

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee <i>Committee to Elect Christopher C. Kostoff</i>			
Street Address <i>405 Greensfield Ln</i>	Telephone Number <i>330-814-2711</i>	e-mail Address	
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	FAX Number
Full Name of Treasurer <i>Nathaniel P. Kostoff</i>			
Street Address <i>405 Greensfield Lane</i>	Telephone Number <i>330-670-9933</i>	e-mail Address <i>npkostoff@aol.com</i>	
City	State <i>OH</i>	Zip Code <i>44321</i>	FAX Number
Full Name of Deputy Treasurer (if any)			
Street Address			
Telephone Number			
e-mail Address			
City			
State			
Zip Code			
FAX Number			
Candidate's Campaign Committees Only			
Full Name of Candidate <i>Christopher C. Kostoff</i>		Party Affiliation/Independent/Non-Partisan <i>Non-Partisan</i>	
Street Address <i>405 Greensfield Lane</i>	Office Sought <i>Revere Local Schools Board of Education</i>	Subdivision/District	
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Election Year <i>2017</i>
Signature of Candidate			Date
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, name the sponsor	
PAC Registration Number		Authorized Signature	Date
Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only		List any affiliated PACs	
Authorized Signature <i>Nathaniel P. Kostoff</i>		Date <i>8/7/17</i>	Ballot Issue PAC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature of Treasurer: *Nathaniel P. Kostoff* Date: *8/7/17*

- Reason(s) for filing this form:
- Original Designation of Treasurer/Acknowledgement of Appointment
 - Change of Treasurer/Acknowledgement of Appointment
 - Designation or change of Deputy Treasurer
 - Change of Address for _____
 - Change of Committee name. The previous name was: _____
 - Change of Filing Location. The previous location was: _____
The new location is: _____
 - Change of Office Sought from _____ to _____
 - Other. Please explain: _____

2017 AUG - 7 PM 2:07

AKRON, OHIO

#1251 B

Local Candidate Finance Report Waiver

Prescribed by Secretary of State 1/98

Due: Ten days after declaration of candidacy, nominating petition, or declaration of intent to be a write-in is filed.

The Committee to Elect Christopher C. Kostoff campaign committee established for the candidacy of
(Committee's name, if applicable)

Christopher C. Kostoff who is running for the office of Reverse Board of Education
(Candidate's name) (Office sought)

to appear on the ballot in the year 2017 states the office sought is:

(Choose one applicable option)

a municipal office that pays an annual amount of compensation of five thousand dollars or less;

a member of a board of education except member of the state board of education; or

township trustee or township clerk.

The undersigned attests that the campaign committee will not accept total aggregate contributions that exceed two thousand dollars from all contributors nor more than one hundred dollars from any single individual contributor and will not make total expenditures in excess of two thousand dollars during any election period. Therefore the committee is not required to file any campaign finance reports otherwise required to be filed by R.C. 3517.10(A).

If the committee exceeds these limits, the committee is responsible to report all contributions received and expenditures made from the time the candidate filed the candidacy petition on the next required finance statement to be filed under R.C. 3517.10(A).

This statement made under the penalty of election falsification. Whoever commits election falsification is guilty of a felony of the fifth degree.

Christopher C. Kostoff
Print Treasurer's or Deputy Treasurer's Name

Christopher C. Kostoff
Treasurer's or Deputy Treasurer's Signature

8/7/17
Date

2017 AUG - 7 PM 2:07

AKRON, OHIO

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