

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | |
|--|--------------|---|----------------|---|-------------------|-----------------------------|-------------------------------|----------------|
| Full Name of Committee Friends of David Hamilton | | | | | | Registration Number, if PAC | | |
| Full Name of Candidate David H. Hamilton | | | | | | | | |
| Street Address 780 Harvard Street | | | | Office Sought Summit County Council | | | District District 5 | |
| City Akron | | | | | | State OH | Zip Code 44333 | |
| Type of Report (place X to the left of report type) | Pre-Primary | <input checked="" type="checkbox"/> | 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 03 | D 15 | Y 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 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 | \$ | 3,066.85 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 5,660.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 8,726.85 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 5,918.68 |
| 6. Balance on hand (line 4 minus line 5) | \$ | 2,808.17 |
| 7. Value of in-kind contributions received (From Form No. 31-I-1) | \$ | 0.00 |
| 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 | \$ | |

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2016 APR 21 PM 3:33
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO

11051 BAB

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

Gregory M. Dortch **4/21/16**
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 7

Expenditure pages 6

Other pages 2

Total pages 15

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | |
|---|--|--|--------------------------|------------------------------------|---|---|--------|
| Name of Committee in Full Friends of David Hamilton | | | | | | | |
| To Whom Paid Nicole's Restaurant | | | | M | D | Y | Amount |
| | | | | 0 | 3 | 1 | 558.16 |
| Address 1477 South Hawkins Street | | Purpose Food and Beverages for Fund Raiser Event | | | | | |
| City Akron | | State O H | Zip Code 44320 | Check Number 1005 | | | |
| To Whom Paid Apple Store | | | | M | D | Y | Amount |
| | | | | 0 | 3 | 2 | 937.27 |
| Address 3265 West Market Street | | Purpose Replace cell phone damaged while campaigning | | | | | |
| City Akron | | State O H | Zip Code 44333 | Check Number Credit Card | | | |
| To Whom Paid Apple Store | | | | M | D | Y | Amount |
| | | | | 0 | 3 | 2 | 37.36 |
| Address 3265 West Market Street | | Purpose Replace cell phone damaged while campaigning | | | | | |
| City Akron | | State O H | Zip Code 44333 | Check Number Credit Card | | | |
| To Whom Paid Bob Evans | | | | M | D | Y | Amount |
| | | | | 0 | 2 | 0 | 24.63 |
| Address 4076 Medina Road | | Purpose Lunch with a possible campaign endorser | | | | | |
| City Akron | | State O H | Zip Code 44333 | Check Number VISA | | | |
| To Whom Paid Krispy Kreme | | | | M | D | Y | Amount |
| | | | | 0 | 3 | 1 | 8.69 |
| Address 354 South Maple Street | | Purpose Refreshments for Poll Workers | | | | | |
| City Akron | | State O H | Zip Code 44302 | Check Number VISA | | | |
| To Whom Paid Various Vendors, Dates and Amounts | | | | M | D | Y | Amount |
| | | | | | | | 212.57 |
| Address | | Purpose Purchase Gasoline for campaign travel | | | | | |
| City Akron | | State O H | Zip Code | Check Number VISA | | | |
| To Whom Paid Omit | | | | 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 Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|--|--------------------|--------------------------|----------------|----------|---------------------------------|----------------|----------------|--|----------|----------------|
| Full Name of Committee Friends of David Hamilton | | | | | | | | | | | |
| From Whom Received Barbara A. Sykes | | | | | | Prior Amount 1,000.00 | | | Amt. Incurred this Period 0.00 | | |
| Address 133 Furnace Run Drive | | | | | | | | | Outstanding Balance 0.00 | | |
| City Akron | | State OH | Zip Code 44307 | | | Loans Received This Period | | | Payments This Period | | |
| | | | | | | Date | | | Date | | |
| | | | | | | Amount | | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y |
| 0 2 1 5 1 6 | | 0 | 2 | 1 5 1 6 | 0 | 2 | 1 5 1 6 | 1000.00 | 0 | 3 | 1 5 1 6 |
| Registration Number, if PAC | | | | | | M | D | Y | M | D | Y |
| Employer/Occupation/Labor Organization* | | | | | | M | D | Y | M | D | Y |
| From Whom Received Sykes for Office | | | | | | Prior Amount 1,000.00 | | | Amt. Incurred this Period 0.00 | | |
| Address 133 Furnace Run Drive | | | | | | | | | Outstanding Balance 0.00 | | |
| City Akron | | State OH | Zip Code 44307 | | | Loans Received This Period | | | Payments This Period | | |
| | | | | | | Date | | | Date | | |
| | | | | | | Amount | | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y |
| 0 2 2 3 1 6 | | 0 | 2 | 2 3 1 6 | 0 | 2 | 2 3 1 6 | 1000.00 | 0 | 3 | 1 5 1 6 |
| Registration Number, if PAC | | | | | | M | D | Y | M | D | Y |
| Employer/Occupation/Labor Organization* | | | | | | M | D | Y | M | D | Y |
| From Whom Received David Hamilton | | | | | | Prior Amount 500.00 | | | Amt. Incurred this Period 0.00 | | |
| Address 780 Harvard Street | | | | | | | | | Outstanding Balance 0.00 | | |
| City Akron | | State OH | Zip Code 44311 | | | Loans Received This Period | | | Payments This Period | | |
| | | | | | | Date | | | Date | | |
| | | | | | | Amount | | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y |
| 0 2 1 1 1 6 | | 0 | 2 | 1 1 1 6 | 0 | 2 | 1 1 1 6 | 500.00 | 0 | 3 | 1 5 1 6 |
| Registration Number, if PAC | | | | | | M | D | Y | M | D | Y |
