



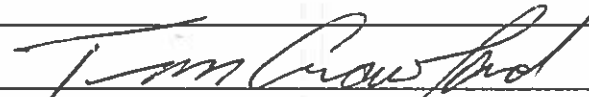
Committee Name Committee to Elect Tim Crawford		Office Sought Summit County Council		District 7
Street Address 4109 S CLEVE-MASS RD		City NORTON	State OH	Zip 44203
Candidate Name OR PAC Registration Number TIM CRAWFORD		Treasurer Name TIM CRAWFORD		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input 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				
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	7433.15
2. Total monetary contributions (From Forms 31-A and 31-E)	150.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	7583.15
5. Total monetary expenditures (From Forms 31-B and 31-F)	1500.00
6. Balance on hand (line 4 minus line 5)	6083.15
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	25000.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

41696

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

 Signature of Treasurer or Deputy Treasurer	01/03/2018 Date (MM/DD/YYYY)
---	---------------------------------

Contribution Pages 1	Expenditure Pages 1	Other Pages 1	Total Pages 4
-------------------------	------------------------	------------------	------------------



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Tim Crawford				
Full Name of Contributor IBEW PAC VOLUNTARY FUND			Registration Number, if PAC C000-27342	
Street Address 900 SEVENTH AVE		Employer/Occupation/Labor Organization* LABOR		Form (Cash, Check, etc.) CHECK
City WASHINGTON	State VA	Zip Code 20001	Date (MM/DD/YYYY) 09/21/2017	Amount 150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Tim Crawford			
To Whom Paid Ron Cable for Judge		Date (MM/DD/YYYY) 10/14/2017	Amount 1500.00
Street Address 2435 Call RD		Purpose Akron Muni Judge	
City Stow	State OH	Zip Code 44224	Check Number 1144
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1500.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee to Elect Tim Crawford							
From Whom Received Tim Crawford					Prior Amount 25000.00	Amt. Incurred this Period 0	
Street Address 4109 S CLEVE-MASS RD					Outstanding Balance 25000.00		
City NORTON	State OH	Zip Code 44203	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 10/15/2000			Date of Loan (MM/DD/YYYY)	Amount 0	Date of Payment (MM/DD/YYYY)	Amount 0	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance		
City	State	Zip Code	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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).

Total Prior Amount \$ 25000.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 25000.00 (also record on Form 30-A)