

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF RUSS PRY</b>						Registration Number, if PAC					
Full Name of Candidate <b>RUSSELL M. PRY</b>											
Street Address <b>554 WEBER AVENUE</b>						Office Sought <b>COUNTY EXECUTIVE</b>			District <b>SUMMIT COUNTY</b>		
City <b>AKRON</b>						State <b>O H</b>		Zip Code <b>44303</b>			
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"/>	Post-General	<input type="checkbox"/>	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 0 3	D 1 5	Y 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.

1. Amount brought forward from last report	\$	162,975.26
2. Total monetary contributions (From Form No. 31-A)	\$	104,350.00
3. Total other income (From Form No. 31-A-2)	\$	62.50
4. Total funds available (sum of lines 1, 2, 3)	\$	267,387.76
5. Total monetary expenditures (From Form No. 31-B)	\$	27,341.91
6. Balance on hand (line 4 minus line 5)	\$	240,045.85
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	3,252.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

#10920  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 2016 MAR -3 AM 11:57

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 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.

**David K. Horner, Treasurer**

*David K. Horner, Treasurer*

3/3/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pages 18

Expenditure  
pages 4

Other  
pages 3

Total  
pages 25

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</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.) <b>CHECKS</b>		
City		State	Zip Code		M	D	Y	Amount	
					0	1	2	8	16
								<b>104,350.00</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	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	
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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name <b>FRIENDS OF KRISTTEN M. SCALISE</b>				Registration Number, if PAC		
Address <b>3842 DOGWOOD STREET NW</b>	Type* <b>R   E</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>62.50</b>
City <b>UNIONTOWN</b>	State <b>O   H</b>	Zip Code <b>44385</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				Form(Cash,Check,etc)		
Full Name						
Address				Registration Number, if PAC		
City				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, place the letters 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.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
FRIENDS OF RUSS PRY												
To Whom Paid						M	D	Y	Amount			
AKRON URBAN LEAGUE						0	1	0	4	1	6	120.00
Address			Purpose									
440 VERNON ODOM BLVD.			MLK BREAKFAST									
City		State	Zip Code	Check Number								
AKRON		O   H	44307	1447								
To Whom Paid						M	D	Y	Amount			
BLUE UTOPIA						0	1	0	5	1	6	45.00
Address			Purpose									
900 1ST AVENUE			MONTHLY WEB SITE FEE									
City		State	Zip Code	Check Number								
SEATTLE		W   A	98134	EFT								
To Whom Paid						M	D	Y	Amount			
MOGADORE ATHLETIC BOOSTERS						0	1	1	8	1	6	100.00
Address			Purpose									
130 S. CLEVELAND AVENUE			DONATION - NIGHT AT RACES									
City		State	Zip Code	Check Number								
MOGADORE		O   H	44313	1450								
To Whom Paid						M	D	Y	Amount			
A.M.M.P. (ACKER MOORE MEMORIAL POST)						0	1	1	8	1	6	40.00
Address			Purpose									
3733 FISHCREEK ROAD			GOD & COUNTRY DINNER									
City		State	Zip Code	Check Number								
STOW		O   H	44224	1451								
To Whom Paid						M	D	Y	Amount			
TRIAD COMMUNICATIONS, INC.						0	1	1	8	1	6	2,310.00
Address			Purpose									
2006 FOURTH STREET			BILLBOARDS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		O   H	44221	1452								
To Whom Paid						M	D	Y	Amount			
JOHN S. KNIGHT CENTER						0	1	1	9	1	6	153.38
Address			Purpose									
77 EAST MILL STREET			HALL RENTAL									
City		State	Zip Code	Check Number								
AKRON		O   H	44308	1453								
To Whom Paid						M	D	Y	Amount			
TRIAD COMMUNICATIONS, INC.						0	1	2	5	1	6	16,946.44
Address			Purpose									
2006 FOURTH STREET			YARD SIGNS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		O   H	44221	1454								
To Whom Paid						M	D	Y	Amount			
BETH EL CONGREGATION						0	1	2	6	1	6	150.00
Address			Purpose									
750 WHITE POND DRIVE			DONATION - RAFFLE									
City		State	Zip Code	Check Number								
AKRON		O   H	44320	1544								

## Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
To Whom Paid <b>SYKES FOR OFFICE</b>				M	D	Y	Amount
				0	1	2 6 1 6	1,000.00
Address <b>133 FURNACE RUN DRIVE</b>		Purpose <b>CONTRIBUTION</b>					
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44307</b>	Check Number <b>1456</b>			
To Whom Paid <b>ZANE'S FOUNDATION</b>				M	D	Y	Amount
				0	1	2 6 1 6	100.00
Address <b>P.O. BOX 1642</b>		Purpose <b>DONATION</b>					
City <b>STOW</b>		State <b>O   H</b>	Zip Code <b>44224</b>	Check Number <b>1457</b>			
To Whom Paid <b>SHAMROCK CULTURAL CHARITIES, INC.</b>				M	D	Y	Amount
				0	1	2 7 1 6	50.00
Address <b>2000 BROWN STREET</b>		Purpose <b>ST. PATRICK'S PARADE</b>					
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44319</b>	Check Number <b>1458</b>			
To Whom Paid <b>SC4HSHA</b>				M	D	Y	Amount
				0	1	2 7 1 6	75.00
Address <b>P.O. BOX 233</b>		Purpose <b>AD 4-H (S.C. 4H SADDLE HORSE ASSN)</b>					
City <b>HUDSON</b>		State <b>O   H</b>	Zip Code <b>44236</b>	Check Number <b>1459</b>			
To Whom Paid <b>FIRSTMERIT BANK</b>				M	D	Y	Amount
				0	1	2 9 1 6	3.00
Address <b>295 FIRSTMERIT CIRCLE</b>		Purpose <b>SERVICE CHARGE</b>					
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44307</b>	Check Number <b>EFT</b>			
To Whom Paid <b>BLUE UTOPIA</b>				M	D	Y	Amount
				0	2	0 8 1 6	45.00
Address <b>900 1ST AVENUE</b>		Purpose <b>MONTHLY WEB SITE FEE</b>					
City <b>SEATTLE</b>		State <b>W   A</b>	Zip Code <b>98134</b>	Check Number <b>EFT</b>			
To Whom Paid <b>BLUECOATS</b>				M	D	Y	Amount
				0	2	0 8 1 6	500.00
Address <b>2016 WEST NIMISILA ROAD</b>		Purpose <b>SPONSORSHIP</b>					
City <b>CLINTON</b>		State <b>O   H</b>	Zip Code <b>44216</b>	Check Number <b>1460</b>			
To Whom Paid <b>SUMMIT COUNTY DEMOCRATIC PARTY</b>				M	D	Y	Amount
				0	2	1 0 1 6	500.00
Address <b>438 GRANT STREET</b>		Purpose <b>CONTRIBUTION-VALENTINE'S PARTY</b>					
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44311</b>	Check Number <b>1461</b>			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
<b>FRIENDS OF RUSS PRY</b>											
To Whom Paid						M	D	Y	Amount		
<b>SILVER LEAGUE SOFTBALL</b>						0	2	1	1	6	400.00
Address			Purpose								
2086 BEECHTREE DRIVE			SPONSORSHIP								
City		State	Zip Code	Check Number							
UNIONTOWN		O   H	44685	1462							
To Whom Paid						M	D	Y	Amount		
<b>U.S. POSTMASTER</b>						0	2	1	1	6	637.00
Address			Purpose								
675 WOLF LEDGES PKWY			POSTAGE								
City		State	Zip Code	Check Number							
AKRON		O   H	44307	1463							
To Whom Paid						M	D	Y	Amount		
<b>PTG SIERRA CLUB</b>						0	2	1	1	6	220.00
Address			Purpose								
3300 MOREWOOD			DINNER								
City		State	Zip Code	Check Number							
FAIRLAWN		O   H	44333	1464							
To Whom Paid						M	D	Y	Amount		
<b>VICTIM ASSISTANCE</b>						0	2	1	1	6	260.00
Address			Purpose								
150 FURNACE STREET			TICKET & AD								
City		State	Zip Code	Check Number							
AKRON		O   H	44304	1465							
To Whom Paid						M	D	Y	Amount		
<b>NEW HOPE BAPTISH CHURCH</b>						0	2	1	1	6	125.00
Address			Purpose								
1706 S. HAWKINS AVENUE			AD								
City		State	Zip Code	Check Number							
AKRON		O   H	44320	1466							
To Whom Paid						M	D	Y	Amount		
<b>COMMITTEE TO ELECT TIM CRAWFORD</b>						0	2	1	1	6	500.00
Address			Purpose								
4109 S. CLEVE MASS RD.			CONTRIBUTION-DINNER W TIM								
City		State	Zip Code	Check Number							
NORTON		O   H	44203	1467							
To Whom Paid						M	D	Y	Amount		
<b>JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO</b>						0	2	1	1	6	100.00
Address			Purpose								
1563 FIRESTONE PKWY			DONATION								
City		State	Zip Code	Check Number							
AKRON		O   H	44301	1468							
To Whom Paid						M	D	Y	Amount		
<b>DREW REILLY</b>						0	2	1	1	6	553.70
Address			Purpose								
816 DAVIS AVENUE			REIMBURSEMENT=YARD SIGN MATERIALS								
City		State	Zip Code	Check Number							
CUYAHOGA FALLS		O   H	44221	1469							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>												
To Whom Paid <b>HOLLY MILLER</b>						M	D	Y	Amount			
						0	2	1	9	1	6	1,915.02
Address <b>982 BEVAN STREET</b>				Purpose <b>REIMBURSEMENT=YARD SIGN MATERIALS</b>								
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44319</b>		Check Number <b>1470</b>						
To Whom Paid <b>RUSSELL M. PRY</b>						M	D	Y	Amount			
						0	2	2	3	1	6	243.37
Address <b>733 W. MARKET ST., APT 607</b>				Purpose <b>REIMBURSEMENT-DINNER WITH CONG REP &amp; STAFF</b>								
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44303</b>		Check Number <b>1471</b>						
To Whom Paid <b>JUDITH LYNN LEE CAMPAIGN COMMITTEE</b>						M	D	Y	Amount			
						0	2	2	3	1	6	250.00
Address <b>3227 CREEKSIDE DRIVE</b>				Purpose <b>CONTRIBUTION</b>								
City <b>NORTON</b>		State <b>O   H</b>		Zip Code <b>44203</b>		Check Number <b>1473</b>						
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			

