

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|--|--------------------------|----------------|-----------------------------|--------------------------|--------------------------|--|--------------------------|--------------|---|-------------------------------------|--------------------|---|---|---|
| Full Name of Committee Cuyahoga Falls Library Supporters | | | | | | Registration Number, if PAC | | | | | | | | | | | |
| Full Name of Candidate | | | | | | | | | | | | | | | | | |
| Street Address 2015 Third Street | | | | | | Office Sought | | | District Cuyahoga Falls, CSD | | | | | | | | |
| City Cuyahoga Falls | | | | | | State OH | | Zip Code 44221 | | | | | | | | | |
| 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 type="checkbox"/> | Annual Year | | | |
| | <input type="checkbox"/> | July Monthly | | <input type="checkbox"/> | August Monthly | | <input type="checkbox"/> | September Monthly | | <input type="checkbox"/> | Termination | | <input checked="" type="checkbox"/> | Semiannual 2017 | | | |
| 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(11) for details.

| | | |
|---|----|------------|
| 1. Amount brought forward from last report | \$ | \$7,387.01 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$2,000.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$9,387.01 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$0.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$9,387.01 |
| 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) | \$ | |
| 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 JUL 19 AM 10:52

Office of Secretary of State
AKRON, OHIO

#1104 AVC

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.

Tammy Richardson, Treasurer

Tammy Richardson
Signature

07/11/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 1

Expenditure pages 0

Other pages 2

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--|--------------------|---|---------------|---------------|--|-----------------------------|
| Name of Committee in Full Cuyahoga Falls Library Supporters | | | | | | | |
| Full Name of Contributor Friends of the Library | | | | | | Registration Number, if PAC | |
| Street Address 2015 Third Street | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Cuyahoga Falls | | State OH | Zip Code 44221 | M 0 | D 5 | Y 0 | Amount \$2,000.00 |
| 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 | |
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| 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)]