



Committee Name <i>Moving Springfield Forward Committee</i>		Office Sought		District	
Street Address <i>3197 N. Jackson Blvd</i>		City <i>Uniontown</i>		State <i>OH</i>	Zip <i>44685</i>
Candidate Name OR PAC Registration Number			Treasurer Name <i>Dean A Yumb, Deputy Treasurer</i>		Election Date (MM/DD/YYYY) <i>11/07/2017</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	\$ 29.78
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 625.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1,2, and 3)	\$ 654.78
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 173.00
6. Balance on hand (line 4 minus line 5)	\$ 481.78
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 1,612.60
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 OCT 25 AM 11:01

#1450

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Dean A Yumb, Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

10/26/2017
Date (MM/DD/YYYY)

Contribution Pages <i>2</i>	Expenditure Pages <i>1</i>	Other Pages <i>1</i>	Total Pages <i>5</i>
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>MOVING SPRINGFIELD FORWARD COMMITTEE</i>				
Full Name of Contributor <i>DEAN A YOUNG</i>			Registration Number, if PAC	
Street Address <i>507 CANTON ROAD</i>		Employer/Occupation/Labor Organization* <i>YOUNG & VORGIN / ATTORNY</i>		Form (Cash, Check, etc.) <i>CHECK</i>
City <i>AKRON</i>	State <i>OH</i>	Zip Code <i>44312</i>	Date (MM/DD/YYYY) <i>08/10/2017</i>	Amount <i>\$ 250.00</i>
Full Name of Contributor <i>JOHN L FROLA</i>			Registration Number, if PAC	
Street Address <i>3197 N. JACKSON BLVD</i>		Employer/Occupation/Labor Organization* <i>CONSULTANT</i>		Form (Cash, Check, etc.) <i>CHECK</i>
City <i>UNLONTOWN</i>	State <i>OH</i>	Zip Code <i>44685</i>	Date (MM/DD/YYYY) <i>09/</i>	Amount <i>\$ 250.00</i>
Full Name of Contributor <i>DANIEL GRAVILA</i>			Registration Number, if PAC	
Street Address <i>2615 ORCHARD PARK N.W.</i>		Employer/Occupation/Labor Organization* <i>SPRINGFIELD TOWNSHIP</i>		Form (Cash, Check, etc.) <i>CASH</i>
City <i>CANTON, OHIO</i>	State <i>OH</i>	Zip Code <i>44718</i>	Date (MM/DD/YYYY) <i>10/02/2017</i>	Amount <i>\$ 100.00</i>
Full Name of Contributor <i>KITTY WILLIAMS</i>			Registration Number, if PAC	
Street Address <i>153 24 ST N.W.</i>		Employer/Occupation/Labor Organization* <i>SPRINGFIELD TOWNSHIP</i>		Form (Cash, Check, etc.) <i>CASH</i>
City <i>BOERSBETON,</i>	State <i>OH</i>	Zip Code <i>44203</i>	Date (MM/DD/YYYY) <i>10/04/2017</i>	Amount <i>\$ 25.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	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)]



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>MOVING SPRINGFIELD FORWARD COMMITTEE</i>				
Full Name of Contributor <i>Douglas V FOLTZ</i>		Employer, Occupation, Labor Organization* <i>Springfield Park Director</i>		Registration Number, if PAC
Street Address <i>433 WERSTLER N.W.</i>		Description of Item or Service <i>COPIES, STAMPS, ENVELOPES</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/12/2017 \$94.57</i>
City <i>NORTH Canton</i>		State <i>OH</i>	Zip Code <i>44720</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <i>Douglas V FOLTZ</i>		Employer, Occupation, Labor Organization* <i>Springfield Park Director</i>		Registration Number, if PAC
Street Address <i>433 WERSTLER NW</i>		Description of Item or Service <i>STAMPS, ENVELOPES</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/14/2017 \$54.03</i>
City <i>NORTH Canton,</i>		State <i>OH</i>	Zip Code <i>44720</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <i>BELLET SIGN Company</i>		Employer, Occupation, Labor Organization* <i>SIGN Company</i>		Registration Number, if PAC
Street Address <i>3041 EAST WATERLOO RD</i>		Description of Item or Service <i>SIGN PRINTS</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/17/2017 \$1,464.00</i>
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44312</i>	Received at Fundraising Event? <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		Date (MM/DD/YYYY) 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		Date (MM/DD/YYYY) 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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Moving Spring Field Forward Committee</i>			
To Whom Paid <i>SLIMON'S PRINTERY</i>		Date (MM/DD/YYYY) <i>10/17/2017</i>	Amount <i>\$ 173.00</i>
Street Address <i>624 5TH ST NW.</i>		Purpose <i>BUY FLYERS</i>	
City <i>CANTON,</i>	State <i>OH</i>	Zip Code <i>44703</i>	Check Number <i>1514</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 173.00