Owed Rick Klinger					Prior Amount 594.15			Amt. Incurred this Period 0	
Address 1715 17th					Item or Purpose of Debt Adv.			Outstanding Balance 0	
City Cuyahoga Falls		State OH	Zip Code 44223		Payments This Period				
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
To Whom Owed Rick Klinger					Prior Amount 0			Amt. Incurred this Period 2200.00	
Address 1715 17th St					Item or Purpose of Debt Adv.			Outstanding Balance 2200.00	
City Cuyahoga Falls OH		State OH	Zip Code 44223		Payments This Period				
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
To Whom Owed Rick Klinger					Prior Amount 0			Amt. Incurred this Period 147.00	
Address 1715 17th St					Item or Purpose of Debt Postage			Outstanding Balance 0	
City Cuyahoga Falls		State OH	Zip Code 44223		Payments This Period				
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					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 \$ 2889.74 (also record on Form 31-B)

Total Outstanding Balance \$ 8663.91 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee									
To Whom Owed Rick Klinger					Prior Amount 0			Amt. Incurred this Period 2104.88	
Address 1715 17th					Item or Purpose of Debt ADV			Outstanding Balance 2104.88	
City Cuyahoga Falls		State OH		Zip Code 44223		Payments This Period			
Date Debt was originally Incurred 08 24 17					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
					M	D	Y	\$	
To Whom Owed Rick Klinger					Prior Amount			Amt. Incurred this Period	
Address 1715 17th St					Item or Purpose of Debt			Outstanding Balance	
City Cuyahoga Falls OH		State OH		Zip Code 44223		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
					M	D	Y	\$	
To Whom Owed Rick Klinger					Prior Amount			Amt. Incurred this Period	
Address 1715 17th St					Item or Purpose of Debt			Outstanding Balance	
City Cuyahoga Falls		State OH		Zip Code 44223		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					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 2889.74 (also record on Form 31-B)

Total Outstanding Balance \$ 8663.91 (also record on cover page)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee											
From Whom Received Rick & Carol Klinger								Prior Amount 5000		Amt. Incurred this Period 0	
Address 1715 17th St								Outstanding Balance 5000			
City Cuyahoga Falls		State OH		Zip Code 44223							
Date Loan was originally Incurred 01/12/05				Loans Received This Period				Payments This Period			
				Date				Date			
				Amount				Amount			
Registration Number, if PAC				M D Y S				M D Y S			
Employer/Occupation/Labor Organization				M D Y S				M D Y S			
From Whom Received Rick & Carol Klinger											
Address 1715 17th St								Prior Amount 10,000		Amt. Incurred this Period 0	
Outstanding Balance 10,000											
City Cuyahoga Falls		State OH		Zip Code 44223							
Date Loan was originally Incurred 04/03/09				Loans Received This Period				Payments This Period			
				Date				Date			
				Amount				Amount			
Registration Number, if PAC				M D Y S				M D Y S			
Employer/Occupation/Labor Organization				M D Y S				M D Y S			
From Whom Received Rick & Carol Klinger											
Address 1715 17th St								Prior Amount 15,000		Amt. Incurred this Period 0	
Outstanding Balance 15,000											
City Cuyahoga Falls		State OH		Zip Code 44223							
Date Loan was originally Incurred 10/30/09				Loans Received This Period				Payments This Period			
				Date				Date			
				Amount				Amount			
Registration Number, if PAC				M D Y S				M D Y S			
Employer Occupation Labor Organization				M D Y S				M D Y S			

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).

- 1 Total prior amount \$ 69,000
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 69,000 (To Form No. 30-A)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee																	
From Whom Received RICK & CAROL Klinger										Prior Amount 5000.00		Amt. Incurred this Period					
Address 1715 17th St												Outstanding Balance 5000.00					
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			
From Whom Received RICK & CAROL Klinger										Prior Amount 72000.00		Amt. Incurred this Period					
Address 1715 17th St												0					
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			
From Whom Received RICK & CAROL Klinger										Prior Amount 10,000		Amt. Incurred this Period					
Address 1715 17th												Outstanding Balance 10,000					
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation Labor Organization		M		D		Y				M		D		Y			

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).

- 1 Total prior amount \$ 69,000
- 2 Total received this period: 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 69,000 (To Form No. 30-A)

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Klinger Campaign Committee											
From Whom Received Rick & Carol Klinger						Prior Amount 5000 00		Amt. Incurred this Period -			
Address 1715 17th St								Outstanding Balance 5000 00			
City Cuyahoga Falls		State OH		Zip Code 44223							
Loans Received This Period					Payments This Period						
Date		Date		Amount		Date		Amount			
M	D	Y	M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred 070601											
Registration Number, if PAC											
Employer/Occupation/Labor Organization											
From Whom Received Rick & Carol Klinger						Prior Amount 2528.90		Amt. Incurred this Period -			
Address 1715 17th St								Outstanding Balance 0 00			
City Cuyahoga Falls		State OH		Zip Code 44223							
Loans Received This Period					Payments This Period						
Date		Date		Amount		Date		Amount			
M	D	Y	M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred 052097											
Registration Number, if PAC											
Employer/Occupation/Labor Organization											
From Whom Received Rick & Carol Klinger						Prior Amount 19,000		Amt. Incurred this Period -			
Address 1715 17th St								Outstanding Balance 19,000			
City Cuyahoga Falls		State OH		Zip Code 44223							
Loans Received This Period					Payments This Period						
Date		Date		Amount		Date		Amount			
M	D	Y	M	D	Y	\$	M	D	Y	\$	
Date Loan was originally incurred 011004											
Registration Number, if PAC											
Employer/Occupation/Labor Organization											

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).

1 Total prior amount \$ 69,000

2 Total received this period \$ 0 (To Form No. 31-A-2)

3 Total payments this period \$ 0 (To Form No. 31-B)

4 Total Outstanding Balance 69,000 (To Form No. 30-A)