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>ANTHONY J. ALEXANDER</b>			Registration Number, if PAC			
Street Address <b>76 S. MAIN STREET</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44308</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2,500.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>CRAIG M. STEPHENS</b>						
Street Address <b>2746 ALEXANDER ROAD</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>ATWATER</b>	State <b>O   H</b>	Zip Code <b>44201</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>1,000.00</b>
Form(Cash,C 8) <b>CHECK</b>						
Full Name of Contributor <b>WILLIAM ZAVARELLO</b>						
Street Address <b>313 S. HIGH STREET</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44308</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>PHILIP H. MAYNARD</b>						
Street Address <b>1848 CAMDEN RIDGE BLVD.</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44312</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>NANCY C. HESLOP</b>						
Street Address <b>950 MERRIMAN ROAD</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>GLEN STEPHENS</b>						
Street Address <b>133 N. SUMMIT STREET</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44304</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>RYAN BAIKO</b>						
Street Address <b>1559 BRYDEN DRIVE</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44313</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>1</b>	<b>300.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						

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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 \$ 7,800.00



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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF RUSS PRY							
Full Name of Contributor TRAVIS BOWMAN		Registration Number, if PAC					
Street Address 348 LOMA DRIVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44319	Form(Cash,Check,etc) CHECK				
Full Name of Contributor TONY BURGOYNE		Registration Number, if PAC					
Street Address 715 CASTLE BLVD.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44313	Form(Cash,C 8 CHECK				
Full Name of Contributor JUSTIN BUTTERFIELD		Registration Number, if PAC					
Street Address 2166 MARTIN CREST DRIVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44312	Form(Cash,Check,etc) CHECK				
Full Name of Contributor MO DARWISH		Registration Number, if PAC					
Street Address 3673 SANCTUARY DRIVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44333	Form(Cash,Check,etc) CHECK				
Full Name of Contributor JEFFREY EVANS		Registration Number, if PAC					
Street Address 1148 WOODVIEW DRIVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44313	Form(Cash,Check,etc) CHECK				
Full Name of Contributor NICK FINI		Registration Number, if PAC					
Street Address 177 BENSON ROAD	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City FAIRLAWN	State O   H	Zip Code 44333	Form(Cash,Check,etc) CHECK				
Full Name of Contributor DAVE FRANK		Registration Number, if PAC					
Street Address 332 CRESTVIEW	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	1	16	16	300.00
City AKRON	State O   H	Zip Code 44320	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 \$ 2,100.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>EDWARD FRANKS</b>			Registration Number, if PAC			
Street Address <b>2960 RAVINEWOOD CIRCLE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>STOW</b>	State <b>O   H</b>	Zip Code <b>44224</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>100.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>RICHARD W. REED</b>			Registration Number, if PAC			
Street Address <b>2590 MYERSVILLE ROAD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>UNIONTOWN</b>	State <b>O   H</b>	Zip Code <b>44685</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,C 8 <b>CHECK</b>						
Full Name of Contributor <b>JOHN D. DELLAGNESE III</b>			Registration Number, if PAC			
Street Address <b>4000 EMBASSY PKWY, STE 400</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44333</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>DIANNE M. SUMEGO</b>			Registration Number, if PAC			
Street Address <b>138 WEST GARWOOD DRIVE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>TALLMADGE</b>	State <b>O   H</b>	Zip Code <b>44278</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>JAMES M. DUSTIN</b>			Registration Number, if PAC			
Street Address <b>10 DEERFIELD DRIVE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CHAGRIN FALLS</b>	State <b>O   H</b>	Zip Code <b>44022</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>ROBERT B. COOPER</b>			Registration Number, if PAC			
Street Address <b>4475 CASTLEMAINE CT.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44333</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						
Full Name of Contributor <b>JASON A. CROSTON</b>			Registration Number, if PAC			
Street Address <b>2521 CREENVIEW DRIVE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>UNIONTOWN</b>	State <b>O   H</b>	Zip Code <b>44685</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>1,000.00</b>
Form(Cash,Check,etc) <b>CHECK</b>						