| Employer/Occupation/Labor Organization* | | | | | | M | D | Y | M | D | Y |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 2,500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 2,500.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|----------------------------|--|-------|-------------|--------------|--|---|---|---|--------|---|---|-------|
| Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 795 South Hawkins Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1140 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Vera J. Strong | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 870 Nome | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | | 1095 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Marcelous Smith | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1159 Pondview Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44305 | 1131 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Emma L. Smith | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 888 Rosemond Avenue Apt. C | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44307 | 1127 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Gerriell Sayles | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 934 Amelia Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44302 | 1135 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| John C. Moblev | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1354 Orlando Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1141 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Howard McGowan | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 870 Nome | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1096 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Richard Dent | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1364 Hardesty Blvd. | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1123 | | | | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|---------------------------|--|-------|---------------|--------------|--|---|---|---|--------|---|---|--------|
| Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Russell T. Carter | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 891 Florida Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44314 | 1132 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Rasheedah Wahid | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 913 Hamlin Street | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1126 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Aneesah Wahid | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 692 Noble | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1124 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| George Vinson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 90.00 |
| Address | | | Purpose | | | | | | | | | |
| 789 Stadelman Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1092 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Cynthia Tine | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 427 Noble Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1128 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Deshawn Strong-Wilson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 109 North Howard Street | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44308 | 1097 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 110.00 |
| Address | | | Purpose | | | | | | | | | |
| 795 South Hawkins Street | | | Pick-up Signs | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1100 | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Andrew Wilson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 840 Diagonal Road | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | | | |
| Akron | | O H | 44320 | 1122 | | | | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|---|--|--|--|--------------------------|--|-----------------------------|---|---|--------|---|---|--------|
| Name of Committee in Full Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid Lewis Wilson | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 1021 Yale Street | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44310 | | Check Number 1125 | | | | | | |
| To Whom Paid Darian Johnson | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 0 | 1 | 1 | 6 | 200.00 |
| Address 1117 Dayton Street | | | Purpose Canvassing - various dates | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44309 | | Check Number cash | | | | | | |
| To Whom Paid Rasheedah Wahid | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 913 Hamlin | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44320 | | Check Number 1129 | | | | | | |
| To Whom Paid Emma L. Smith | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 888 Rosemond Avenue Apt. C | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44307 | | Check Number 1133 | | | | | | |
| To Whom Paid Cythina Tine | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 427 Noble Avenue | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44320 | | Check Number 1134 | | | | | | |
| To Whom Paid Gerriell Sayles | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 934 Amelia Avenue | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44302 | | Check Number 1136 | | | | | | |
| To Whom Paid Aneesah Wahid | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address 692 Noble | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44320 | | Check Number 1137 | | | | | | |
| To Whom Paid Shareefah Wahid | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 60.00 |
| Address 913 Hamlin | | | Purpose Poll Worker | | | | | | | | | |
| City Akron | | | State OH | Zip Code 44320 | | Check Number 1138 | | | | | | |

