

TERMINATED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Munroe Falls Citizens for Tax Issues							Registration Number, if PAC			
Full Name of Candidate Same										
Street Address 449 Sandown Lane					Office Sought Tax Issues			District		
City Munroe Falls					State OH		Zip Code 44262			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
								X		2017
		July Monthly		August Monthly		September Monthly		X Termination		Semannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			M 0	D 5	Y 0	Y 2
							0	5	0	2

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 at 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	\$	291⁵⁰	885.16
2. Total monetary contributions (From Form No. 31-A)	\$		150.00
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	441⁵⁰	1,035.16
5. Total monetary expenditures (From Form No. 31-B)	\$	441⁵⁰	1,035.16
6. Balance on hand (line 4 minus line 5)	\$		0.00
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 loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	Forgiven	
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

Howard Taylor, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

1/24/18

Contribution pages **1**

Expenditure pages **1**

Other pages **2**

Total pages **4**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Munroe Falls Citizens for Tax Issues								
Full Name of Contributor						Registration Number, if PAC		
Christopher Ritzinger								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
325 Crestview Dr.						Check		
City		State	Zip Code	M	D	Y	Amount	
Munroe Falls		OH	44262	0	6	05	17	50.00
Full Name of Contributor						Registration Number, if PAC		
Gary Toth								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
165 Prentiss St						Check		
City		State	Zip Code	M	D	Y	Amount	
Munroe Falls		OH	44262	0	6	05	17	50.00
Full Name of Contributor						Registration Number, if PAC		
Jeff Iona								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
330 Hiwood Ave						Check		
City		State	Zip Code	M	D	Y	Amount	
Munroe Falls		OH	44262	0	8	08	17	50.00
Full Name of Contributor						Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor						Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor						Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor						Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor						Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount	
		OH						

* 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

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Munroe Falls Citizens for Tax Issues						
To Whom Paid			M	D	Y	Amount
James Armstrong			06	06	17	296.83
Address		Purpose				
66 Gaylord Dr.		Loan Payment				
City	State	Zip Code	Check Number			
Munroe Falls	OH	44262	1002			
To Whom Paid			M	D	Y	Amount
James Armstrong			11	29	17	144.67
Address		Purpose				
66 Gaylord Dr.		Loan Payment				
City	State	Zip Code	Check Number			
Munroe Falls	OH	44262	1003			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Munroe Falls Citizens for Tax Issues											
To Whom Owed James Armstrong					Prior Amount 593.66			Amt. Incurred this Period 0			
Address 66 Gaylord Dr					Item or Purpose of Debt Loan			Outstanding Balance 152.16 <i>Forgiven JWA</i>			
City Munroe Falls		State OH	Zip Code 44262		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	\$			
					0	4	0	7	1	7	296.83
Registration Number, if PAC					M	D	Y	\$			
					0	1	2	9	1	7	144.67
					M	D	Y	\$			
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	\$			
Registration Number, if PAC					M	D	Y	\$			
					M	D	Y	\$			
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	\$			
Registration Number, if PAC					M	D	Y	\$			
					M	D	Y	\$			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 441.50 (also record on Form 31-B)

Total Outstanding Balance \$ 152.16 *Forgiven JWA* (also record on cover page)