1161 Avc

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Springfield Levy	v Commit	00						Registrat	ion Numb	er, if PA(•
Full Name of Candidate	y Commit	ee									
Street Address 2410 Massillon Ro	nad					Office Sought				District	
City Akron			···				O	iate H	Zip Code		
Type of Report	Pre-Pri	mary		Post-Primary		Pre-General		Post-Ger	1020.00		Annual Year
(place X to the left of report type)	July Month	у		August Monthly		September Monthly		Termina	tion	X	Semiannual 2017
Amended Report?	/ No	Report Electr	onically fi	led² ✓ No	Date of I	Election		M	Ţ	0	Y

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

	S	
Amount brought forward from last report	5,853	.45
	S	
2. Total monetary contributions (From Form No 31-A)	75	.00
	S	
3. Total other income (From Form Part 17)	. 0	.00
OFFICIAL COPY	S	
4 Total funds available (sum of lines 1, 2, 3)	5,928	.45
SUMMIT COUNT	V s	
5. Total monetary expenditures (From Form No. 31-B)	0	.00
BOARD OF ELECTION	INS	.00
6. Balance on hand (line 4 minus line 5)	5,928	.45
	S	
7. Value of in-kind contributions received (From Form No. 31-J-1)	in the same of the	
	s	
8 Value of in-kind contributions made (From Form No. 31-J-2)		
	s	
9 Outstanding loans owed by committee (From Form No. 31-C)		
	s	
10. Outstanding debts owed by committee (From Form No. 31-N)	1	
	s	
11. Outstanding loans owed to committee (From Form No. 31-K)		
	S	
12. Value of independent expenditures made (From Form No. 31-U)	3	
13. For Electronic Filing Entities only	S	
Sum of lines 2, 7 and amount of any new loans received this period		

THE INFORMATIO	ON CONTAINEI	IN THIS REPORT IS MADE UNDER THE P	ENALTY OF ELECTION FALSIFICATION. WHOE	EVER
COMMITS ELECT	ION FALSIFICA	ATION IS GUILTY OF A FELONY OF THE F	IFTII DECREE	
Dustin Bosy	well, Trea	surer	the Some	07/31/2017
Print Name and Title	(Treasurer and De	puty Treasurer only) Signa	mie	Date
Contribution		Expenditure	Other	Total
pages	1	pages 0	pages	pages 2

Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Springfield Levy Committee								
Full Name of Contributor			Registra	tton Nun	nber, if PA	<u> </u>		
Charles Sincere								
Street Address	Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
8237 Mackenzie Ave NW	Springf	ol District			Check			
City	State	Zip Code	M	D	Y	Amount		
North Canton	OH	44720	0 3	0 2	2 1 7	50.00		
Full Name of Contributor		•	Registra	tion Nun	nber, if PAG			
Deborah McKenzie								
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
2158 Stahl Road	Springs	ield Local Schoo	ol District			Cash		
City	State	Zip Code	M	D	Y	Amount		
Akron	OIH	44319	0 3	0 5	1 7	25.00		
Full Name of Contributor	0 11 44319				nber, if PAC			
			l					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
		•						
City	State	Zip Code	I MĚ	D	Y	Amount		
J,		14, 1504	N			7.77104715		
Full Name of Contributor			Registra	tion Nur	aber, if PAC	<u> </u>		
Tail value of controllor			114813111	11011 1 1011	iloci, il Tric	₹		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
Siret Mules	Employer occup	Antois Caron Organization				t of the yearst. Check, etc.)		
City	State	Zip Code	1 10	D		Amount		
City	3 tate	zip code	M	1	Y	Amount		
Full Name of Contributor			Diota.	tion Ninn	iber, if PAC	•		
run Name of Contributor			Registra	nou wan	ioer, ii PAG	-		
Street Address	Employee/Occur	nation/Labor Occupionisme	ŀ			From (Cook Cheek are)		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
		a a	1.4	T 63	1			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	iber, if PAC			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
					<u> </u>			
Full Name of Contributor			Registra	tion Num	iber, if PAC			
Street Address	Employer Occup	nation/Labor Organization*				Form (Cash, Check, etc.)		
		3.0						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registrat	tion Num	iber, if PAC			
Street Address	Employer/Occup	nation/Labor Organization*	<u>'</u>			Form (Cash, Check, etc.)		
	1.7							
City	State	Zip Code	M	D	Y	Amount		
			M					
		1		. ?				

Page Total \$	75.00

^{*} 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)]