Page Total \$ 440.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|----------------------------|--|-------|--|-------------|--|--------------|---|---|--------|---|---|-------|
| Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| John Mobely | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 1354 Orlando Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44310 | | 1141 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 795 South Hawkins Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44320 | | 1140 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| George Vinson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 789 Stadelman Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44320 | | 1144 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Emma L. Smith | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 888 Rosemond Avenue Apt. C | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44307 | | 1142 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Cythina Tine | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 427 Noble Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44320 | | 1143 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Marcelous Smith | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 1159 Pondview Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44305 | | 1145 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Lewis Wilson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 1021 Yale Street | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44310 | | 1146 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | | Purpose | | | | | | | | |
| 795 South Hawkins Avenue | | | | Poll Worker | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| Akron | | OH | | 44320 | | 1147 | | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|---------------------------|--|-------|-------------|--|--------------|---|---|---|--------|---|---|-------|
| Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Lewis Wilson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1021 Yale Street | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44310 | | 1149 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 795 South Hawkins Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44320 | | 1150 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| George Vinson | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 789 Stadelman Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44320 | | 1148 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Gerriell Savles | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 934 Amelia Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44302 | | 1093 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Richard Dent | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1364 Hardesty Blvd. | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44320 | | 1098 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Richard Dent | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1364 Hardesty Blvd. | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44320 | | 1099 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Carson Barnes | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 795 South Hawkins Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44320 | | 1094 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Walter Frazier | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 30.00 |
| Address | | | Purpose | | | | | | | | | |
| 1184 7th Avenue | | | Poll Worker | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O H | 44306 | | 1091 | | | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|---|--|--------------------|--|--|-----------------------------|---|---|---|----------|---|---|----------|
| Name of Committee in Full Friends of David Hamilton | | | | | | | | | | | | |
| To Whom Paid Darian Johnson | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 100.00 |
| Address 1117 Dayton Street | | | Purpose Canvassing | | | | | | | | | |
| City Akron | | State OH | Zip Code 44309 | | Check Number 1104 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | 1,778.68 | | | |
| Address | | | Purpose Expenditures From 31-F | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| To Whom Paid Barbara Sykes | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 1,000.00 |
| Address 133 Furnance Run Drive | | | Purpose Repayment of Loan | | | | | | | | | |
| City Akron | | State OH | Zip Code 44307 | | Check Number 1101 | | | | | | | |
| To Whom Paid Sykes for Office | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 1,000.00 |
| Address 133 Furnance Run Drive | | | Purpose Repayment of Loan | | | | | | | | | |
| City Akron | | State OH | Zip Code 44307 | | Check Number 1102 | | | | | | | |
| To Whom Paid David Hamilton | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 5 | 1 | 6 | 500.00 |
| Address 780 Harvard St. | | | Purpose Repayment of Loan | | | | | | | | | |
| City Akron | | State OH | Zip Code 44311 | | Check Number 1106 | | | | | | | |
| 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 | | | | | | | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|--|--|---|--------------|-----------------------------|----------|----------|---------------|
| Friends of David Hamilton | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Anthony Dortch | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1032 Annapolis Avenue | | | | 0 | 3 | 1 | 70.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44310 | 5706 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Akron Police Dept. Credit Union, Inc. | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1570 Akron-Peninsula Road | | | | 00 | 3 | 1 | 100.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44313 | 2028114 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Elsie Whatley | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1087 Oak Tree Road | | | | 0 | 3 | 1 | 25.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44320 | 166 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Don Pedro Matthews II | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 699 Crestview Avenue | | | | 0 | 3 | 1 | 100.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44320 | 4369 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Donell Stone | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 781 Marie Avenue | | | | 0 | 3 | 1 | 25.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44314 | 2726 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Law Offices of Paul M. Grant | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 209 South Main Street 8th floor Suite 3 | | | | 0 | 3 | 1 | 50.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44308 | 416 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| James R. Ellison | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 23 Shannafelt Avenue | | | | 0 | 3 | 1 | 50.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Tallmadge | | O H | 44278 | 4769 | | | |

