

Ohio Campaign Finance Report

Prescribed by Secretary of State 3405

Full Name of Committee Friends of Steve Marks					Registration Number, if PAC		
Full Name of Candidate Charles S. Marks							
Street Address 2538 Lansinger Rd					Office Sought		District
City Mogadore					State OH	Zip Code 44260	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	667	05
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$		
5. Total monetary expenditures (From Form No. 31-B)	\$	30	00
6. Balance on hand (line 4 minus line 5)	\$	637	05
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JUL 23 PM 3:35

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44303

336045

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Shannon M. Marks Treas. Shannon M Marks 7-23-19
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____

Expenditure pages 1

Other pages 6

Total pages 8

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Steve Marks.						
To Whom Paid			M	D	Y	Amount
US Bank			0	1	5/19	5.00
Address		Purpose				
P.O. Box 1800		Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH MN	55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			0	2	14/19	5.00
Address		Purpose				
P.O. Box 1800		Service Charge				
City	State	Zip Code	Check Number			
St Paul	OH MN	55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			0	3	14/19	5.00
Address		Purpose				
P.O. Box 1800		Service Charge				
City	State	Zip Code	Check Number			
St. Paul.	OH MN	55101-0800				
To Whom Paid			M	D	Y	Amount
US Bank			0	4	12/19	5.00
Address		Purpose				
P.O. Box 1800		Service Charge				
City	State	Zip Code	Check Number			
St Paul.	OH MN	55101-0800				
To Whom Paid			M	D	Y	Amount
U.S. Bank			0	5	14/19	5.00
Address		Purpose				
P.O. Box 1800		Service Charge				
City	State	Zip Code	Check Number			
St. Paul	OH MN	55101-0800				
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					