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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 \$ 6,100.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>GARY L. GROSS</b>			Registration Number, if PAC			
Street Address <b>14300 RIDGE ROAD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>NORTH ROYALTON</b>	State <b>O   H</b>	Zip Code <b>44133</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>100.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MAZANEC RASKIN &amp; RYDER CO LPA PAC</b>			Registration Number, if PAC			
Street Address <b>34305 SOLON RD., STE 100</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>SOLON</b>	State <b>O   H</b>	Zip Code <b>44139</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,000.00</b>
			Form(Cash,C 8) <b>CHECK</b>			
Full Name of Contributor <b>HARLEY I. GROSS</b>			Registration Number, if PAC			
Street Address <b>14300 RIDGE ROAD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>NORTH ROYALTON</b>	State <b>O   H</b>	Zip Code <b>44133</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>100.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JOHN R. MORRIS III</b>			Registration Number, if PAC			
Street Address <b>1222 LEDGEWOOD DRIVE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44333</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,000.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JOHN A. SHUTSA</b>			Registration Number, if PAC			
Street Address <b>131 CASTLE DRIVE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MUNROE FALLS</b>	State <b>O   H</b>	Zip Code <b>44262</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,000.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CATHY CARTER GODSHALL</b>			Registration Number, if PAC			
Street Address <b>275 MEADOW OAKS TRL.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MEDINA</b>	State <b>O   H</b>	Zip Code <b>44256</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>200.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>STEPHEN B. WARD</b>			Registration Number, if PAC			
Street Address <b>190 25TH ST., SE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>NEW PHILADELPHIA</b>	State <b>O   H</b>	Zip Code <b>44663</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,000.00</b>
			Form(Cash,Check,etc) <b>CHECK</b>			

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Total contributions this event

Total expenditures this event

Page Total \$ 4,400.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>PHILIP A. LLOYD</b>				Registration Number, if PAC			
Street Address <b>2114 FIRESTONE TRACE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44333</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ANTHONY J. DIDADO</b>						Registration Number, if PAC	
Street Address <b>1243 PORTAGE LINE ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44312</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,C 8 <b>CHECK</b>			
Full Name of Contributor <b>GARY J. DIDADO</b>						Registration Number, if PAC	
Street Address <b>3367 ASHTON DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>UNIONTOWN</b>		State <b>O   H</b>	Zip Code <b>44685</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ELIZABETH Z. BARTZ</b>						Registration Number, if PAC	
Street Address <b>1882 LARCHMONT ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JASON A. BUTTERWORTH</b>						Registration Number, if PAC	
Street Address <b>333 N. PORTAGE PATH</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44303</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MICHAEL ORBOVICH</b>						Registration Number, if PAC	
Street Address <b>560 BAYSHORE BLVD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>LAKE MILTON</b>		State <b>O   H</b>	Zip Code <b>44429</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DAVID A. GEORGE</b>						Registration Number, if PAC	
Street Address <b>5406 JENNIFER LANE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>SHARON TWP</b>		State <b>O   H</b>	Zip Code <b>44281</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
				Form(Cash,Check,etc) <b>CHECK</b>			

