

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Nuznoff for Tallmadge Committee						Registration Number, if PAC	
Full Name of Candidate James G. Nuznoff							
Street Address 727 Deerwood Drive				Office Sought City Council-Tallmadge		District Ward 2	
City Tallmadge				State OH		Zip Code 44278	
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 type="checkbox"/> Post-General	<input checked="" 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		1 ^M 1 0 ^D 3 1 ^Y 5	

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	\$	\$927.73
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)	\$	\$927.73
5. Total monetary expenditures (From Form No. 31-B)	\$	\$927.73
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-L)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$1,342.27
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

2017 JAN 30 PM 12: 33

BOARD OF ELECTIONS
AKRON, OHIO

RBS # 0539

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.

James G. Nuznoff, *Treasurer* *James G. Nuznoff* 01/27/2017
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 0	Expenditure pages 1	Other pages 1	Total pages 2
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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Nuznoff for Tallmadge Committee									
To Whom Paid James G. Nuznoff					M	D	Y	Amount	
					0	8	2 0	1 6	\$927.73
Address 727 Deerwood Drive			Purpose Loan repayment (partial)						
City Tallmadge		State OH	Zip Code 44278		Check Number 1018				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address					Purpose				
City		State OH	Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Nuznoff for Tallmadge Committee																	
From Whom Received James G. Nuznoff								Prior Amount \$2,260.00		Amt. Incurred this Period \$0.00							
Address 727 Deerwood Drive										Outstanding Balance \$1,342.27							
City Tallmadge		St ate OH		Zip Code 44278		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M 0 8		D 2 4		Y 1 1				M 0 8		D 2 0		Y 1 6		\$927.73	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		St ate		Zip Code		Loans Received This Period				Payments This Period							
		OH				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y				M		D		Y			
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		St ate		Zip Code		Loans Received This Period				Payments This Period							
		OH				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y				M		D		Y			
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		St ate		Zip Code		Loans Received This Period				Payments This Period							
		OH				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y				M		D		Y			
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					

* 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)]

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 \$ \$2,260.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$927.73 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$1,342.27 (To Form No. 30-A)