* 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 \$ 420.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|--|--|---|--------------|----------------------|----------|-----------------------------|---------------|
| Friends of David Hamilton | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Michael R. Coudriet | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 799 Willow Creek Drive | | | | 0 | 3 | 1 | 50.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Fairlawn | | O H | 44333 | 4418 | | | |
| Full Name of Contributor | | | | | | | |
| Friends of Wilhte | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 3 | 1 | 100.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| | | O H | | 1030 | | | |
| Full Name of Contributor | | | | | | | |
| David Muntean | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1674 Redwood Avenue | | | | 0 | 3 | 1 | 50.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44301 | 1788 | | | |
| Full Name of Contributor | | | | | | | |
| Glynis E. Miller | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1049 Storman Avenue | | | | 0 | 9 | 1 | 25.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44306 | 1525 | | | |
| Full Name of Contributor | | | | | | | |
| Nathaniel r. Hodoh Sr. | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1303 Hardesty Avenue | | | | 0 | 3 | 1 | 25.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44320 | 2003 | | | |
| Full Name of Contributor | | | | | | | |
| Sharett D. Swails | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1853 Cromwell Dr. | | | | 0 | 3 | 1 | 100.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44313 | 1081 | | | |
| Full Name of Contributor | | | | | | | |
| Donald Hicks Attorney at Law | | | | | | | |
| Street Address | | | | | | Registration Number, if PAC | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 159 South Main Street Suite 423 | | | | 0 | 3 | 1 | 50.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | | O H | 44308 | 8910 | | | |

* 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 \$ 400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|---|---|--------------|--|-----------------------------|----------|----------|---------------|
| Friends of David Hamilton | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Vickie P. Whatley | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1087 Oak Tree Road | | | | 0 | 3 | 1 | 25.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44320 | | 569 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Thomas C. Sawyer | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1298 North Howard Street | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44310 | | 2475 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Freddy J. Mginis | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1211 Seward Avenue | | | | 0 | 3 | 1 | 25.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44320 | | 1600 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Judi C.H. Hill | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 4450 Greensfield Circle | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Copley | O H | 44321 | | 8269 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Linda D. Gaines | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 3540 Deer Creek Trail | | | | 0 | 3 | 1 | 50.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Richfield | O H | 44286 | | 1519 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Mark Buie Attorney at Law | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| P.O. Box 1701 | | | | 0 | 3 | 1 | 25.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | | 5139 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Donald J. Malarcik Attorney at Law | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 54 E. Mill Street Suite 400 | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44308 | | 2618 | | | |

