

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Darrow For Council		Registration Number, if PAC	
Full Name of Candidate Rita Darrow			
Street Address 9450 Woodview Drive		Office Sought Summit County Council	District 1
City Macedonia		State OH	Zip Code 44056
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election 03/15/2016	

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.

1. Amount brought forward from last report	\$	0
2. Total monetary contributions (From Form No. 31-A)	\$	820.00
3. Total other income (From Form No. 31-A-2)	\$	371.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1191.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,186.75
6. Balance on hand (line 4 minus line 5)	\$	425
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)	\$	371.00
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 Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

#10921 R
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 MAR -3 PM 12:13

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.

Rita Darrow
Print Name and Title (Treasurer and Deputy Treasurer only)

Rita S. Darrow
Signature

03/3/2016
Date

Contribution pages 2

Expenditure pages 2

Other pages 4

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full Darrow For Council						
Full Name of Contributor Rita Darrow					Registration Number, if PAC	
Street Address 9450 Woodview			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) LOAN	
City Macedonia		State OH	Zip Code 44056	Mo 01	Day 08	Year 16 Amount 20.00
Full Name of Contributor Vickie Neal (216) 406-4459					Registration Number, if PAC	
Street Address 5681 Columbia			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 11230	
City Medina		State OH	Zip Code 44256	Mo 01	Day 06	Year 16 Amount 50.00
Full Name of Contributor Mary Lou Laubinger					Registration Number, if PAC	
Street Address 282 Leagus Road			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 1683	
City Macedonia		State OH	Zip Code 44056	Mo 01	Day 29	Year 16 Amount 150.00
Full Name of Contributor Scott Svab					Registration Number, if PAC	
Street Address 227 Market St. E			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Canal Fulton		State OH	Zip Code 44614	Mo 01	Day 20	Year 16 Amount 100.00
Full Name of Contributor Frank Pla					Registration Number, if PAC	
Street Address 1151 Meadow Woods Dr.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Macedonia		State OH	Zip Code 44056	Mo 01	Day 20	Year 16 Amount 50.00
Full Name of Contributor Tena Hannah					Registration Number, if PAC	
Street Address 862 Sioux LN			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) (C)	
City Macedonia		State OH	Zip Code 44056	Mo 02	Day 09	Year 16 Amount 25.00
Full Name of Contributor Robert Jackson & Mary Jackson					Registration Number, if PAC	
Street Address 3358 Columbia			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Westlake Ohio		State OH	Zip Code 44145	Mo 01	Day 25	Year 16 Amount 200.00
Full Name of Contributor Kenneth Martin					Registration Number, if PAC	
Street Address 1 Cascade Plz 1000			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) (C)	
City Akron		State OH	Zip Code 44306	Mo 02	Day 29	Year 16 Amount 100.00

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If 10 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))

... 695.00

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full Darrow For Council						
Full Name of Contributor Denise Muthollen				Registration Number, if PAC		
Street Address P.O. Box 384		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Hampsted	State NC	Zip Code 28443	M 03	D 01	Y 16	Amount 125.00
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
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, occupation 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)]

- - - **125.00**

31-B

R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Darrow For Council											
To Whom Paid Rita Darrow						M	D	Y	Amount 80.00		
Address 9450 Woodview Drive			Purpose File Petitions				(Loan)				
City Macedonia			State OH	Zip Code 44054		Check Number					
To Whom Paid Rita Darrow						M	D	Y	Amount 20.00		
Address 9450 Woodview			Purpose OPEN Account for Campaign								
City Macedonia			State OH	Zip Code 44054		Check Number					
To Whom Paid GoDaddy.com (website)						M	D	Y	Amount 9.16		
Address			Purpose								
City			State	Zip Code		Check Number					
To Whom Paid Got Print.com (Print Media)						M	D	Y	Amount 174.95		
Address			Purpose								
City			State	Zip Code		Check Number					
To Whom Paid Blu Electritadarrow.com (website)						M	D	Y	Amount 107.28		
Address			Purpose								
City			State	Zip Code		Check Number					
To Whom Paid Signsonthecheap.com (Print Media)						M	D	Y	Amount 232.19		
Address			Purpose								
City			State	Zip Code		Check Number					
To Whom Paid FACEBOOK (Campaign Advert.)						M	D	Y	Amount 25.15		
Address			Purpose								
City			State	Zip Code		Check Number					
To Whom Paid Script Publishing (Campaign Advert.)						M	D	Y	Amount 153.90		
Address			Purpose								
City			State	Zip Code		Check Number					

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid		M	D	Y	Amount				
Darrow For Council									
Walmart (Paper Supplies)		02	09	16	15.32				
Address		Purpose							
City	State	Zip Code		Check Number					
To Whom Paid		M	D	Y	Amount				
OHIO Ethics Commission		02	16	16	60.00				
Address		Purpose							
City	State	Zip Code		Check Number					
To Whom Paid		M	D	Y	Amount				
USPS (Postage)		02	22	16	39.20				
Address		Purpose							
City	State	Zip Code		Check Number					
To Whom Paid		M	D	Y	Amount				
Act Blue Summit Dems (Vote Builder)		02	24	16	200.00				
Address		Purpose							
City	State	Zip Code		Check Number					
To Whom Paid		M	D	Y	Amount				
USPS (Postage)		02	09	16	19.60				
Address		Purpose							
City	State	Zip Code		Check Number					
To Whom Paid		M	D	Y	Amount				
Summit County Democratic Candidate Party		02	04	16	50.00				
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee PARNOW FOR COUNCIL																	
From Whom Received DAVID MILSTEIN										Prior Amount 0		Amt. Incurred this Period 371⁰⁰					
Address 9450 WOODVIEW												Outstanding Balance 371⁰⁰					
City MACEDONIA			St ate OH		Zip Code 44056			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
								M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred			02		29		16		371⁰⁰								
Registration Number, if PAC								M	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City			St ate		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
								M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred																	
Registration Number, if PAC								M	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City			St ate		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
								M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred																	
Registration Number, if PAC								M	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*								M	D	Y		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 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 \$ 0
- ² Total received this period \$ 371⁰⁰ (To Form No. 31-A-2)
- ³ Total payments this period \$ 0 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 371⁰⁰ (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full DARROW FOR COUNCIL							
Full Name DAVID MILSTEIN				Registration Number, if PAC			
Address 9450 Woodview		Type* LOAN		M 02	D 29	Y 16	Amount 371.00
City Macedonia		State OH	Zip Code 44045	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.