

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee The Committee to Elect Alison Breaux for Judge						Registration Number, if PAC				
Full Name of Candidate ALISON Breaux										
Street Address 1668 Merriman Rd # 35				Office Sought		District				
City AKRON				State OH		Zip Code 44313				
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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	2400 00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	2400 00
5. Total monetary expenditures (From Form No. 31-B)	\$	0
6. Balance on hand (line 4 minus line 5)	\$	1
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1493 21
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0 0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0 0
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0 0
12. Value of independent expenditures made (From Form No. 31-U)	\$	0
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

2016 MAR -2 PM 1:20
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 #11,193 Ave

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.

Kristina O'Connor
Print Name and Title (Treasurer and Deputy Treasurer only)
Treasurer

[Signature]
Signature

3/1/2016
Date

Contribution pages 2

Expenditure pages 0

Other pages 2

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Alison Breaux for Judge						
Full Name of Contributor William Zavarelli				Registration Number, if PAC 0		
Street Address 313 S. High St #2		Employer/Occupation/Labor Organization* Lawyer			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44308	M 12	D 17	Y 15	Amount 1000.00
Full Name of Contributor Dr. Elizabeth Bender				Registration Number, if PAC		
Street Address 75 Arch St #406		Employer/Occupation/Labor Organization* M.D.			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44304	M 12	D 17	Y 15	Amount 1000.00
Full Name of Contributor Commitment Raiser Event				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State	Zip Code	M 02	D 18	Y 16	Amount 1200.00
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 also appear. [R.C. 3517.10(B)(4)]

\$2400.00

Statement of Contributions Received at a Social or Fund-Raising Event

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Name of Committee in Full			
The Committee to Elect Alison Breaux for Judge			
Full Name of Contributor		Registration Number, if PAC	
Michael Karder			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
463 Fox Hollow	Investment Banker	02 18 16	600 ⁰⁰
City	State	Form (Cash, Check, etc.)	
Akron	OH	Check	
Full Name of Contributor		Registration Number, if PAC	
Bob Mandala			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
800 Merriman	Business owner	02 18 16	600 ⁰⁰
City	State	Form (Cash, Check, etc.)	
Akron	OH	Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	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

	2
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Total expenditures this event

	
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Page Total \$ 1200⁰⁰

In-Kind Contributions Received

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Name of Committee in Full			
The Committee to Elect Alison Breaux for Judge			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	photography	01 26 16	500.00
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44303	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	Stationary	01 20 16	136.98
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44303	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	Stationary	01 22 16	73.30
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44203	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	Stationary	02 02 16	465.47
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44303	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	Stationary	01 21 16	17.46
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44303	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Alison Breaux			
Street Address	Description of Item or Service	M D Y	Fair Market Value
675 Merriman	Valet Service	02 18 16	300.00
City	State Zip Code	Received at Fundraising Event?	
Akron	OH 44303	<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	Received at Fundraising Event?	
		<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	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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