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Total contributions this event

Total expenditures this event

Page Total \$ 7,500.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>								
Full Name of Contributor <b>LAWRNECE A. DIVOKY</b>			Registration Number, if PAC					
Street Address <b>587 BISHOP ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City <b>HIGHLAND HTS.</b>		State <b>O   H</b>	Zip Code <b>44143</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>ROBERT A. HANDELMAN</b>								
Street Address <b>2974 SIVLERVIEW DRIVE</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>STOW</b>		State <b>O   H</b>	Zip Code <b>44224</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,C 8) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>GEORGE R. SARKIS</b>								
Street Address <b>466 ELY ROAD</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>JOHN L REYES</b>								
Street Address <b>2338 STOCKBIRDGE ROAD</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>PAMELA J. KOSTOFF</b>								
Street Address <b>526 MEREDITH LANE</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>PETER M. KOSTOFF</b>								
Street Address <b>526 MEREDITH LANE</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>SEAN G. D'ARCY</b>								
Street Address <b>5700 ROOSEVELT STREET</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>BETHESDA</b>		State <b>M   D</b>	Zip Code <b>20817</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					

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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 \$ 7,000.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>SHYAM V. RAJADHYAKSHA</b>			Registration Number, if PAC			
Street Address <b>6121 HUNTLEY ROAD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43229</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>
Full Name of Contributor <b>ANTHONY S. MANNA</b>						
Street Address <b>75 EAST MARKET STREET</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44308</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,C 8) <b>CHECK</b>			<b>2,500.00</b>
Full Name of Contributor <b>WILLIAM K. SADATAKI</b>						
Street Address <b>4066 BRUSH ROAD</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>RICHFIELD</b>	State <b>O   H</b>	Zip Code <b>44286</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>
Full Name of Contributor <b>MARY HURBEAN JONES</b>						
Street Address <b>299 SUMMIT STREET</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>WADSWORTH</b>	State <b>O   H</b>	Zip Code <b>44281</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>250.00</b>
Full Name of Contributor <b>W. SAVAGE</b>						
Street Address <b>11198 MICHELLE DRIVE, NW</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>CANAL FULTON</b>	State <b>O   H</b>	Zip Code <b>44614</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>250.00</b>
Full Name of Contributor <b>SARAH R. THOMARIOS</b>						
Street Address <b>1 CANAL SQUARE PLZ, APT 303</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44308</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>250.00</b>
Full Name of Contributor <b>RICHARD M. ENTY</b>						
Street Address <b>80 N. PORTAGE PATH, APT 10A8</b>			Employer/Occupation/Labor Organization*			Registration Number, if PAC
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>			<b>250.00</b>

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Total contributions this event

Total expenditures this event

Page Total \$ 5,500.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>PHILLIP J. MONTGOMERY</b>			Registration Number, if PAC				
Street Address <b>308 SAND RUN RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>100.00</b>
Full Name of Contributor <b>DENISE B. RANDLE</b>							
Street Address <b>9383 KINGS HOLLOW CT.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MENTOR</b>		State <b>O   H</b>	Zip Code <b>44080</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,C 8) <b>CHECK</b>				<b>200.00</b>
Full Name of Contributor <b>ANDREW SCHUELLERMAN</b>							
Street Address <b>308 SAND RUN RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>100.00</b>
Full Name of Contributor <b>GEORGE M. DEBORD</b>							
Street Address <b>2998 CLEAR CREEK DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYHOAGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>200.00</b>
Full Name of Contributor <b>DAVID G. KROCK</b>							
Street Address <b>6663 HAMPSHER RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CLINTON</b>		State <b>O   H</b>	Zip Code <b>44216</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>350.00</b>
Full Name of Contributor <b>EUGENE P. ESSER</b>							
Street Address <b>9240 CHAMBERLIN RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>TWINSBURG</b>		State <b>O   H</b>	Zip Code <b>44087</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>350.00</b>
Full Name of Contributor <b>ANNE CONNELL FREUND</b>							
Street Address <b>388 W. BATH RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>				<b>500.00</b>

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Total contributions this event

