

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|---------------------------------------------------------------------------------|-----------------|--|-----------------------------------------------------------------------------------------------------|--|------------------------------------|-----------------------------|--------------|--------------------------------|-------------|
| Full Name of Committee Munroe Falls Citizens for Issues 20,21,&22 | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Same | | | | | | | | | |
| Street Address 449 Sandown Lane | | | | | Office Sought Tax Issues | | District | | |
| City Munroe Falls | | | | | State OH | Zip Code 44262 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year |
| | July Monthly | | August Monthly | | September Monthly | | Termination | | Semiannual |
| Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Date of Election | | M D Y 1 1 0 8 1 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(H) for details.

| | |
|--------------------------------------------------------------------|-----------|
| 1. Amount brought forward from last report | \$ 0.00 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 410.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 410.00 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 328.50 |
| 6. Balance on hand (line 4 minus line 5) | \$ 81.50 |
| 7. Value of in-kind contributions received (From Form No. 31-F-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 | \$ |

233
 BOARD OF ELECTIONS
 AKRON, OHIO
 2016 DEC -9 PM 12:00

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

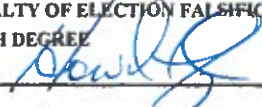
THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Howard Taylor, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date



12/7/16

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|------------------------------------|
| Contribution pages <u> 1 </u> |
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| Expenditure pages <u> 1 </u> |
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|----------------------------------|
| Other pages <u> </u> |
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| Total pages <u> 2 </u> |
|-----------------------------|

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|------------------------------------------------------------------------------------|--|-----------------------|-----------------------------------------|-------------------|-----------------------------|------------------------------------------|-------------------------|
| Name of Committee in Full Munroe Falls Citizens for Issues 20,21 &22 | | | | | | | |
| Full Name of Contributor Howard T Taylor | | | | | Registration Number, if PAC | | |
| Street Address 449 Sandown Lane | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Munroe Falls | | State O H | Zip Code 44262 | M 0 9 | D 2 4 | Y 1 6 | Amount 100.00 |
| Full Name of Contributor Robert R Pitz | | | | | Registration Number, if PAC | | |
| Street Address 130 Lake Terrace Dr | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Munroe Falls | | State O H | Zip Code 44262 | M 0 9 | D 1 9 | Y 1 6 | Amount 100.00 |
| Full Name of Contributor James W Armstrong | | | | | Registration Number, if PAC | | |
| Street Address 66 Gaylord Dr | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Munroe Falls | | State O H | Zip Code 44262 | M 0 9 | D 2 2 | Y 1 6 | Amount 100.00 |
| Full Name of Contributor Steven Stahl | | | | | Registration Number, if PAC | | |
| Street Address 70 Lunden Ave | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Munroe Falls | | State O H | Zip Code 44262 | M 1 0 | D 1 5 | Y 1 6 | Amount 75.00 |
| Full Name of Contributor Jenny Markovich | | | | | Registration Number, if PAC | | |
| Street Address 135 Spray Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Munroe Falls | | State O H | Zip Code 44262 | M 1 0 | D 1 5 | Y 1 6 | Amount 35.00 |
| 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 |
| 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

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|-----------------------------------------------------------------------------------|-------------------|-----------------------------|--------------------------|-----------------------------------|---|--------|
| Name of Committee in Full Munroe Falls Citizens for Issues 20,21&22 | | | | | | |
| To Whom Paid James Armstrong | | | M | D | Y | Amount |
| | | | 1 | 0 | 2 | 320.00 |
| Address 66 Gaylord Dr | | Purpose Brochures | | | | |
| City Munroe Falls | State O | H | Zip Code 44262 | Check Number 1001 | | |
| To Whom Paid Harland Clarke | | | M | D | Y | Amount |
| | | | 1 | 0 | 2 | 8.50 |
| Address | | Purpose Checks | | | | |
| City | State | | Zip Code | Check Number Auto Chrg. | | |
| 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 |
| | | | | | | |
| Address | | Purpose | | | | |
| City | State | | Zip Code | Check Number | | |
| To Whom Paid | | | M | D | Y | Amount |
| | | | | | | |
| Address | | Purpose | | | | |
| City | State | | Zip Code | Check Number | | |