

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect James M. Tonz				Registration Number, if PAC			
Full Name of Candidate James M. Tonz							
Street Address 675 Dominic DR Cuyahoga Falls				Office Sought Mayor Falls City Council		District	
City Cuyahoga Falls		State OH		Zip Code 44223			
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 checked="" type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input 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	\$	46	32
2. Total monetary contributions (From Form No. 31-A)	\$	720	50
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (Sum of lines 1, 2, 3)	\$	810	32
5. Total contributions made (From Form No. 31-J-1)	\$	210	00
6. Total expenditures made (From Form No. 31-J-2)	\$	606	32
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	100	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-I)	\$		
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.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

#1675
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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.

Russ Tonz Deputy **Chasey B. Jones**
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date **12-15-17**
186204544

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages 0
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect James M. Iann							Registration Number, if PAC	
Full Name of Contributor Albert Gates							Form (Cash, Check, etc.) check	
Street Address 2621 3rd Street			Employer/Occupation/Labor Organization*		City Cuyahoga Falls		Amount \$100	
City Cuyahoga Falls			State OH Zip Code 44221		M 05 D 22 Y 17		Amount \$100	
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.) cash	
City			State OH Zip Code		M 07 D 26 Y 17		Amount \$170	
Full Name of Contributor Roalters Political Action Committee							Registration Number, if PAC	
Street Address 200 E. Town Street			Employer/Occupation/Labor Organization*		City Columbus		Form (Cash, Check, etc.) check	
City Columbus			State OH Zip Code 43215		M 10 D 31 Y 17		Amount \$500	
Full Name of Contributor							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.)	
City			State OH Zip Code		M D Y 		Amount	
Full Name of Contributor							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.)	
City			State OH Zip Code		M D Y 		Amount	
Full Name of Contributor							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.)	
City			State OH Zip Code		M D Y 		Amount	
Full Name of Contributor							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.)	
City			State OH Zip Code		M D Y 		Amount	
Full Name of Contributor							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		City		Form (Cash, Check, etc.)	
City			State OH 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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
Full Name of Contributor				Amount	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)		
Committee to Elect James M. Iona					
Jim Kubik					
1407 Myrtle Falls Ave		07	24	17	\$20
Cuyahoga Falls	OH	44224	Cash		
James Iona					
675 Dominic Dr					
Cuyahoga Falls	OH	44223	07	24	17
			Cash		\$20
Anthony Iona					
675 Dominic Dr					
Cuyahoga Falls	OH	44223	07	24	17
			Cash		\$20
Milka Horbs					
489 Crestview Ave					
Akron	OH	44320	07	24	17
			Cash		\$10
Carmine Torio					
166 W Glenridge					
Akron	OH	44319	07	24	17
			Cash		\$20
Burlinde West					
2158 Judy Ave					
Akron	OH	44305	07	24	17
			Cash		\$20
Larry Hughes					
1754 Cedar Chase Dr					
Akron	OH	44312	07	24	17
			Cash		\$20

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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 \$ \$0.00

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 James M. Icarz					
Full Name of Contributor Linda Hughes				Registration Number, if PAC	
Street Address 1754 Cedar Chase		Employer/Occupation/Labor Organization* OR		M D Y 07 26 17	Amount \$20
City Akron		State OH	Zip Code 44312	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dore Gazzari				Registration Number, if PAC	
Street Address 638 Northwest Ave		Employer/Occupation/Labor Organization*		M D Y 07 26 17	Amount \$20
City 124 N 25th St		State OH	Zip Code 44278	Form (Cash, Check, etc.) Cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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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 \$ **\$0.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect James M - Iona						
To Whom Paid Layman for Council at Large			M 08	D 28	Y 17	Amount \$ 35
Address 105 N. Munroe Rd		Purpose Contribution				
City Tallmadge	State OH	Zip Code 44278	Check Number 1068			
To Whom Paid Brian Lowdermilk for Council			M 09	D 13	Y 17	Amount \$ 25
Address 2536 Samira Rd		Purpose				
City Stow	State OH	Zip Code 44224	Check Number 1069			
To Whom Paid Friends of Matt Richl			M 09	D 13	Y 17	Amount \$ 25
Address 2080 Maple Rd		Purpose				
City Stow	State OH	Zip Code 44224	Check Number 1070			
To Whom Paid IAPBC			M 10	D 12	Y 17	Amount \$ 125
Address 500 Portage Center Dr.		Purpose Advertising				
City Akron	State OH	Zip Code 44319	Check Number 1071			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect James M. Ianz										Prior Amount \$ 100		Amt. Incurred this Period - 0 -	
From Whom Received Russell B. Ianz										Outstanding Balance \$ 100			
Address 675 Dominic Dr													
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred		09		01		12							
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City													
		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City													
		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

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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 \$ 100
- 2 Total received this period \$ - 0 - (To Form No. 31-A-2)
- 3 Total payments this period \$ - 0 - (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 100 (To Form No. 30-A)