

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>The Nolan James Campaign Committee</b>						Registration Number, if PAC						
Full Name of Candidate <b>Nolan T. James Jr.</b>												
Street Address <b>711 Indian Trl</b>						Office Sought <b>Summit County Council</b>			District <b>7</b>			
City <b>Akron</b>						State <b>OH</b>		Zip Code <b>44314</b>				
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
		July Monthly		August Monthly		September Monthly		Termination		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			
							0	3	1	5	1	6

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.

#10927 R  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 2016 MAR -3 AM 8:45

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 8,220.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,220.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,097.82
6. Balance on hand (From Form No. 31-D)	\$ 4,122.18
7. Value of in-kind contributions received (From Form No. 31-I)	\$
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	\$

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

**Allison James** Treasurer Signature A. James Date 3/2/16

Contribution pages 4

Expenditure pages 3

Other pages 7

Total pages 14

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Nolan James Campaign Committee</b>						
Full Name of Contributor <b>Michael J. Cancelliere</b>				Registration Number, if PAC		
Street Address <b>32000 Lake Rd</b>		Employer/Occupation/Labor Organization* <b>The Fedeli Group</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Avon Lake</b>	State <b>O   H</b>	Zip Code <b>44012</b>	M <b>1   2</b>	D <b>2   9</b>	Y <b>1   5</b>	Amount <b>3,000.00</b>
Full Name of Contributor <b>Dino Campellone</b>				Registration Number, if PAC		
Street Address <b>7590 Elaine Dr</b>		Employer/Occupation/Labor Organization* <b>ABC Piping Co.</b>			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Seven Hills</b>	State <b>O   H</b>	Zip Code <b>44131</b>	M <b>0   2</b>	D <b>0   1</b>	Y <b>1   6</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Terrence Fergus</b>				Registration Number, if PAC		
Street Address <b>2311 North Star Lane</b>		Employer/Occupation/Labor Organization* <b>FSM Capital Mgmt</b>			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Avon</b>	State <b>O   H</b>	Zip Code <b>44011</b>	M <b>0   2</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Alice Cosgrove</b>				Registration Number, if PAC		
Street Address <b>1141 Jason Ave</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>0   1</b>	Y <b>1   6</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Harvey Nelson</b>				Registration Number, if PAC		
Street Address <b>4694 North Ridge Dr</b>		Employer/Occupation/Labor Organization* <b>Main Street Gourmet</b>			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44333</b>	M <b>0   2</b>	D <b>1   2</b>	Y <b>1   6</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Selvyn Gandy</b>				Registration Number, if PAC		
Street Address <b>704 Chester Ave</b>		Employer/Occupation/Labor Organization* <b>Metro RTA</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>0   2</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Joseph Kapzath</b>				Registration Number, if PAC		
Street Address <b>1970 9th St SW</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>0   4</b>	Y <b>1   6</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Kathleen Shay</b>				Registration Number, if PAC		
Street Address <b>2140 Bigelow St</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>0   4</b>	Y <b>1   6</b>	Amount <b>25.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Nolan James Campaign Committee</b>							
Full Name of Contributor <b>Fadi J. Najm</b>					Registration Number, if PAC		
Street Address <b>2439 Claver Rd</b>		Employer/Occupation/Labor Organization* <b>student</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>University Heights</b>	State <b>O   H</b>	Zip Code <b>44118</b>	M <b>0   2</b>	D <b>0   4</b>	Y <b>1   6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Richard Edelman</b>					Registration Number, if PAC		
Street Address <b>3119 Morley Rd</b>		Employer/Occupation/Labor Organization* <b>Goodman Real Estate Group</b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Shaker Hts</b>	State <b>O   H</b>	Zip Code <b>44122</b>	M <b>0   2</b>	D <b>1   6</b>	Y <b>1   6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Timothy Gallagher</b>					Registration Number, if PAC		
Street Address <b>7422 Thornton Dr</b>		Employer/Occupation/Labor Organization* <b>Kegler Brown Hill + Ritter</b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Parma</b>	State <b>O   H</b>	Zip Code <b>44129</b>	M <b>0   2</b>	D <b>1   7</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Kelli Anderson</b>					Registration Number, if PAC		
Street Address <b>1959 13th St SW</b>		Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>1   7</b>	Y <b>1   6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Marshal (Hugh) Carroll</b>					Registration Number, if PAC		
Street Address <b>7010 Thicket St NW</b>		Employer/Occupation/Labor Organization* <b>self employed</b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Canton</b>	State <b>O   H</b>	Zip Code <b>44708</b>	M <b>0   2</b>	D <b>1   7</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Larry Feinman</b>					Registration Number, if PAC		
Street Address <b>14047 Jennifer Terrace</b>		Employer/Occupation/Labor Organization* <b>HCA West Florida</b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Largo</b>	State <b>F   L</b>	Zip Code <b>33774</b>	M <b>0   2</b>	D <b>1   8</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>David S. Williams</b>					Registration Number, if PAC		
Street Address <b>616 English Turn Dr</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>New Orleans</b>	State <b>L   A</b>	Zip Code <b>70131</b>	M <b>0   2</b>	D <b>1   2</b>	Y <b>1   6</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Sean Simpson</b>					Registration Number, if PAC		
Street Address <b>1215 N Cleaver St Apt 3</b>		Employer/Occupation/Labor Organization* <b>John Morrell Co</b>			Form (Cash, Check, etc.) <b>credit card</b>		
City <b>Chicago</b>	State <b>I   L</b>	Zip Code <b>60642</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   6</b>	Amount <b>40.00</b>	

