

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 Dr		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)	Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	Pre-General
	July Monthly	August Monthly	September Monthly
			Post-General
			Termination
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election 03/15/16	

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	\$	4 25
2. Total monetary contributions (From Form No. 31-A)	\$	2100 00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	2104 25
5. Total monetary expenditures (From Form No. 31-B)	\$	482 42
6. Balance on hand (Line 4 minus line 5)	\$	1,621 83
7. Value of in-kind contributions received (From Form No. 31-J)	\$	
8. Value of in-kind contributions made (From Form No. 31-J)	\$	
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.	\$	

2016 APR 21 PM 1:07

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

11,048 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.

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

Rita Darrow
Signature

4/21/2016
Date

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Darrow For Council							
Full Name of Contributor JUDY KONYA					Registration Number, if PAC		
Street Address 4517 Yorkdale		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) #2950		
City Stow	State OH	Zip Code 44224	M 02	D 02	Y 16	Amount 50.00	
Full Name of Contributor UNKNOWN - Northwest Savings Bank					Registration Number, if PAC		
Street Address Money Gram		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 610177292		
City Hudson	State OH	Zip Code 44236	M 03	D 07	Y 16	Amount 100.00	
Full Name of Contributor ROBERT JACKSON SR.					Registration Number, if PAC		
Street Address 3358 Columbia Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 6173		
City Westlake	State OH	Zip Code 44145	M 03	D 07	Y 16	Amount 400.00	
Full Name of Contributor CITIZENS For Schmidt					Registration Number, if PAC		
Street Address 1460 CURTIS AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Cuyahoga Falls	State OH	Zip Code 44221	M 04	D 02	Y 16	Amount 500.00	
Full Name of Contributor EDWARD R. KUCHAR					Registration Number, if PAC		
Street Address 6044 LEDGEVILLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 1242		
City PENINSULA	State OH	Zip Code 44264	M 04	D 15	Y 16	Amount 1000.00	
Full Name of Contributor JUDY KONYA					Registration Number, if PAC		
Street Address 4517 Yorkdale		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City Stow	State OH	Zip Code 44224	M 04	D 14	Y 16	Amount 50.00	
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	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Darrow For Council										
To Whom Paid						M	D	Y	Amount	
GOT PRINT.COM						03	08	16	246.50	
Address				Purpose						
7651 N. SAN FERNANDO				Poll Hand Outs						
City			State	Zip Code			Check Number			
Burbank			CA	91505						
To Whom Paid						M	D	Y	Amount	
FACEBOOK						03	31	16	45.09	
Address				Purpose						
1 HACKER Way				Advertisement						
City			State	Zip Code			Check Number			
Menlo Park			CA	94025						
To Whom Paid						M	D	Y	Amount	
OFFICE MAX						03	31	16	50.67	
Address				Purpose						
500 E AURORA RD				Campaign Supply						
City			State	Zip Code			Check Number			
Macedonia			OH	44056						
To Whom Paid						M	D	Y	Amount	
DRG Western Digital						02	10	16	96.06	
Address				Purpose						
Web(or) 1-877-934-6972				Web Backup Recovery						
City			State	Zip Code			Check Number			
To Whom Paid						M	D	Y	Amount	
OFFICE Max						04	09	16	19.09	
Address				Purpose						
500 E AURORA				Campaign Supply						
City			State	Zip Code			Check Number			
Macedonia			OH	44056						
To Whom Paid						M	D	Y	Amount	
PayPal						04	01	16	3.10	
Address				Purpose						
2211 NorthFirst ST										
City			State	Zip Code			Check Number			
SAN JOSE			CA	95131						
To Whom Paid						M	D	Y	Amount	
Fifth Third Bank						04	20	16	22.00	
Address				Purpose						
943 E. AURORA RD				SERVICE Charge \$11.00 PER MONTH						
City			State	Zip Code			Check Number			
Macedonia			OH	44056						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code			Check Number			