

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect James M. Tonz						Registration Number, if PAC				
Full Name of Candidate James M. Tonz										
Street Address 675 Dominic DR					City Cuyahoga Falls		District City Council			
City Cuyahoga Falls					State OH	Zip Code 44223				
Type of Report: (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year 2018
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election		M	D	Y

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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

#2749D
SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44314
2019 JAN 29 PM 2:22

1. Amount brought forward from last report	\$	606.32
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (From Form No. 31-C)	\$	606.32
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-G)	\$	100.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
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 Entries only Sum of lines 2, 7, and amount of any new loans received this period	\$	

**OFFICIAL COPY
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.

Russ Tonz, Deputy
Print Name and Title (Treasurer and Deputy Treasurer only)

Russell B. Jones
Signature

1-25-19
00/00/0000
Date

Treasurer

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages **0**

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect James M. Ianz																
From Whom Received Russell B. Ianz										Prior Amount \$ 100		Amt. Incurred this Period - 0 -				
Address 675 Dominic DR												Outstanding Balance \$ 100				
City Cuyahoga Falls			State OH		Zip Code 44223			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	S	M	D	Y	S	
Date Loan was originally incurred			M		D		Y		S							
Registration Number, if PAC			M		D		Y		S							
Employer/Occupation/Labor Organization*			M		D		Y		S							
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	S	M	D	Y	S	
Date Loan was originally incurred			M		D		Y		S							
Registration Number, if PAC			M		D		Y		S							
Employer/Occupation/Labor Organization*			M		D		Y		S							
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	S	M	D	Y	S	
Date Loan was originally incurred			M		D		Y		S							
Registration Number, if PAC			M		D		Y		S							
Employer/Occupation/Labor Organization*			M		D		Y		S							
From Whom Received										Prior Amount		Amt. Incurred this Period				
Address												Outstanding Balance				
City			State		Zip Code			Loans Received This Period				Payments This Period				
								Date		Amount		Date		Amount		
								M	D	Y	S	M	D	Y	S	
Date Loan was originally incurred			M		D		Y		S							
Registration Number, if PAC			M		D		Y		S							
Employer/Occupation/Labor Organization*			M		D		Y		S							

* 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 \$ 100
- ² Total received this period \$ - 0 - (To Form No. 31-A-2)
- ³ Total payments this period \$ - 0 - (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 100 (To Form No. 30-A)