



# Ohio Campaign Finance Report

Form 30-A  
ORC 3517.10

Committee Name Brian Lowdermilk For Council		Office Sought Ward 3		District
Street Address 2536 Samira Rd		City Stow	State OH	Zip 44224
Candidate Name OR PAC Registration Number Brian Lowdermilk		Treasurer Name Brian Lowdermilk		Election Date (MM/DD/YYYY)
<b>Type of Report (choose one):</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General  Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
<b>Amended Report</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Year 2018
<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.				

<b>1. Amount brought forward from last report</b>	2619.68
<b>2. Total monetary contributions</b> (From Forms 31-A and 31-E)	0
<b>3. Total other income</b> (From Form 31-A-2)	0
<b>4. Total funds available</b> (sum of lines 1, 2, 3)	2619.68
<b>5. Total monetary expenditures</b> (From Forms 31-B and 31-F)	1329.39
<b>6. Balance on hand</b> (line 4 minus line 5)	1290.29
<b>7. Value of in-kind contributions received</b> (From Form 31-J-1)	0
<b>8. Value of in-kind contributions made</b> (From Form 31-J-2)	0
<b>9. Outstanding loans owed by committee</b> (From Form 31-C)	0
<b>10. Outstanding debts owed by committee</b> (From Form 31-N)	0
<b>11. Outstanding loans owed to committee</b> (From Form 31-K)	0
<b>12. Value of independent expenditures made</b> (From Form 31-U)	0

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2019 JAN 28 AM 10:03

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON OHIO 44311

# 2661 Av

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

[Handwritten Signature]

01/26/2019

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages  
0

Expenditure Pages  
2

Other Pages  
0

Total Pages  
3



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Brian Lowdermilk For Council				
To Whom Paid Sheraton Suites			Date (MM/DD/YYYY) 09/28/2018	Amount 500.00
Street Address 1989 Front St		Purpose Candidate night - Issue one rally - deposit for hall		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1068	
To Whom Paid Sheraton Suites			Date (MM/DD/YYYY) 10/15/2108	Amount 794.39
Street Address 1989 Front St		Purpose Candidate night - Issue one rally - Final payment		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1070	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 1294.39



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Brian Lowdermilk For Council			
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 03/04/2018	Amount 35.00
Street Address 30 W Spring St		Purpose Ethics filing	
City , Columbus	State OH	Zip Code 43215	Check Number Electronic transfer
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 35.00