



Committee Name THOMAS OVERFIELD ELECTION COMMITTEE		Office Sought COUNCIL AT LARGE		District CUY. FALLS
Street Address 1331 MAIN ST.		City CUYAHOGA FALLS	State OH.	Zip 44221
Candidate Name OR PAC Registration Number TOM OVERFIELD		Treasurer Name CHRIS TOFIL		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	65.43
2. Total monetary contributions (From Forms 31-A and 31-E)	5.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	70.43
5. Total monetary expenditures (From Forms 31-B and 31-F)	24.00
6. Balance on hand (line 4 minus line 5)	46.43
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	2145.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2018 JAN 25 AM 11:21
 #1880 Ave

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

**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

1/25/2018
 Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
1

Total Pages
3



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee THOMAS OVERFIELD ELECTION COMMITTEE				
Full Name of Contributor THOMAS OVERFIELD			Registration Number, if PAC	
Street Address 758 KATHRON AVE.		Employer/Occupation/Labor Organization* Falls Tool Rental Co.		Form (Cash, Check, etc.) CASH
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 04/24/2017	Amount 5 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 THOMAS OVERFIELD ELECTION COMMITTEE			
To Whom Paid WESTFIELD BANK		Date (MM/DD/YYYY) 11/07/2017	Amount \$ 12.00
Street Address PO BOX 5002		Purpose CHECKING SERVICE CHARGE	
City WESTFIELD CENTER	State OH	Zip Code 44251	Check Number -
To Whom Paid WESTFIELD BANK		Date (MM/DD/YYYY) 12/06/2017	Amount \$ 12.00
Street Address PO BOX 5002		Purpose CHECKING SERVICE CHARGE	
City WESTFIELD CENTER	State OH	Zip Code 44251	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 \$ 1

Statement of Loans Received

Prescribed by Secretary of State 305

Full Name of Committee Thomas Overfield Election Committee															
From Whom Received Thomas M. Overfield Jr.										Prior Amount \$0.00		Amt. Incurred this Period \$2,145.00			
Address 758 Kathron Ave.												Outstanding Balance \$2,145.00			
City Cuyahoga Falls		State Oh		Zip Code 44221		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$		
		0	6	0	5	1	5	\$100.00							
Registration Number, if PAC					M	D	Y	\$		M	D	Y			
					0	6	0	8	1	5	\$45.00				
Employer/Occupation/Labor Organization*					M	D	Y	\$		M	D	Y			
Falls Tool Rental					0	7	1	0	1	5	\$2,000.00				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period					
		OH				Date		Amount		Date		Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$		
Registration Number, if PAC					M	D	Y	\$		M	D	Y			
Employer/Occupation/Labor Organization*					M	D	Y	\$		M	D	Y			
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period					
		OH				Date		Amount		Date		Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$		
Registration Number, if PAC					M	D	Y	\$		M	D	Y			
Employer/Occupation/Labor Organization*					M	D	Y	\$		M	D	Y			

* 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).

- ¹ Total prior amount \$ \$0.00
- ² Total received this period \$ \$2,145.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$2,145.00 (To Form No. 30-A)