



Committee Name Friends of Jeremy McIntire		Office Sought None		District N/A
Street Address 1904 Baker Ln		City Stow	State OH	Zip 44224
Candidate Name OR PAC Registration Number Jeremy McIntire		Treasurer Name Jeremy McIntire		Election Date (MM/DD/YYYY)

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$100.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$100.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$0.00
6. Balance on hand (line 4 minus line 5)	\$100.00
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$0.00
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 29 AM 11:22

2679 AVC
SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44311

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

Jeremy McIntire
Signature of Treasurer or Deputy Treasurer

01/18/2019
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages	Other Pages	Total Pages 1
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Jeremy McIntire				
Full Name of Contributor Raymond and Deborah McIntire			Registration Number, if PAC	
Street Address 1636 Newberry St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 03/22/2018	Amount \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]