

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Tim Crawford						Registration Number, if PAC										
Full Name of Candidate Tim Crawford																
Street Address 4109 S Cleve-Mass Road						Office Sought County Council			District 7							
City Norton						State OH		Zip Code 44203								
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year (2016)						
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election				0	M	3	1	D	5	1	Y	6

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	\$	\$11,774.92
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,075.00
3. Total other income (From Form No. 31-A-2)	\$	\$933.46
4. Total funds available (sum of lines 1, 2, 3)	\$	\$13,783.38
5. Total monetary expenditures (From Form No. 31-B)	\$	\$7,968.53
6. Balance on hand (line 4 minus line 5)	\$	\$5,814.85
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)	\$	\$25,000.00
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

#11/03845
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
APR 19 PM 3:11

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.

Tim Crawford
Print Name and Title (Treasurer and Deputy Treasurer only)

Tim Crawford
Signature

04/19/2016
Date

Contribution pages 2

Expenditure pages 1

Other pages 3

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Tim Crawfore									
Full Name of Contributor James Little						Registration Number, if PAC			
Street Address 920 Rosemarie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Wadsworth		State OH	Zip Code 44281	M 0	D 3	Y 2	Amount \$500.00		
Full Name of Contributor Kenneth Cox						Registration Number, if PAC			
Street Address 869 Arroyo			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Barberton		State OH	Zip Code 44203	M 0	D 3	Y 2	Amount \$50.00		
Full Name of Contributor Paul Adamson						Registration Number, if PAC			
Street Address 137 S Main Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Akron		State OH	Zip Code 44308	M 0	D 3	Y 2	Amount \$150.00		
Full Name of Contributor Contributions From Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code	M 0	D 2	Y 0	Amount \$375.00		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Tim Crawford					
Full Name Novex System (Refund balance of account from prepayment)				Registration Number, if PAC	
Address 6040 Hillcrest Drive		Type* RE		M 0	D 3
City Valley View		State OH	Zip Code 44125	Y 8	Amount \$933.46
				Form (Cash, Check, etc.) check	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address				Type*	
City		State	Zip Code	M	D
				Y	Amount
				Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Committee To Elect Tim Crawford												
To Whom Paid						M	D	Y	Amount			
City of Barberton						0	2	2	9	1	6	\$150.00
Address			Purpose									
576 W Park			Deposit for Campaign Sign erection									
City		State	Zip Code	Check Number								
Barberton		OH	44203	1135								
To Whom Paid						M	D	Y	Amount			
Novex System						0	2	2	9	1	6	\$484.65
Address			Purpose									
6040 Hillcrest Drvie			Palm Cards									
City		State	Zip Code	Check Number								
Valley View		OH	44125	1136								
To Whom Paid						M	D	Y	Amount			
Novex System						0	2	2	9	1	6	\$5,000.00
Address			Purpose									
6040 Hillcrest Drive			Deposit Mailing									
City		State	Zip Code	Check Number								
Valley View		OH	44125	1137								
To Whom Paid						M	D	Y	Amount			
Barberton Postal Department						0	3	0	2	1	6	\$1,593.88
Address			Purpose									
531 Wooster Road W			Postage									
City		State	Zip Code	Check Number								
Barberton		OH	44203	1138								
To Whom Paid						M	D	Y	Amount			
Barberton Herald						0	3	0	2	1	6	\$240.00
Address			Purpose									
70 Fourth Street NW			Ad									
City		State	Zip Code	Check Number								
Barberton		OH	44203	1139								
To Whom Paid						M	D	Y	Amount			
Tom Townsend						0	3	1	8	1	6	\$500.00
Address			Purpose									
1996 White Pond Drive			Consultation/Campaign Work									
City		State	Zip Code	Check Number								
Akron		OH	44313	1140								
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										

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Tim Crawford															
From Whom Received Tim Crawford						Prior Amount \$20,000.00		Amt. Incurred this Period							
Address 4109 S CLEVE-MASS RD								Outstanding Balance \$20,000.00							
City NORTON		State OH	Zip Code 44203			Loans Received This Period		Payments This Period							
						Date		Date							
						Amount		Amount							
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC						M		D	Y	M		D	Y		
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y		
From Whom Received TIM CRAWFORD						Prior Amount \$0.00		Amt. Incurred this Period \$5,000.00							
Address 4109 S CLEVE - MASS RD								Outstanding Balance \$5,000.00							
City NORTON		State OH	Zip Code 44203			Loans Received This Period		Payments This Period							
						Date		Date							
						Amount		Amount							
Date Loan was originally incurred		0	2	1	8	1	6	\$	0	2	1	8	1	6	\$
Registration Number, if PAC						M		D	Y	M		D	Y		
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y		
From Whom Received						Prior Amount		Amt. Incurred this Period							
Address								Outstanding Balance							
City		State	Zip Code			Loans Received This Period		Payments This Period							
		OH				Date		Date							
						Amount		Amount							
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC						M		D	Y	M		D	Y		
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y		

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 20,000.00
- 2 Total received this period \$ 5,000.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 25,000.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Committee To Elect Tim Crawford							
Full Name of Contributor			Registration Number, if PAC				
Friends of Greta Johnson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2220 Cambridge Ct				0	2	2	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44319	check			
Full Name of Contributor			Registration Number, if PAC				
Jason Dodson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3695 Mogadore Road				0	2	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Mogadore		OH	44260	check			
Full Name of Contributor			Registration Number, if PAC				
Karen Brown							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
515 Shiwasee Ave				0	2	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Fairlawn		OH	44333	check			
Full Name of Contributor			Registration Number, if PAC				
William Krauss							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
799 Pegan Drive				2	2	4	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Wadsworth		OH	44281	check			
Full Name of Contributor			Registration Number, if PAC				
Samantha Reilly							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
816 Davis Ave				0	2	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls		OH	44221	check			
Full Name of Contributor			Registration Number, if PAC				
IBEW PAC Voluntary Fund							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
900 Seventh Street				0	2	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Washington		DC	20001	check			
Full Name of Contributor			Registration Number, if PAC				
Jeffrey Skapin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3566 Dayton Ave				0	2	2	\$70.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Kent		OH	44240	check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$375.00

Total expenditures this event.

\$0.00

\$0.00
