



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name Cuyahoga Falls Library Supporters		Office Sought		District Cuyahoga Falls, CSD
Street Address 2015 Third Street		City Cuyahoga Falls	State OH	Zip 44221
Candidate Name OR PAC Registration Number		Treasurer Name Tammy Richardson		Election Date (MM/DD/YYYY) 03/15/16
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 C] <input type="checkbox"/> September Monthly				Year 2018
Amended Report [NO]	Termination Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517. IO(H)) Check this box if the committee is filing a short term report. See attached instructions.		

1. Amount brought forward from last report	\$10,387.01
2. Total monetary contributions (From Forms 31-A and 31-E)	\$1,000.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$11,387.01
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$0.00
6. Balance on hand (line 4 minus line 5)	\$11,387.01
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)	
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 (Form 31-U)	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 31 PM 3:32

#2-870 Arc
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON OHIO 44311

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

Tammy Richardson
 Signature of Treasurer or Deputy Treasurer

01/31/2019
 Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 0	Other Pages 2	Total Page 3
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Cuyahoga Falls Library Supporters				
Full Name of Contributor Friends of the Library			Registration Number, if PAC	
Street Address 2015 Third Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 12/04/2018	Amount \$1,000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DDWYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MWDD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DDNYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DDMYYY)	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)]