

Ohio Campaign Finance Report TERMINATED

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Dale Panovich						Registration Number, if PAC										
Full Name of Candidate Dale Ann Panovich																
Street Address 2480 Copley Road						Office Sought Copley TWP Trustee			District Copley							
City Copley						State OH		Zip Code 44321								
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 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				1	M	1	0	D	7	1	Y	7

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	\$	00.00
2. Total monetary contributions (From Form No. 31-A)	\$	00.00
3. Total other income (From Form No. 31-A-2)	\$	00.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	00.00
6. Balance on hand (line 4 minus line 5)	\$	00.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	3253.32
8. Value of in-kind contributions received (From Form No. 31-J-2)	\$	00.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	00.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	00.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	00.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	00.00
13. For Electronic Filing Entitles only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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BOARD OF ELECTIONS

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AKRON, OH

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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.

Robert M. Panovich Treasurer

Robert M. Panovich
Signature

12/14/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages _____

Expenditure 1 pages _____

Other pages _____

Total pages 0 _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Dale Panovich				
Full Name of Contributor Dale Ann Panovich		Employer, Occupation, Labor Organization* candidate		Registration Number, if PAC
Street Address 2480 Copley Road		Description of Item or Service AD for Copley HS Program		M D Y Fair Market Value 1 1 0 7 1 7 130.00
City Copley		State OH	Zip Code 44321	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Dale Ann Panovich		Employer, Occupation, Labor Organization* candidate		Registration Number, if PAC
Street Address 2480 Copley Road		Description of Item or Service Election Yard Signs		M D Y Fair Market Value 1 0 0 5 1 7 294.44
City Copley		State OH	Zip Code 44321	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Dale Ann Panovich		Employer, Occupation, Labor Organization* candidate		Registration Number, if PAC
Street Address 2480 Copley Road		Description of Item or Service Printing/postage mailing		M D Y Fair Market Value 1 0 2 5 1 7 2828.88
City Copley		State OH	Zip Code 44321	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 OH	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 OH	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 OH	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 OH	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 OH	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)]