

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee <b>COMMITTEE FOR THE BOSTON HEIGHT ROADLEVY</b>		Registration Number, if PAC	
Full Name of Candidate <b>SAME AS ABOVE</b>			
Street Address <b>6546 OLDE EIGHT RD</b>		Office Sought	District
City <b>BOSTON HEIGHTS</b>		State <b>OH</b>	Zip Code <b>44236</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"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Annual Year	<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		M <b>1</b>	D <b>1</b>
		Y <b>08</b>	V <b>16</b>

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	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	0	00
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	0	00
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$	0	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	290	00
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**

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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.

MARY ANN GOWEY      Mary Ann Gowey      7-31-17  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
COMMITTEE FOR THE BOSTON HEIGHTS ROAD LEVY			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
RON ANTAL			
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
62 MEZHANS LANE	200 STAMPS	1   0   0   7   1   6	98.00
City	State	Zip Code	Received at Fundraising Event?
BOSTON HEIGHTS	OH	44236	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
BILL GONCY			
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
6546 OLDE EIGHT RD	200 STAMPS	1   0   0   7   1   6	98.00
City	State	Zip Code	Received at Fundraising Event?
BOSTON HEIGHTS	OH	44264	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
RON FENN			
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
7652 OLDE EIGHT	100 STAMPS	1   0   0   7   1   6	49.00
City	State	Zip Code	Received at Fundraising Event?
BOSTON HEIGHTS	OH	44236	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
HEATHER PAVIS			
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
728 PINWOOD DR	500 COPIES & ENVELOPES	1   0   0   7   1   6	45.00
City	State	Zip Code	Received at Fundraising Event?
BOSTON HEIGHTS	OH	44236	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

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