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Nolan James Campaign Committee</b>						
Full Name of Contributor <b>Douglas Norris</b>				Registration Number, if PAC		
Street Address <b>6213 Dunbar Dr</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Mentor</b>	State <b>O   H</b>	Zip Code <b>44060</b>	M <b>0   2</b>	D <b>2   4</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Adam Rosen</b>				Registration Number, if PAC		
Street Address <b>1900 Euclid Ave Apt 214</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44115</b>	M <b>0   2</b>	D <b>2   4</b>	Y <b>1   6</b>	Amount <b>40.00</b>
Full Name of Contributor <b>James Smith</b>				Registration Number, if PAC		
Street Address <b>324 E Market</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Canal Fulton</b>	State <b>O   H</b>	Zip Code <b>44614</b>	M <b>0   2</b>	D <b>2   4</b>	Y <b>1   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Vernon Sykes</b>				Registration Number, if PAC		
Street Address <b>133 Furnace Run Dr</b>		Employer/Occupation/Labor Organization* <b>Ohio House of Representatives</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44307</b>	M <b>0   2</b>	D <b>2   3</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Mike Impaglozza</b>				Registration Number, if PAC		
Street Address <b>3315 27th St NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Canton</b>	State <b>O   H</b>	Zip Code <b>44708</b>	M <b>0   2</b>	D <b>2   4</b>	Y <b>1   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Gary Rosen</b>				Registration Number, if PAC		
Street Address <b>11 S Forge St</b>		Employer/Occupation/Labor Organization* <b>Goldman &amp; Rosen LTD</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44304</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Carol Heller</b>				Registration Number, if PAC		
Street Address <b>2046 13th St SW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   6</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Michael Verich</b>				Registration Number, if PAC		
Street Address <b>1346 Central Parkway Ave SE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Warren</b>	State <b>O   H</b>	Zip Code <b>44484</b>	M <b>0   2</b>	D <b>2   1</b>	Y <b>1   6</b>	Amount <b>100.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Nolan James Campaign Committee</b>							
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	2	17	116	1895.00
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	2	24	116	1095.00
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	
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	
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	
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	
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	

\* 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)]

