

**FOR PAPER FILING ONLY**

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Springfield Levy Committee</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>2410 Massillon Road</b>					Office Sought		District		
City <b>Akron</b>					State <b>O H</b>		Zip Code <b>4312</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly	August Monthly	September Monthly	Termination			X		<b>2019</b>
Amended Report?			Report Electronically filed?			M	D	Y	
Date of Election									

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	\$	17,428.90
2. Total monetary contributions (From Form No. 31-A)	\$	50.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	17,478.90
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (Line 4 minus line 5)	\$	17,478.90
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)	\$	
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	\$	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2019 JUL 12 AM 10:14

STATE BOARD OF ELECTIONS  
COLUMBUS, OHIO 43260-4443

#3330AV

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

Dustin Boswell, Treasurer

*Dustin Boswell*  
Signature

7/12/2019

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u>  1  </u>
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Expenditure pages <u>  0  </u>
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Other pages <u>  2  </u>
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Total pages <u>  4  </u>
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**Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Springfield Levy Committee</b>						
Full Name of Contributor <b>Megan Babcock</b>				Registration Number, if PAC		
Street Address <b>249 E. Heatherwood Dr.</b>		Employer/Occupation/Labor Organization* <b>Springfield Local Schools</b>			Form (Cash, Check, etc.) <b>Check 1410</b>	
City <b>Barberton</b>		State <b>O H</b>	Zip Code <b>44203</b>	M <b>0</b>	D <b>1</b>	Y <b>1 0 1 9</b>
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
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
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
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
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
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
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
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
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
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

\* 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 appear. [R.C. 3517.10(B)(4)]