

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee MAVRIDES Council Committee			
Street Address 539 Willow Grove Dr	Telephone Number 330 6881793	e-mail Address Allen.mavridescc@gmail	
City Munroe Falls	State OH	Zip Code 44262	FAX Number -
Full Name of Treasurer LORNA MAVRIDES			
Street Address 539 Willow Grove Dr	Telephone Number 330 6881793	e-mail Address Allen.mavridescc@gmail	
City Munroe Falls	State OH	Zip Code 44262	FAX Number -
Full Name of Deputy Treasurer (if any) N/A			
Street Address	Telephone Number	e-mail Address	
City	State	Zip Code	FAX Number
	OH		
Candidate's Campaign Committees Only			
Full Name of Candidate ALLEN P MAVRIDES			Party Affiliation/Independent/Non-Partisan
Street Address 528 WILLOW GROVE DR	Office Sought COUNCILMAN	Subdivision/District MUNROE FALLS.	
City MUNROE FALLS	State OH	Zip Code 44262	Election Year 2017
Signature of Candidate ALLEN P. MAVRIDES			Date 9-1-17
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, name the sponsor	Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only			
Authorized Signature	Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Lorna Mavrides
Signature of Treasurer

8-31-17
Date

2017 SEP -1 PM 2:15

AKRON, OHIO

#1340 AvC

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: _____

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 MAYRIDES Council Committee campaign committee established for the candidacy of
(Committee's name, if applicable)

ALLEN P. MAVRIDES who is running for the office of Councilman,
(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.

LORNA MAVRIDES
Print Treasurer's or Deputy Treasurer's Name

Lorna Mavrides
Treasurer's or Deputy Treasurer's Signature

8-31-17
Date

2017 SEP -1 PM 2:15

AKRON, OHIO

#1340 Arc