Total expenditures this event

Page Total \$ 1,800.00

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

Prescribed by Secretary of State 305

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>HEATHER HESLOP LICATA</b>			Registration Number, if PAC			
Street Address <b>480 DELAWARE AVENUE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>500.00</b>	
Full Name of Contributor <b>BERNARD ROCHFORD</b>			Registration Number, if PAC			
Street Address <b>710 UPPER MERRIMAN RD.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,C 8) <b>CHECK</b>		<b>500.00</b>	
Full Name of Contributor <b>MICHAEL R. OCHSENHIRT</b>			Registration Number, if PAC			
Street Address <b>812 MAYFAIR RD.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>500.00</b>	
Full Name of Contributor <b>RALPH J. PALMISANO</b>			Registration Number, if PAC			
Street Address <b>4019 HEDGEWOOD DR.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MEDINA</b>	State <b>O   H</b>	Zip Code <b>44258</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>KATHRYN A. BELFANCE</b>			Registration Number, if PAC			
Street Address <b>50 S. MAIN ST., FL 10</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44308</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>WILLIAM J. GINTER</b>			Registration Number, if PAC			
Street Address <b>675 N. PORTAGE PATH</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44303</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>JENNIFER L. COON</b>			Registration Number, if PAC			
Street Address <b>1742 MONTER AVENUE</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>LOUISVILLE</b>	State <b>O   H</b>	Zip Code <b>44641</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>
			Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	

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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 \$ 5,500.00



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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>DAVID WILES</b>				Registration Number, if PAC			
Street Address <b>7615 SARAH LEE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CONCORD TOWNSHIP</b>		State <b>O   H</b>	Zip Code <b>44077</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>JARED CHANEY</b>							
Street Address <b>45 HEATHER CT.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CHAGRIN FALLS</b>		State <b>O   H</b>	Zip Code <b>44022</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,C 8 <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>RICHARD T. WALLACK</b>							
Street Address <b>6851 CHERRY BLOSSOM DR.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MENTOR</b>		State <b>O   H</b>	Zip Code <b>44060</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>MICHAEL G. VERICH</b>							
Street Address <b>1346 CENTRAL PKWY AVE SE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>WARREN</b>		State <b>O   H</b>	Zip Code <b>44484</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>1,000.00</b>	
Full Name of Contributor <b>LORI LAWRENCE</b>							
Street Address <b>2511 VALLEY VIEW DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>1,500.00</b>	
Full Name of Contributor <b>ILLYA MCGEE</b>							
Street Address <b>1351 HAMMEL</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44306</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>200.00</b>	
Full Name of Contributor <b>JAMES J. LAWRENCE</b>							
Street Address <b>2511 VALLEY VIEW DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				Form(Cash,Check,etc) <b>CHECK</b>		<b>1,500.00</b>	

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Total contributions this event

Total expenditures this event

Page Total \$ 7,200.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>								
Full Name of Contributor <b>JEFFREY J. SZMANSKI</b>			Registration Number, if PAC					
Street Address <b>105 RIDGE LANE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City <b>CORAOPOLIS</b>		State <b>P   A</b>	Zip Code <b>15108</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>250.00</b>					
Full Name of Contributor <b>DAVID G. MARSHALL</b>								
Street Address <b>1845 WALNUT ST, STE 1150</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>PHILADELPHIA</b>		State <b>P   A</b>	Zip Code <b>19103</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,C 8) <b>CHECK</b>			<b>5,000.00</b>					
Full Name of Contributor <b>OAPO, LLC</b>								
Street Address <b>3421 RIDGEWOOD RD., STE 200</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>FAIRLAWN</b>		State <b>O   H</b>	Zip Code <b>44333</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>2,500.00</b>					
Full Name of Contributor <b>MEDICAL MUTUAL OF OHIO PAC</b>								
Street Address <b>2060 EAST NINTH STREET</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CLEVELAND</b>		State <b>O   H</b>	Zip Code <b>44115</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>5,000.00</b>					
Full Name of Contributor <b>JAMES M. HOUK</b>								
Street Address <b>2916 PICKWICK DRIVE</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43221</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>300.00</b>					
Full Name of Contributor <b>BROUSE McDOWELL FSL PAC</b>								
Street Address <b>388 S. MAIN ST., STE 500</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44311</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					
Full Name of Contributor <b>CARPENTERS LOCAL 285 PCE</b>								
Street Address <b>47 ALICE DRIVE</b>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44319</b>	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
Form(Cash,Check,etc) <b>CHECK</b>			<b>1,000.00</b>					

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Total contributions this event