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
The Nolan James Campaign Committee													
To Whom Paid						M	D	Y	Amount				
Uprinting.com						0	1	1	5	1	6	193.44	
Address				Purpose									
8000 Haskell Ave.				letterhead									
City		State		Zip Code		Check Number							
Van Nuys		C   A		91406		credit card							
To Whom Paid						M	D	Y	Amount				
Vistaprint						0	1	1	7	1	6	14.72	
Address				Purpose									
275 Wyman St				checks									
City		State		Zip Code		Check Number							
Waltham		M   A		02451		credit card							
To Whom Paid						M	D	Y	Amount				
Hotcards						0	2	0	4	1	6	946.62	
Address				Purpose									
2400 Superior Ave East				postcards									
City		State		Zip Code		Check Number							
Cleveland		O   H		44114		credit card							
To Whom Paid						M	D	Y	Amount				
Summit County Progressive Democrats PAC						0	2	1	0	1	6	35.00	
Address				Purpose									
2187 Bath Road				donation									
City		State		Zip Code		Check Number							
Akron		O   H		44313		credit card							
To Whom Paid						M	D	Y	Amount				
Darrell Weems						0	2	1	1	1	6	50.00	
Address				Purpose									
445 Perkins St				video editing									
City		State		Zip Code		Check Number							
Akron		O   H		44304		1987							
To Whom Paid						M	D	Y	Amount				
Sykes for Office						0	1	2	5	1	6	50.00	
Address				Purpose									
133 Furnace Run Dr.				donation									
City		State		Zip Code		Check Number							
Akron		O   H		44307		1986							
To Whom Paid						M	D	Y	Amount				
Corbett & Company Mailing Service Inc						0	2	1	6	1	6	125.00	
Address				Purpose									
1081 Bellows St				mailing service fee									
City		State		Zip Code		Check Number							
Akron		O   H		44301		1989							
To Whom Paid						M	D	Y	Amount				
Office Depot						0	2	1	6	1	6	12.79	
Address				Purpose									
370 Howe Ave				name tags for fundraisers									
City		State		Zip Code		Check Number							
Cuyahoga Falls		O   H		44221		credit card							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
The Nolan James Campaign Committee												
To Whom Paid						M	D	Y	Amount			
The Lockview						0	1	2	7	1	6	58.34
Address			Purpose									
207 S Main St			business meeting									
City		State	Zip Code	Check Number								
Akron		O   H	44308	credit card								
To Whom Paid						M	D	Y	Amount			
Bob Evans Restaurant						0	1	2	9	1	6	17.69
Address			Purpose									
3700 Orange Pl			business meeting									
City		State	Zip Code	Check Number								
Beachwood		O   H	44122	credit card								
To Whom Paid						M	D	Y	Amount			
Office Depot						0	2	0	5	1	6	130.01
Address			Purpose									
370 Howe Ave			stamps & envelopes									
City		State	Zip Code	Check Number								
Cuyahoga Falls		O   H	44221	credit card								
To Whom Paid						M	D	Y	Amount			
The Lockview						0	2	1	2	1	6	22.15
Address			Purpose									
207 S Main St			business meeting									
City		State	Zip Code	Check Number								
Akron		O   H	44308	credit card								
To Whom Paid						M	D	Y	Amount			
City of Barberton						0	2	2	2	1	6	150.00
Address			Purpose									
576 West Park Ave			Political Sign Deposit									
City		State	Zip Code	Check Number								
Barberton		O   H	44203	1991								
To Whom Paid						M	D	Y	Amount			
Postmaster						0	2	1	8	1	6	529.18
Address			Purpose									
n/a			postage for mailing									
City		State	Zip Code	Check Number								
Akron		O   H		1988								
To Whom Paid						M	D	Y	Amount			
USPS						0	2	2	2	1	6	49.00
Address			Purpose									
2394 East Ave			postage for mailing									
City		State	Zip Code	Check Number								
Akron		O   H	44314	1990								
To Whom Paid						M	D	Y	Amount			
USPS						0	2	2	6	1	6	147.00
Address			Purpose									
2394 East Ave			postage for mailing									
City		State	Zip Code	Check Number								
Akron		O   H	44314	1992								

