

Ohio Campaign Finance Report **TERMINATED**

Prescribed by Secretary of State 3 05

Full Name of Committee MAVRIDES COUNCIL COMMITTEE		Registration Number, if PAC NA	
Full Name of Candidate ALLEN P. MAVRIDES			
Street Address 578 WILLOW GROVE DRIVE		Office Sought COUNCILMAN	District WARD 3
City MUNROE FALLS		State OH	Zip Code 44262
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"/> Semianual
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input checked="" type="checkbox"/> Termination		
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 10 07 17	

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	\$	0.00
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)	\$	
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	315.67
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans 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.	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 DEC -7 AM 10:52

MAVRIDES, ALLEN P.

#1713 AT

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.

LORNA MAVRIDES
Print Name and Title (Treasurer and Deputy Treasurer only)

Lorna Mavrides
Signature

12-6-17
Date

Contribution pages _____

Expenditure pages **1**

Other pages **1**

Total pages **2**

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MAVRIDES COUNCIL COMMITTEE			
Full Name of Contributor FASTSIGNS AKRON	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 1783 BRITAIN ROAD	Description of Item or Service CAMPAIGN SIGNS (5 EACH)	M D Y 10 25 17	Fair Market Value \$154.79
City AKRON	State Zip Code OH 44310	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor FEDEX OFFICE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 427 E, MAIN STREET	Description of Item or Service CAMPAIGN FLYERS (150 EACH)	M D Y 10 14 17	Fair Market Value \$160.88
City KENT	State Zip Code OH 44240	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]

\$315.67
Page Total