## Ohio Campaign Finance Report

Full Name of Communes		Prescribed by Secretary	r of State 2/01	* *	.•	, 5		
	Citizeno z	er ske truck	estiment 7	Sky	Magistra	tion Nun	abec, of PAC	
Street Address								
			Office Saught				District	
Cay N. C.A.A.	TO'N, OK	1 141-		Su	•	Zip Co.		
Type of Report	Pre-Primary	Post-Primary					7.	Annual Year
(place X to the left of report 1390)	Special	July Mondaly	Pre-General August	12	Post-Ge Septemb	more)		Amusi Tese
Amended Report? Yes	☐ No Report Electronic	rally Filed?    Yes	Monthly	100	Month)		X	Commination VI
			Date of Election		0	6	0	
vo other forms are required for a p		ous and expenditures each total \$500 or les period, if above statement applies. See R.(	C. 3517.10(11) for details.	nd post-periods	at one of	ection, ch	nek bes []	
	1. Amount brought for	ward from last report		5				
•	2. Total menciary cont	ributions (From Form No. 31-A)	S	•				
	3. Total other income (	From Form No. 31-A-1)	- 8			7		
	4. Total funds available	(sum of lines 1, 2, 3)	s	J	1.	7		
	S. Total monetary exper	ndliures (From Form No. 31-B)	s		<u>†                                    </u>	7		
	4. Balance on hand (Ho	r 4 unious line 5)	3 -	9		1	APR.	80.35 इ.स.च
	7. Value of in-hind cont	ributious received (From Form No. 31-1	10 1 150	90	<u> </u>	1	<u>۔</u>	TAR ORKO
•		ributions made (From Form No. 31-J-2)			<del> </del>	-	9 59	OOU ENE
		red by committee (From Form No. 31-C			<del> </del>	-	=	OTION ALA O
		wed by committee (From Form No. 31-	<del></del>	·	<del> </del>	1	ĺŽ	Ω.
		wed to committee (From Form No. 31-N			-	-		
•		d expenditures made (From Form No. 3			-	-		
	13. For Electronic Fille	Tatisles only	~		<u>-</u>	-		
		mount of any new loans received this per	riod. S /					
HE INFORMATION CONTAIN ALSIFICATION IS GUILTY OF	ED IN THIS REPORT IS A FELONY OF THE FI	MADE UNDER THE PENALTY OF E	ELECTION FALSIFICATION	OK. WHOEV	ER COM	auts e	LECTION	
KIMBURIU J int Name and Title (Treatmer and	CAUNA h Deputy Treasurer early)	Temberly &	Counck		4-	4-	or	
Contribution pages		Expenditure pages	Other pages		<u></u>	Date stal	Z	_

3	1-	J-	l
R	.C.	35	17.10

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### **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full					
CONCERN CITIZENS FOR The	e FAIR	e treatment	OF	Stone Any	1
W.E. Smith	Employer,	Occupation, Labor Organization*	Registr	ration Number, if PAC	<u>~</u>
Full Name of Contributor  V. E. Smith  Street Address  1057 Dogwood AVE NE.  City  N. CANTON, Off 44.  Full Name of Contributor	Description	of Item or Service NPAIGN FLIERS	M	D Y Fair Market Value	ae
N. CANTON, OH 42	Sta tr	E   Zip Code   11   44720	Receive	ed at Fundraising Event?	
Full Name of Contributor	Employer,	Occupation, Labor Organization*	Registra	ES NO NO ration Number/INPAC	
Street Address	Description	of Item or Service	M	D Y Fair Market Value	ue
City	Sta te	zip Code	Receive	ed at Fundraising Event?	
Full Name of Contributor	Employer,	Occupation, Labor Organization*	□ YE		
Street Address	Description	of Item or Service	M	D Y Fair Market Value	•
City	Sta te	e Zip Code		ed at Fundraising Event?	
Full Name of Contributor	Employer, (	Occupation, Labor Organization*	☐ YES		
Street Address			Registra	ation Number, if PAG	
		of Item or Service	М	D Y Fair Market Value	C
City	Sta te	Zip Code		ed at Fundraising Events	<del>Z</del>
Full Name of Contributor	Employer, O	Occupation, Labor Organization®	Registrat	ation Number, if PAC	,,,,
Street Address	Description o	of Item or Service	M	D Y Fair Market Value	,
City	Sta te	Zip Code	1_	d at Fundraising Event?	
Full Name of Contributor	Employer, O	Occupation, Labor Organization*	Registrati	S	
Street Address	Description o	of Item or Service	М	D Y Fair Market Value	;
City	Sta te	Zip Code	Received	at Fundraising Event?	
Full Name of Contributor	Employer, O	Occupation, Labor Organization*	☐ YES Registration	S	
Street Address	Description of Item or Service		M	D Y Fair Market Value	
City	Sta te	Zip Code	Received	at Fundraising Event?	
ull Name of Contributor	Employer, Occupation, Labor Organization*		□ YES	•	
itreet Address					_
City		f Item or Service	М	D Y Fair Market Value	
ny	Sta te	Zip Code	1	at Fundraising Event?	
	4		☐ YES	D NO	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

Page Total \$ /5000

# Stark County Board of Elections

John D. Ferrero, Jr.

