

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Tim Crawford</b>						Registration Number, if PAC				
Full Name of Candidate <b>Tim Crawford</b>										
Street Address <b>4109 S CLEVE- MASS RD</b>					Office Sought		District			
City <b>NORTON</b>					State <b>OH</b>		Zip Code <b>44203</b>			
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		M	D	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 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	\$	\$5,582.51
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,195.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$7,777.51
5. Total monetary expenditures (From Form No. 31-B)	\$	\$344.36
6. Balance on hand (line 4 minus line 5)	\$	\$7,433.15
7. Value of in-kind contributions received (From Form No. 31-D)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$25,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 JUL 31 AM 9:47

# 1160 Ave

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.

**TIM CRAWFORD**

Print Name and Title (Treasurer and Deputy Treasurer only)

*Tim Crawford*

Signature

07/31/2017

Date

Contribution pages 5

Expenditure pages 2

Other pages 3

Total pages 10

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT TIM CRAWFORD</b>					
Full Name of Contributor <b>FUND - RAISING FROM 31-E</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M   D   Y <b>2   2   3   1   7</b>	Amount <b>\$2,195.00</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT TIM CRAWFORD</b>											
To Whom Paid <b>EXPENDITURES FROM 31 - F</b>						M	D	Y	Amount		
						0	2	2	3	17	\$344.36
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		
Address					Purpose						
City			State	Zip Code		Check Number					
			OH								
To Whom Paid						M	D	Y	Amount		

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Tim Crawford</b>													
From Whom Received <b>Tim Crawford</b>										Prior Amount <b>\$25,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>4109 S CLEVE-MASS RD</b>												Outstanding Balance <b>\$25,000.00</b>	
City <b>NORTON</b>		St ate <b>OH</b>		Zip Code <b>44203</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>		1 0		1 5		0 0							
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		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 \$ \$25,000.00
- 2 Total received this period \$ \$0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$25,000.00 (To Form No. 30-A)

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO ELECT TIM CRAWFORD							
Full Name of Contributor				Registration Number, if PAC			
SALLY ZIMMERMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
210 LAKE FRONT DR				0	2	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44319	CHECK			
Full Name of Contributor				Registration Number, if PAC			
LABORERS INT. UNION OF NORTH AMERICA				LA 236			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
720 WOLF LEDGES				0	2	2	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44311	CHECK			
Full Name of Contributor				Registration Number, if PAC			
AL SOLES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3521 AKRON VIEW				0	2	2	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BARBERTON		OH	44203	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOHN BUNTIN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1612 SUMMIT LAKE				0	2	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44314	CASH			
Full Name of Contributor				Registration Number, if PAC			
TOM JONES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3791 WADSWORTH RD				0	2	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NORTON		OH	44203	CASH			
Full Name of Contributor				Registration Number, if PAC			
TOM ABBOTT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
860 N SUMMIT ST				0	2	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BARBERTON		OH	44203	CASH			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00
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Total expenditures this event.

\$0.00
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Page Total \$ 505.00
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
<b>COMMITTEE TO ELECT TIM CRAWFORD</b>					
Full Name of Contributor <b>RON CABLE</b>			Registration Number, if PAC		
Street Address <b>2470 WENDLING DR</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$70.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>RITA ROCKFORD</b>			Registration Number, if PAC		
Street Address <b>710 UPPER MERRIMAN</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>PRESTON SEELY</b>			Registration Number, if PAC		
Street Address <b>528 ROTHROCK RD</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>COPLEY</b>		State <b>OH</b>	Zip Code <b>44321</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>PAUL THOMARIOS</b>			Registration Number, if PAC		
Street Address <b>1 CANAL PLACE</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>MARGARET SCOTT</b>			Registration Number, if PAC		
Street Address <b>3776 FAIRWAY PARK DR</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>COPLEY</b>		State <b>OH</b>	Zip Code <b>44321</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>ROBERT MC CARTY</b>			Registration Number, if PAC		
Street Address <b>611 WOODBROOK RD</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>C FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DAVID HORNER</b>			Registration Number, if PAC		
Street Address <b>554 WEBER</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount <b>\$50.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>CHECK</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

<b>\$0.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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<b>Page Total \$ 370.00</b>
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to Elect Tim Crawford			
Full Name of Contributor MARK AUBURN		Registration Number, if PAC	
Street Address 1033 BUNKER DR	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City AKRON	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK
Full Name of Contributor WILLIAM COX		Registration Number, if PAC	
Street Address 641 AUSTIN DRIVE	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City BARBERTON	State OH	Zip Code 44203	Form (Cash, Check, etc.) check
Full Name of Contributor AL SCHRADER		Registration Number, if PAC	
Street Address 441 WOLF LEDGAS PKWY	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City AKRON	State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK
Full Name of Contributor GREG ZINK		Registration Number, if PAC	
Street Address 1703 SAND DRIVE	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK
Full Name of Contributor AL BOLAS		Registration Number, if PAC	
Street Address 4758 ROONEY AVE	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City NEW FRANKLIN	State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK
Full Name of Contributor JAMES LAWRENCE		Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DR	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City CUYAQHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK
Full Name of Contributor DAVID PRENTICE		Registration Number, if PAC	
Street Address 4235 ALDAWOOD	Employer/Occupation/Labor Organization*	M   D   Y 0   2   2   3   1   7	Amount \$100.00
City AKRON	State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ \$700.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Committee to Elect Tim Crawford					
Full Name of Contributor TODD BREAU			Registration Number, if PAC		
Street Address 675 MERRIMAN RD		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$50.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GARY SELLERS			Registration Number, if PAC		
Street Address 2496 S MAIN ST		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$100.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL WEANT			Registration Number, if PAC		
Street Address 340 SUMMIT ST		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$35.00
City WADSWORTH		State OH	Zip Code 44281	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KRISTEN SCALISE			Registration Number, if PAC		
Street Address 274 HARVEST DR		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$50.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PAULA KALLIO			Registration Number, if PAC		
Street Address 699 WISTERA		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$100.00
City BARBERTON		State OH	Zip Code 44203	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DENISE RATCHFORD			Registration Number, if PAC		
Street Address 1207 S AZALEA BLVD		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$35.00
City BARBERTON		State OH	Zip Code 44203	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM ZAVARELLO			Registration Number, if PAC		
Street Address 313 S HAGH ST		Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   3   1   7	Amount \$250.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 620.00



# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT TIM CRAWFORD</b>							
To Whom Paid <b>VILLAGE INN CHICKEN</b>			M	D	Y	Amount	
			0	2	23	17	\$344.36
Address <b>4444 S CLEVE-MASS RD</b>		Purpose <b>FUND - RAISING</b>					
City <b>NORTON</b>	State <b>OH</b>	Zip Code <b>44203</b>	Check Number <b>1143</b>				
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

<b>\$344.36</b>
Page Total \$ _____