

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Czerr Committee</i>						Registration Number, if PAC	
Full Name of Candidate <i>Jeffrey Keith Czerr</i>							
Street Address <i>9092 Milford dr.</i>				Office Sought <i>Council Ward</i>		District <i>B</i>	
City <i>Northfield</i>				State <i>OH</i>		Zip Code <i>44067</i>	
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	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input checked="" type="checkbox"/> Termination	<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		<i>11/07/17</i>	

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(I) for details.

1. Amount brought forward from last report	\$	<i>00 00</i>
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>00 00</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	<i>00 00</i>
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 debts 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

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.

Jeffrey Keith Czerr
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12-14-17
Date

Contribution pages _____

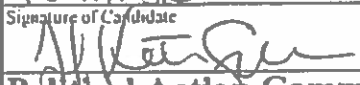
Expenditure pages _____

Other pages _____

Total pages _____

Designation of Treasurer

Prescribed by Secretary of State 07 05

All Committees			
Full Name of Committee Czerr Committee			
Street Address 9292 milford dr	Telephone Number 216 799 1431	e-mail Address Ricokeith@aol.com	
City Northfield	State OH	Zip Code 44067	FAX Number N/A
Full Name of Treasurer Kristen RuthAnn Berkheimer			
Street Address 9292 Milford Drive	Telephone Number 330 907-1732	e-mail Address Kandcberk@yahoo.com	
City Northfield	State OH	Zip Code 44067	FAX Number N/A
Full Name of Deputy Treasurer (if any) Jeffrey Keith Czerr			
Street Address 9292 Milford Drive	Telephone Number	e-mail Address Ricokeith@aol.com	
City Northfield	State OH	Zip Code 44067	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate Jeffrey Keith Czerr			Party Affiliation Independent Non-Partisan Non
Street Address 9292 Milford Drive	Office Sought Council Ward B	Subdivision District	
City Northfield	State OH	Zip Code 44067	Filing Year 2017
Signature of Candidate 			Date Aug 4, 2017
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	Acronym (if any)	
PAC Registration Number	Authorized Signature	Date	Est 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"/> N	


Signature of Treasurer

8-4-2017
Date

- 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
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 ELECTORS
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 2017