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>The Nolan James Campaign Committee</b>							
To Whom Paid <b>PNC Bank</b>				M	D	Y	Amount
				0	2	16	229.88
Address <b>n/a</b>		Purpose <b>credit card payment</b>					
City <b>n/a</b>	State	Zip Code	Check Number				
			<b>n/a</b>				
To Whom Paid <b>Ohio Ethics Commission</b>				M	D	Y	Amount
				0	2	17	60.00
Address <b>30 W Spring St</b>		Purpose <b>filing fee</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Check Number				
			<b>credit card</b>				
To Whom Paid <b>Akron Family Restaurant</b>				M	D	Y	Amount
				0	2	19	45.75
Address <b>250 W Market St</b>		Purpose <b>business meeting</b>					
City <b>Akron</b>	State <b>O</b>	Zip Code <b>H 44303</b>	Check Number				
			<b>credit card</b>				
To Whom Paid <b>Enchanted Café</b>				M	D	Y	Amount
				0	2	23	20.15
Address <b>559 Norton Ave</b>		Purpose <b>business meeting</b>					
City <b>Barberton</b>	State <b>O</b>	Zip Code <b>H 44203</b>	Check Number				
			<b>credit card</b>				
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	2	17	711.50
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	2	24	499.60
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3.05

Name of Committee in Full				Registration Number, if PAC			
The Nolan James Campaign Committee							
Full Name of Contributor Alisha Brinson				Registration Number, if PAC			
Street Address 292 Greensfield Ln	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Copley	State OH	Zip Code 44321		0	2	17	30.00
				Form(Cash,Check,etc) check			
Full Name of Contributor John Cooper				Registration Number, if PAC			
Street Address 466 Lockwood St	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44314		0	2	17	25.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Patricia Cardarelli				Registration Number, if PAC			
Street Address 1114 Florida Ave	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44314		0	2	17	25.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Dana Cole				Registration Number, if PAC			
Street Address 105 N Wheaton Rd	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44313		0	2	17	100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Sue A Hunt				Registration Number, if PAC			
Street Address 646 Polk Ave	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44314		0	2	17	50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Michael A Steel				Registration Number, if PAC			
Street Address 16 Elmdale Ave	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44313		0	2	17	50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Linda F Omobien				Registration Number, if PAC			
Street Address 2104 Brookshire Rd	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Akron	State OH	Zip Code 44313		0	2	17	100.00
				Form(Cash,Check,etc) check			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 380.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>The Nolan James Campaign Committee</b>					
Full Name of Contributor				Registration Number, if PAC	
David A Benn					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2035 6th St SW			0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Akron	O   H	44314	check		
Full Name of Contributor				Registration Number, if PAC	
Angela K Chaffin-Miller					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
724 Chester Ave	retired		0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Akron	O   H	44314	check		
Full Name of Contributor				Registration Number, if PAC	
David M Hoppe					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
990 Chester Ave	retired		0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Akron	O   H	44314	check		
Full Name of Contributor				Registration Number, if PAC	
Edward L Gilbert					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1 Cascade Plz Ste 825			0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Akron	O   H	44308	check		
Full Name of Contributor				Registration Number, if PAC	
Sherry Carnahan					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1170 Sutherland Ave			0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Akron	O   H	44314	check		
Full Name of Contributor				Registration Number, if PAC	
Michael S Karder					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
463 Fox Hollow Dr			0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Copley	O   H	44321	check		
Full Name of Contributor				Registration Number, if PAC	
Jonathon Houk					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3111 Rothburn Dr	Houk Financial		0	2	16
City	State	Zip Code	Form(Cash,Check,etc)		
Medina	O   H	44256	cash		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,200.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Nolan James Campaign Committee</b>							
Full Name of Contributor <b>Cash Donations</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	17	315.00
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44314</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1895.00

