



2019 JAN 31 PM 12: 59

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|---|--|---|--------------------|--|
| Committee Name <i>Shannon Klokjance Election Committee</i> | | Office Sought <i>Council Representative</i> | | District <i>Ward 1</i> |
| Street Address <i>407 Glenn Street</i> | | City <i>Barberton</i> | State <i>OH</i> | Zip <i>44203</i> |
| Candidate Name OR PAC Registration Number <i>Shannon M Conrad Klokjance</i> | | Treasurer Name <i>Meghan Adair</i> | | Election Date (MM/DD/YYYY) <i>09/08/2015</i> |
| Type of Report (choose one): <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 | | | | Year <i>2018</i> |
| 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. |

| | |
|---|--|
| 1. Amount brought forward from last report | <i>\$336.88</i> |
| 2. Total monetary contributions (From Forms 31-A and 31-E) | <i>\$0.50</i> |
| 3. Total other income (From Form 31-A-2) | <i>Ø</i> |
| 4. Total funds available (sum of lines 1, 2, 3) | <i>\$337.38</i> <i>\$337.38</i> |
| 5. Total monetary expenditures (From Forms 31-B and 31-F) | <i>Ø</i> |
| 6. Balance on hand (line 4 minus line 5) | <i>\$337.38</i> |
| 7. Value of in-kind contributions received (From Form 31-J-1) | <i>Ø</i> |
| 8. Value of in-kind contributions made (From Form 31-J-2) | <i>Ø</i> |
| 9. Outstanding loans owed by committee (From Form 31-C) | <i>Ø</i> |
| 10. Outstanding debts owed by committee (From Form 31-N) | <i>Ø</i> |
| 11. Outstanding loans owed to committee (From Form 31-K) | <i>Ø</i> |
| 12. Value of independent expenditures made (From Form 31-U) | <i>Ø</i> |

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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

[Signature]
Signature of Treasurer or Deputy Treasurer

1/29/19
Date (MM/DD/YYYY)

| | | | |
|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Contribution Pages <i>1</i> | Expenditure Pages <i>Ø</i> | Other Pages <i>Ø</i> | Total Pages <i>1</i> |
|--------------------------------|-------------------------------|-------------------------|-------------------------|



Statement of Contributions Received

Form 31-A

ORC 3517.10

| | | | | |
|--|--------------------------------------|---|---------------------------------|----------------------------------|
| Full Name of Committee Shannon Wlokojance Election Committee | | | | |
| Full Name of Contributor Shannon M Conrad Wlokojance | | | Registration Number, if PAC | |
| Street Address 407 Glenn St. | | Employer/Occupation/Labor Organization* Akron Metropolitan Housing Authority | | Form (Cash, Check, etc.) Cash |
| City Barberton | State OH <input type="checkbox"/> | Zip Code 44203 | Date (MM/DD/YYYY) 11/15/2018 | Amount \$0.50 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 <input type="checkbox"/> | 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)]