

# Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

Full Name of Committee <i>Concerned Citizens for the Fair Treatment of State Animals</i>						Registration Number, if PAC	
Full Name of Candidate							
Street Address				Office Sought		District	
City <i>N. CANTON, OH 44728</i>				State		Zip Code	
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 checked="" type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> Special	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input checked="" type="checkbox"/> Termination		
Amended Report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election		<i>11 06 01</i>	

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(1) for details.

1. Amount brought forward from last report	\$	<i>0</i>	.
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)	\$		.
6. Balance on hand (line 4 minus line 5)	\$	<i>0</i>	.
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>150<sup>00</sup></i>	.
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-D)	\$		.
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 7, 8, and amount of any new loans received this period.	\$	<i>,</i>	.

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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.

*Kimberly J Cawah*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Kimberly J Cawah*  
Signature

*4-4-02*  
Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages 1

Total pages 2

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			
<i>CONCERN Citizens for the FAIR TREATMENT OF STRAY ANIMAL</i>			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
<i>W.E. Smith</i>			
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
<i>1057 Doywood Ave NE.</i>		<i>CAMPAIGN FLIERS</i>	<i>1   0   2   0   0   1   150.00</i>
City		State	Zip Code
<i>N. CANTON, OH 44</i>		<i>OH</i>	<i>44720</i>
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State	Zip Code

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\* 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)]

John D. Ferrero, Jr.  
*Chairman*  
Frank C. Braden  
Ronald W. Dougherty  
William V. Sherer, Sr.

## Stark County Board of Elections

201 3<sup>rd</sup> Street N.E.  
Canton, Ohio 44702-1296  
Phone: (330) 451-8683  
Fax: (330) 451-7000  
Website: [www.boc.co.stark.oh.us](http://www.boc.co.stark.oh.us)  
**2001 POST-GENERAL REPORT**  
March 21, 2002

Jeffrey A. Matthews  
*Director*

Jeanette Mullane  
*Deputy Director*

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

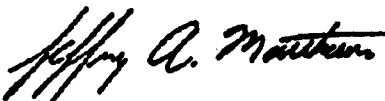
Dear Ms. Cavnah:

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

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Name of Committee in Full			
Concern Citizens for the FAIR TREATMENT OF STRAY ANIMAL			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
W.E. Smith			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1057 Dogwood Ave NE.	CAMPAIGN FLIERS	1	02001 150.00
City	State	Zip Code	Received at Fundraising Event?
N. CANTON, OH 42	0	14 44720	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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