

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee <b>Springfield Levy Committee</b>						Registration Number, if PAC					
Full Name of Candidate											
Street Address <b>2410 Massillon Road</b>					Office Sought		District				
City <b>Akron</b>					State <b>O</b>	H	Zip Code <b>44312</b>				
Type of Report (place X to the left of report type)	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	Pre-General	Post-General	Annual Year					
	July	August	September	Termination	Semiannual						
Monthly	Monthly	Monthly	Termination								
Amended Report? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>0</b>	D <b>3</b>	Y <b>1</b>	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 at a post-primary or post-general period, if above statement applies. See R C 3517 10(II) for details

1. Amount brought forward from last report	\$	7,394.48
2. Total monetary contributions (From Form No. 31-A)	\$	390.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	7,784.48
5. Total monetary expenditures (From Form No. 31-B)	\$	2,037.51
6. Balance on hand (line 4 minus line 5)	\$	5,746.97
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	603.20
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**

2016 APR 22 AM 11:24  
SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO

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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

**Dustin Boswell, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

*Dustin Boswell*  
Signature

04/22/2016  
Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Springfield Levy Committee</b>									
Full Name of Contributor <b>Bricker &amp; Eckler LLP</b>					Registration Number, if PAC				
Street Address <b>100 South Third Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>			
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44215-4291</b>		M <b>0</b>	D <b>3</b>	Y <b>1 4 1 6</b>	Amount <b>300.00</b>
Full Name of Contributor <b>Todd Lovell</b>					Registration Number, if PAC				
Street Address <b>421 Palm Ave</b>			Employer/Occupation/Labor Organization* <b>Springfield Local Schools</b>			Form (Cash, Check, etc.) <b>Cash</b>			
City <b>Akron</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44301</b>		M <b>0</b>	D <b>3</b>	Y <b>1 4 1 6</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Megan Babcock</b>					Registration Number, if PAC				
Street Address <b>695 E Ford Ave</b>			Employer/Occupation/Labor Organization* <b>Springfield Local Schools</b>			Form (Cash, Check, etc.) <b>Cash</b>			
City <b>Barberton</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44203</b>		M <b>0</b>	D <b>3</b>	Y <b>1 4 1 6</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Lisa Hostler</b>					Registration Number, if PAC				
Street Address <b>11005 Tritts St NW</b>			Employer/Occupation/Labor Organization* <b>Springfield Local Schools</b>			Form (Cash, Check, etc.) <b>Cash</b>			
City <b>Canal Fulton</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44614</b>		M <b>0</b>	D <b>3</b>	Y <b>1 4 1 6</b>	Amount <b>30.00</b>
<del>Full Name of Contributor <b>Ohio Education Association</b></del>					<del>Registration Number, if PAC</del>				
<del>Street Address <b>225 East Broad Street</b></del>			<del>Employer/Occupation/Labor Organization*</del>			<del>Form (Cash, Check, etc.) <b>In Kind</b></del>			
<del>City <b>Columbus</b></del>		<del>State <b>O</b>   <b>H</b></del>		<del>Zip Code <b>44215</b></del>		<del>M <b>0</b></del>	<del>D <b>1</b></del>	<del>Y <b>2 7 1 6</b></del>	<del>Amount <b>452.55</b></del>
<del>Full Name of Contributor <b>Ohio Education Association</b></del>					<del>Registration Number, if PAC</del>				
<del>Street Address <b>225 East Broad Street</b></del>			<del>Employer/Occupation/Labor Organization*</del>			<del>Form (Cash, Check, etc.) <b>In Kind</b></del>			
<del>City <b>Columbus</b></del>		<del>State <b>O</b>   <b>H</b></del>		<del>Zip Code <b>44215</b></del>		<del>M <b>0</b></del>	<del>D <b>2</b></del>	<del>Y <b>2 0 1 6</b></del>	<del>Amount <b>150.65</b></del>
Full Name of Contributor					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State		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		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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Springfield Levy Committee</b>									
To Whom Paid <b>Carolyn K. Lewis dba iDesign</b>					M	D	Y	Amount	
					0	2	19	16	175.00
Address <b>PO Box 154</b>			Purpose <b>Postcard Design Invoice # SP021916</b>						
City <b>Nova</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44859</b>	Check Number <b>1067</b>					
To Whom Paid <b>Dustin Boswell</b>					M	D	Y	Amount	
					0	3	14	16	1,765.78
Address <b>1039 Woodland St SW</b>			Purpose <b>Reimbursement - Yard Signs, Post Cards, Shipping, Supplies</b>						
City <b>Hartville</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44632</b>	Check Number <b>1068</b>					
To Whom Paid <b>Springfield Local Schools</b>					M	D	Y	Amount	
					0	3	15	16	96.73
Address <b>2410 Massillon Road</b>			Purpose <b>Postage Invoice # MA163151</b>						
City <b>Akron</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44312</b>	Check Number <b>1069</b>					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Springfield Levy Committee			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Ohio Education Association			
Street Address	Description of Item or Service	M	D
225 East Broad Street	Voter List	0	1
City	State	Y	Fair Market Value
Columbus	OH	27	16
	Zip Code	452.55	
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Ohio Education Association			
Street Address	Description of Item or Service	M	D
225 EAST BROAD STREET		0	2
City	State	Y	Fair Market Value
Columbus	OH	20	16
	Zip Code	150.65	
		Received at Fundraising Event?	
		<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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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