



Committee Name <i>Moving Springfield Forward committee</i>		Office Sought		District	
Street Address <i>3197 N. Jackson Blvd.</i>		City <i>Uniontown</i>	State <i>OH</i>	Zip <i>44685</i>	
Candidate Name OR PAC Registration Number		Treasurer Name <i>Dean A. Young, Deputy Treasurer</i>		Election Date (MM/DD/YYYY)	

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2016

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	<i>\$13.01</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	_____
3. Total other income (From Form 31-A-2)	_____
4. Total funds available (sum of lines 1,2, and 3)	<i>\$13.01</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>\$10.00</i>
6. Balance on hand (line 4 minus line 5)	<i>\$3.01</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>\$999.15</i>
8. Value of in-kind contributions made (From Form 31-J-2)	_____
9. Outstanding loans owed by committee (From Form 31-C)	_____
10. Outstanding debts owed by committee (From Form 31-N)	<i>\$0</i>
11. Outstanding loans owed to committee (From Form 31-K)	_____
12. Value of independent expenditures made (From Form 31-U)	_____

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 NOV 22 PM 2:44

#1472

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

Dean A. Young
Signature of Treasurer or Deputy Treasurer

11/22/17
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
1

Other Pages
2

Total Pages
4



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Moving Springfield Forward Committee			
To Whom Paid Citizens Bank		Date (MM/DD/YYYY) 12/30/2016	Amount \$10.00
Street Address 1504 Canton Road		Purpose Bank Service Charge	
City Akron	State OH	Zip Code 44312	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 \$ 10.00



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Moving Springfield Forward Committee				
Full Name of Contributor Dean A. Young		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 507 Canton Road	Description of Item or Service Debt Forgiveness		Date (MM/DD/YYYY) 11/30/2016	Fair Market Value \$468.02
City Akron	State OH	Zip Code 44312	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor John F. Frola		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3197 N. Jackson Blvd.	Description of Item or Service Debt Forgiveness		Date (MM/DD/YYYY) 11/30/2016	Fair Market Value \$531.13
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Moving Springfield Forward Committee				
To Whom Owed Dean A. Young			Prior Amount 468.02	Amount Incurred this Period — 0 —
Street Address 507 Canton Road			Item or Purpose of Debt purchase literature	Outstanding Balance Forgiven
City Akron	State OH	Zip Code 44312	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY) 10/12/2015	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed John F. Frola			Prior Amount 531.13	Amount Incurred this Period — 0 —
Street Address 3197 N. Jackson Blvd.			Item or Purpose of Debt signs & mailing expenses	Outstanding Balance Forgiven
City Uniontown	State OH	Zip Code 44685	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY) 10/14/2015	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 0 *FORGIVEN* (also record on cover page)