Chairman

Frank C. Braden

Ronald W. Dougherty
William V. Sherer, Sr.

201 3<sup>nd</sup> Street N.E. Canton, Ohio 44702-1296 Phone: (330) 451-8683 Fax: (330) 451-7000

Website: www.boc.co.stark.oh.us 2001 POST-GENERAL REPORT March 21, 2002 Jeffrey A. Matthews

Jeanette Mullane Deputy Director

Concerned Citizens for the Fair Treatment of Stray Animals Ms. Kimberly J. Cavnah, Treasurer

Dear Ms. Cavnah:

As mandated by statute, the Stark County Board of Elections has examined, for its compliance with Ohio's Campaign finance laws and regulations, your committee's above-mentioned finance report. The examination, conducted under Ohio Revised Code Section 3517.11 (B), indicated an addendum of additional information as follows is required to complete this report.

• The Cover Page, Form 30-A, was omitted from your report. This form needs to be filled out and signed & dated by the treasurer. The termination box at top of form should be marked so further reports will not have to be filed.

 Your In-Kind Contribution Received page should be numbered 2 at top of form, and Line 1 has initials. Initials are allowed if that is how a person maintains their business or financial records.

Please file the requested corrections with this office within twenty-one (21) consecutive days of receipt of this letter. Please be advised that if the requested information is not received within this time period, a referral will be made to the Ohio Elections Commission. If you have any questions, please contact Cindy or Peggy at 330-451-7010.

Very truly yours,

Jeffrey A. Matthews, Director Stark County Board of Elections

### Page 2

### **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full		•	ctary of State 2/01				
CONCERN Citizens for the	- FA	ile i	FREAT NENT	OF	<u></u>	RA	4 ANIMAL
W.E. Smith	Empio	yer, Occup	pation, Labor Organization*	Registr	ation N	umber	(if PAC
Full Name of Contributor  City  CANTON, Of 44.	Descrip	tion of Ite	em or Service PAIGN FLIERS Zip Code 44720	M	儿	26	Fair Market Value
N. CANTON, OH 42	0	ita te	Zip Code	Receiv	ed at F	undrais	ing Event?
Full Name of Contributor	Emplo	yer, Occur	pation, Labor Organization*	1			M NO
Street Address	Descrip	tion of Ite	em or Service	М	Ta		Y Fair Market Value
City		Sta te	Zip Code			draje	rair Market Value
Full Name of Contributor				. □ YE	ES		□ NO -
	Employ	er, Occup	pation, Labor Organization*			umber,	, if PAC
Street Address	Descript	ion of Iter	em or Service	M	TP	TY	Y Fair Market Value
City	S	ita te	Zip Code	1		ndraisi	ing Event?
Full Name of Contributor	Employ	er, Occup	pation, Labor Organization*	Registra		umber,	if PAGE
Street Address	Descript	ion of Iter	m or Service	M	T P	<u>¥</u>	Fair Market Valuers
City	Si	ta te	Zip Code	Receive	ed at Fv	ndraisi	ing Evest? 1=0<
Full Name of Contributor	Employ	er, Occupr	nation, Labor Organization*	D YES	S		□ Non CXC
Street Address			m or Service			line	<b>≘</b> × S
City				M .		1	Fair Market Value
	36	te te	Zip Code	1_			ng Event?
Full Name of Contributor	Employe	л, Оссира	ation, Labor Organization*	Registrat		mber, i	□ NO if PAC
Street Address	Descripti	on of Item	n or Service	M	D	TY	Fair Market Value
City	Stu	a te	Zip Code	Receiver	d at Fur	adraisir	ng Event?
Full Name of Contributor	Employe	r, Occupa	ation, Labor Organization*	☐ YES Registrati		mber, i	INO F STR
Street Address	Description of Item or Service		M	Г	TY	Fair Narket Value	
City	Sta	te	Zip Code	Received	at Fun	draisin	ng Event?
full Name of Contributor	Employe	r, Occupat	tion, Labor Organization*	☐ YES Registrati		mber, i	
Street Address	Description	n of Item	or Service	M	D	TΥ	Fair Market Value
Sity	Sta	te .	Zip Code	Received	at Fun	draisin	
	لـــــــا	)	1	□ YES		_	□ NO

Page Total S /5000

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]