Total expenditures this event

Page Total \$ 15,050.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>GEORGE R. SARKIS</b>			Registration Number, if PAC				
Street Address <b>222 SOUTH MAIN STREET</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44308</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>1,250.00</b>	
Full Name of Contributor <b>LEWIS W. ADKINS</b>						Registration Number, if PAC	
Street Address <b>1375 E. NINTH ST., 10 FLOOR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CLEVELAND</b>		State <b>O   H</b>		Zip Code <b>44114</b>		Form(Cash,C 8) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>1,250.00</b>	
Full Name of Contributor <b>JOSEPH S. KANFER</b>						Registration Number, if PAC	
Street Address <b>ONE GOJO PLAZA, STE 350</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44311</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>2,500.00</b>	
Full Name of Contributor <b>THOMAS J. DILLON</b>						Registration Number, if PAC	
Street Address <b>733 W. MARKET ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44303</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>1,000.00</b>	
Full Name of Contributor <b>MARY ANNE WALSH</b>						Registration Number, if PAC	
Street Address <b>3538 NARRAGANSETT AVENUE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>ANNAPOLIS</b>		State <b>M   D</b>		Zip Code <b>21403</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>500.00</b>	
Full Name of Contributor <b>STEPHEN A. COMUNALE</b>						Registration Number, if PAC	
Street Address <b>2300 SOUREK TRL</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>2,500.00</b>	
Full Name of Contributor <b>MARK BERNHARDT</b>						Registration Number, if PAC	
Street Address <b>2063 W. LANE AVENUE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>CHECK</b>	
				<b>0</b>	<b>1</b>	<b>2</b>	<b>8</b>
				<b>1</b>	<b>6</b>	<b>200.00</b>	

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Total contributions this event

Total expenditures this event

Page Total \$ 9,200.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF RUSS PRY							
Full Name of Contributor PEGGY GARRISON		Registration Number, if PAC					
Street Address 5290 LOCUST HILL LN.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City DUBLIN	State O   H	Zip Code 43017	0	1	2 8 1 6	200.00	
Form(Cash,Check,etc)		CHECK					
Full Name of Contributor D. LOHMEIER		Registration Number, if PAC					
Street Address 506 CRYSTAL BAY CIR.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City SUFFOLK	State V   A	Zip Code 23435	0	1	2 8 1 6	200.00	
Form(Cash,C 8		CHECK					
Full Name of Contributor CRAIG D. RICHARDS		Registration Number, if PAC					
Street Address #1 MERRYWOOD LANE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City VIENNA	State W   V	Zip Code 26105	0	1	2 8 1 6	200.00	
Form(Cash,Check,etc)		CHECK					
Full Name of Contributor RONALD R. SCHULTZ		Registration Number, if PAC					
Street Address 9485 CAPE WRATH DRIVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City DUBLIN	State O   H	Zip Code 43017	0	1	2 8 1 6	200.00	
Form(Cash,Check,etc)		CHECK					
Full Name of Contributor CHRISTOPHER J. MARTIN		Registration Number, if PAC					
Street Address 3824 ROYAL ROCK RD.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City COPLEY	State O   H	Zip Code 44321	0	1	2 8 1 6	1,000.00	
Form(Cash,Check,etc)		CHECK					
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE LLP		Registration Number, if PAC					
Street Address 52 E. GAY ST., P.O. BOX 1008	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City COLUMBUS	State O   H	Zip Code 43215	0	1	2 8 1 6	2,500.00	
Form(Cash,Check,etc)		CHECK					
Full Name of Contributor EPIC ENGINEERING GROUP, LLC		Registration Number, if PAC					
Street Address 1531 BOETTLER RD., STE B	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City UNIONTOWN	State O   H	Zip Code 44685	0	1	2 8 1 6	1,000.00	
Form(Cash,Check,etc)		CHECK					

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Total contributions this event

