



Committee Name THE COMMITTEE TO ELECT SCOTT R PELOT		Office Sought COUNCIL-AT-LARGE		District SUMMI
Street Address 3185 FAIR OAKS DR		City NORTON	State OH	Zip 44203
Candidate Name OR PAC Registration Number SCOTT R PELOT		Treasurer Name LYNN M PELOT		Election Date (MM/DD/YYYY) 11/03/2015

**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  
2018

<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	<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.
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1. Amount brought forward from last report	\$19.50
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$19.50
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$19.50
6. Balance on hand (line 4 minus line 5)	0.00
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)	\$600.00
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 31 PM 2:29  
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.**

Signature of Treasurer or Deputy Treasurer

01/29/2019  
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 2	Total Pages 3
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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> THE COMMITTEE TO ELECT SCOTT R PELOT			
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 06/18/2018	Amount \$5.00
Street Address P.O. BOX 738		Purpose MONTHLY BANK FEES	
City MARIETTA	State OH	Zip Code 45750	Check Number
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 07/18/2018	Amount \$5.00
Street Address P.O. BOX 738		Purpose MONTHLY BANK FEES	
City MARIETTA	State OH	Zip Code 45750	Check Number
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 08/18/2018	Amount \$5.00
Street Address P.O. BOX 738		Purpose MOUNTHLY BANK FEES	
City MARIETTA	State OH	Zip Code 45750	Check Number
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 09/18/2018	Amount \$4.50
Street Address P.O. BOX 738		Purpose MOUNTHLY BANK FEES	
City MARIETTA	State OH	Zip Code 45750	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 19.50



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> THE COMMITTEE TO ELECT SCOTT R PELOT							
From Whom Received SCOTT R PELOT					Prior Amount 600.00	Amt. Incurred this Period	
Street Address 3185 FAIR OAKS DR						Outstanding Balance 600.00	
City NORTON	State OH	Zip Code 44203	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 09/25/2007			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)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (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)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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 \$ 600.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 600.00 (also record on Form 30-A)