Total expenditures this event

711.50

Page Total \$ 315.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
The Nolan James Campaign Committee							
To Whom Paid				M	D	Y	Amount
Old 97 Café				0	2	17	711.50
Address		Purpose					
1503 Kenmore Blvd		Fundraiser					
City		State	Zip Code	Check Number			
Akron		OH	44314	credit card			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>The Nolan James Campaign Committee</b>					
Full Name of Contributor				Registration Number, if PAC	
William Cotter					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1599 Victoria Ave			0	2	16
City	State	Zip Code	Amount		
Lakewood	OH	44107	40.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Erika Smith					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1338 W 111th St			0	2	16
City	State	Zip Code	Amount		
Cleveland	OH	44102	80.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Peter Lawson Jones					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
21750 Shaker Blvd			0	2	16
City	State	Zip Code	Amount		
Shaker Hts	OH	44122	50.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Tyler Allchin					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
10863 Billingham Ave NW			0	2	16
City	State	Zip Code	Amount		
Uniontown	OH	44685	50.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Randall J Goodman					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3256 Bremerton Rd			0	2	16
City	State	Zip Code	Amount		
Cleveland	OH	44124	50.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Alex Janesz					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
32280 Lake Rd			0	2	16
City	State	Zip Code	Amount		
Avon Lake	OH	44012	50.00		
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Patrick Brickman					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3817 John Ave #8			0	2	16
City	State	Zip Code	Amount		
Cleveland	OH	44113	75.00		
Form(Cash,Check,etc)					
check					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 395.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
The Nolan James Campaign Committee							
Full Name of Contributor Paul Chamoun				Registration Number, if PAC			
Street Address 234 Beachwood Ave	Employer/Occupation/Labor Organization* self employed			M 0	D 2	Y 4	Amount 100.00
City Avon Lake	State OH	Zip Code 44012		Form(Cash,Check,etc) check			
Full Name of Contributor Michael Rasor				Registration Number, if PAC			
Street Address 3545 Bent Tree Ln Apt 311	Employer/Occupation/Labor Organization* Cavitch, Familio & Durkin			M 0	D 2	Y 4	Amount 100.00
City Stow	State OH	Zip Code 44224		Form(Cash,Check,etc) check			
Full Name of Contributor David Deroma				Registration Number, if PAC			
Street Address 352 Morewood Pkwy	Employer/Occupation/Labor Organization*			M 0	D 2	Y 4	Amount 100.00
City Rocky River	State OH	Zip Code 44116		Form(Cash,Check,etc) check			
Full Name of Contributor Gregory Hughes				Registration Number, if PAC			
Street Address 423 Avon Point Ave	Employer/Occupation/Labor Organization*			M 0	D 2	Y 4	Amount 150.00
City Avon Lake	State OH	Zip Code 44012		Form(Cash,Check,etc) check			
Full Name of Contributor Stephen Coleman				Registration Number, if PAC			
Street Address 25785 Meadow Trl	Employer/Occupation/Labor Organization* Ohio Northstar Contracting			M 0	D 2	Y 4	Amount 250.00
City Columbia Station	State OH	Zip Code 44028		Form(Cash,Check,etc) check			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
1095.00

Total expenditures this event  
499.60

Page Total \$ 700.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State (2/01)

Name of Committee in Full								
The Nolan James Campaign Committee								
To Whom Paid					M	D	Y	Amount
Bold Food and Drink					0	2	2	499.60
Address				Purpose				
1121 W 10th St				Food & drink				
City		State		Zip Code		Check Number		
Cleveland		OH		44113		credit card		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		

Transfer total expenditures for this event to Form No. 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.