Total expenditures this event

Page Total \$ 5,300.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>THOMAS M. BELLISH</b>			Registration Number, if PAC				
Street Address <b>717 WESTBROOK WAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>HUDSON</b>		State <b>O   H</b>	Zip Code <b>44236</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>GEORGE D. DAILY</b>			Registration Number, if PAC				
Street Address <b>8460 MORRIS ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>HILLIARD</b>		State <b>O   H</b>	Zip Code <b>43026</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,C 8 <b>CHECK</b>			
Full Name of Contributor <b>PENGUIN PAC</b>			Registration Number, if PAC <b>CO0417584</b>				
Street Address <b>80 F STREET, NW STE 804</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>WASHINGTON</b>		State <b>D   C</b>	Zip Code <b>20001</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ANTHONY A. PETRARCA</b>			Registration Number, if PAC				
Street Address <b>1765 MERRIMAN ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MICHAEL WOJNO</b>			Registration Number, if PAC				
Street Address <b>1790 TOWN PARK BLVD. STE D</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>UNIONTOWN</b>		State <b>O   H</b>	Zip Code <b>44685</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>BRICKER &amp; EDKLER LLP STATE PAC</b>			Registration Number, if PAC <b>OH821</b>				
Street Address <b>100 S. THIRD ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43215</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>THOMAS D. CAITO</b>			Registration Number, if PAC				
Street Address <b>1380 E. 9TH ST., STE 800</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CLEVELAND</b>		State <b>O   H</b>	Zip Code <b>44114</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			

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Total contributions this event

Total expenditures this event

Page Total \$ 10,000.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>							
Full Name of Contributor <b>ANTHONY M. RODRIGUEZ</b>				Registration Number, if PAC			
Street Address <b>1 CANAL SQUARE PLZ, STE 101</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44308</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>SUMMIT CO. DEMOCRATIC EXEC COMM POLITICAL FUND</b>							
Street Address <b>438 GRANT ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44311</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>5,000.00</b>
				Form(Cash,C 8) <b>CHECK</b>			
Full Name of Contributor <b>RICHARD J. IAFELICE</b>							
Street Address <b>8130 HUMPHREY HILL DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>CONCORD TWP</b>		State <b>O   H</b>	Zip Code <b>44077</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>500.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CRAIG W. JUDAY</b>							
Street Address <b>9365 EUCLID CHARDON RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>KIRTLAND</b>		State <b>O   H</b>	Zip Code <b>44094</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>500.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CLYDE C. HADDEN</b>							
Street Address <b>8154 MENTOR AVENUE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>MENTOR</b>		State <b>O   H</b>	Zip Code <b>44060</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>500.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ARCADIS U.S. INC. POLITICAL ACTION COMMITTEE</b>							
Street Address <b>630 PLAZA DRIVE, STE 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>HIGHLANDS RANCH</b>		State <b>C   O</b>	Zip Code <b>80129</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JAMES J. RUHLIN</b>							
Street Address <b>6931 RIDGE RD. PO BOX 190</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>SHARON CENTER</b>		State <b>O   H</b>	Zip Code <b>44274</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1,000.00</b>
				Form(Cash,Check,etc) <b>CHECK</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)]

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 \$ 9,500.00

Page Total \$ 9,500.00

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>								
Full Name of Contributor <b>JAMES A. ORLANDO</b>			Registration Number, if PAC					
Street Address <b>37 N. BROADWAY ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44308</b>	<b>0</b>	<b>2</b>	<b>18</b>	<b>16</b>	
			Form(Cash,Check,etc) <b>CHECK</b>				<b>200.00</b>	
Full Name of Contributor <b>TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G</b>								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	<b>0</b>	<b>1</b>	<b>28</b>	<b>16</b>	
			Form(Cash,C 8) <b>CHECK</b>				<b>200.00</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)					

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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

\$	<b>104,350.00</b>
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Total expenditures this event

\$	-
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Page Total \$	<b>400.00</b>
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# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>						
Full Name of Contributor <b>CONNIE L. KRAUSS</b>						
Street Address <b>799 PEGAN DRIVE</b>			M	D	Y	Amount
			0	1	2	8
City <b>WADSWORTH</b>			State <b>O</b>   <b>H</b>	Zip Code <b>44281</b>		Form (Cash, Check, etc) <b>CHECK</b>
						<b>200.00</b>
Full Name of Contributor						
Street Address						
City						
Full Name of Contributor						
Street Address						
City						
Full Name of Contributor						
Street Address						
City						
Full Name of Contributor						
Street Address						
City						
Full Name of Contributor						
Street Address						
City						

The above are employees of a unit or department under the direct supervision or control of RUSSELL M. PRY, who currently holds the public office of SUMMIT COUNTY EXECUTIVE. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."



# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF RUSS PRY</b>			
Full Name of Contributor <b>PAUL THOMARIOS</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address <b>ONE CANAL SQ., STE 101</b>		Description of Item or Service <b>CATERING 1/28/16 FR</b>	M   D   Y   Fair Market Value <b>0   1   2   8   1   6   3,252.00</b>
City <b>AKRON</b>		State   Zip Code <b>O   H   44308</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]