* 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 \$ 425.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|----------------------------------|---|--------------|--|-----------------------------|----------|----------|---------------|
| Friends of David Hamilton | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Attorney Noah Munver LLC | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 135 Portage Trail | | | | 0 | 3 | 1 | 500.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Cuyahoga Falls | OH | 44221 | | 1017 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Victor Daniel | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1351 South Hawkins | | | | 0 | 3 | 1 | 25.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44320 | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Llewellyn Dortch | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1404 Skipjack Drive | | | | 0 | 3 | 1 | 50.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Ft. Washington | MD | 20744 | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Whitney Humphrey | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1618 Isaac Trail | | | | 0 | 3 | 1 | 25.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44306 | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Cassandra Dortch | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1138 McKinley Avenue | | | | 0 | 3 | 1 | 40.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44306 | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| George Vinson | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 789 Stafeman Avenue | | | | 0 | 3 | 1 | 50.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44320 | | 537 | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Ed Smith | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 577 Madison Avenue | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44320 | | Cash | | | |

* 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 \$ 790.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | |
|---------------------------|---|----------|----------------------|-----------------------------|----|--------|
| Friends of David Hamilton | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Trina Whatley | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 429 North Hawkins | | | 0 | 3 | 16 | 30.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44313 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Rene Baylor | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1511 South Hawkins | | | 0 | 3 | 16 | 30.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44320 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Brandon Landry | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 2765 Lockraven | | | 0 | 3 | 16 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Copley | O H | 44321 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Veronica Sims | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 396 Briarwood | | | 0 | 3 | 16 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44320 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Sara Watkins | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 101 Jewett Street | | | 0 | 3 | 16 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44305 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Robert Wade | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 525 Winfield Wav | | | 0 | 3 | 16 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44303 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Emilva Sykes Campaign | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 109 North Howard Street | | | 0 | 3 | 16 | 200.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | O H | 44308 | 349 | | | |

* 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 | | | | | | | |
|--|---|--------------|--|-----------------------------|----------|----------|---------------|
| Friends of David Hamilton | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Marci White | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 107 Eastgay Drive Apt. A | | | | 0 | 3 | 1 | 20.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44313 | | Cash | | | |
| Full Name of Contributor | | | | | | | |
| Jesome Robbins | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Jesome Robbins | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1204 Coral Drive | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44313 | | Cash | | | |
| Full Name of Contributor | | | | | | | |
| Christina Landrico | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Christina Landrico | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 3145 W. Streetsboro Road | | | | 0 | 3 | 1 | 50.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44286 | | 1573 | | | |
| Full Name of Contributor | | | | | | | |
| Joel D. Bailey | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Joel D. Bailey | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 2127 Pilgrim Way | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44313 | | 8740 | | | |
| Full Name of Contributor | | | | | | | |
| George G. Keith Attorney at Law | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| George G. Keith Attorney at Law | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| P.O. Box 374 | | | | 0 | 3 | 1 | 400.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Cuvahoga Falls | O H | 44222 | | 9457 | | | |
| Full Name of Contributor | | | | | | | |
| Margo Sommerville | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Margo Sommerville | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 276 Millcreek Drive | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44307 | | 2420 | | | |
| Full Name of Contributor | | | | | | | |
| Randy D. Briggs | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Randy D. Briggs | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 151 Belhar Drive | | | | 0 | 3 | 1 | 100.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | O H | 44313 | | 1190 | | | |

* 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 \$ 870.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | |
|--|---|--------------|----------------------|-----------------------------|----------|
| Friends of David Hamilton | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Lucille Henderson | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| P.O. Box 505 | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Sylacauga | A | 35150 | 3361 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Jason D. Wallace, Esq. | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 50 South Main Street 10th floor | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Akron | O | 44308 | 326 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| James Gant | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 5327 Hughes Road | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Lansing | M | 48961 | 11273 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Robert Steward III | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 365 County Road 624 (Fairway Dr.) | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Nacogdouches | T | 75964 | 2971 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| April D. Jones | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 4927 Linden Street | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Columbia | N | 29203 | 482 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Judge Carla D. Moore | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 1048 Rolling Meadows Road | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Akron | O | 44333 | 9232 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Friends of Russ Prv | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 559 Weber Avenue | | | 0 | 3 | 1 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| Akron | O | 44303 | 1496 | | |

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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
5,660.00

Total expenditures this event
1,778.68

Page Total \$ 2,375.00