



SUMMIT COUNTY
BOARD OF ELECTIC
AKRON OHIO 44307

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2019 JAN 31 AM 10:05

Committee Name Citizens for Stoyhoff		Office Sought School Board		District Green
Street Address 235 Lake Front Dr		City Akron	State OH	Zip 44319
Candidate Name OR PAC Registration Number Catherine A Stoyhoff		Treasurer Name Jason Stoyhoff		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
2018

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	20.66
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	20.66
5. Total monetary expenditures (From Forms 31-B and 31-F)	5.00
6. Balance on hand (line 4 minus line 5)	15.66
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	1272.26
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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

Catherine A Stoyhoff, Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

1/30/19
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Citizens for Stoyhoff			
To Whom Owed Catherine Stoyhoff		Prior Amount 914.07	Amount Incurred this Period 358.19
Street Address 235 Lake Front Dr.		Item or Purpose of Debt Campaign Materials	Outstanding Balance 1272.26
City Akron	State OH	Zip Code 44319	Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) 10/20/2013	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code	Payments Received This Period
	Date of Original Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount

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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 914.07 (also record on cover page)



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for Stoyloff			
To Whom Paid Huntinton Bank		Date (MM/DD/YYYY) 12/31/18	Amount 5.00
Street Address 3770 Massilon Rd		Purpose Bank Fee	
City Uniontown	State OH	Zip Code 44685	Check Number Debt
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 \$ _____