

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee The Nolan James Campaign Committee						Registration Number, if PAC			
Full Name of Candidate Nolan T. James Jr.									
Street Address 711 Indian Trl					Office Sought Summit County Council		District 7		
City Akron						State O H	Zip Code 44314		
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General	Annual Year
	July			August		September		Termination	Semiannual
Monthly			Monthly		Monthly				
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	D	Y	
						0	3	1	5
								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	\$	4,122.18
2. Total monetary contributions (From Form No. 31-A)	\$	4,375.00
3. Total other income (From Form No. 31-A-2)	\$	7,250.00
4. Total funds available (sum of lines 1, 2, 3)	\$	15,747.18
5. Total monetary expenditures (From Form No. 31-B)	\$	20,473.42
6. Balance in fund (From Form No. 31-C)	\$	(4,726.24)
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,500.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	7,250.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1,951.98
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

#1126 R
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 APR 22 AM 8:10

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

Allison James, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only) Signature *A. James* Date 4/22/16

Contribution pages 6

Expenditure pages 4

Other pages 4

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Nolan James Campaign Committee							
Full Name of Contributor William Yankow					Registration Number, if PAC		
Street Address 1237 Washington Ave #1208		Employer/Occupation/Labor Organization* OIA GLOBAL			Form (Cash, Check, etc.) credit card		
City Cleveland	State O H	Zip Code 44113	M 0 3	D 0 9	Y 1 6	Amount 250.00	
Full Name of Contributor Dino Campellone					Registration Number, if PAC		
Street Address 7590 Elaine Dr		Employer/Occupation/Labor Organization* ABC Piping			Form (Cash, Check, etc.) credit card		
City Seven Hills	State O H	Zip Code 44131	M 0 3	D 0 9	Y 1 6	Amount 100.00	
Full Name of Contributor Kevin McKenna					Registration Number, if PAC		
Street Address 5283 Bringham Dr		Employer/Occupation/Labor Organization* ADP			Form (Cash, Check, etc.) credit card		
City Brunswick	State O H	Zip Code 44212	M 0 3	D 1 0	Y 1 6	Amount 100.00	
Full Name of Contributor Sarah Gregg					Registration Number, if PAC		
Street Address 1593 Lillian Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Stow	State O H	Zip Code 44224	M 0 3	D 1 0	Y 1 6	Amount 25.00	
Full Name of Contributor Nathaniel James					Registration Number, if PAC		
Street Address 24801 Lakeshore Blvd Apt B701		Employer/Occupation/Labor Organization* Windstream			Form (Cash, Check, etc.) credit card		
City Euclid	State O H	Zip Code 44123	M 0 3	D 1 1	Y 1 6	Amount 150.00	
Full Name of Contributor Leo Spellacy					Registration Number, if PAC		
Street Address 17706 Lakewood Heights Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Lakewood	State O H	Zip Code 44107	M 0 3	D 1 5	Y 1 6	Amount 50.00	
Full Name of Contributor Carolyn Duvall					Registration Number, if PAC		
Street Address 1278 Carnegie Ave		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) \$50 ck/\$25 cash		
City Akron	State O H	Zip Code 44314	M 0 4	D 1 0	Y 1 6	Amount 75.00	
Full Name of Contributor Malcolm Costa					Registration Number, if PAC		
Street Address 752 CASCADE MILLS DR		Employer/Occupation/Labor Organization* Akron Summit Community Action INC			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44307	M 0 3	D 3 0	Y 1 6	Amount 100.00	

* 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 Contributions Received

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Name of Committee in Full The Nolan James Campaign Committee							
Full Name of Contributor David Hoppe					Registration Number, if PAC		
Street Address 990 Chester Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Akron	State O H	Zip Code 44314	M 0 3	D 0 6	Y 1 6	Amount 50.00	
Full Name of Contributor Roger Marks					Registration Number, if PAC		
Street Address 2768 Jumpers Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Akron	State O H	Zip Code 44333	M 0 3	D 0 6	Y 1 6	Amount 25.00	
Full Name of Contributor Karen Cheung					Registration Number, if PAC		
Street Address 117 Hunt Club Dr Apt 2B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Copley	State O H	Zip Code 44321	M 0 3	D 0 6	Y 1 6	Amount 15.00	
Full Name of Contributor Michael Lake					Registration Number, if PAC		
Street Address 780 Silvercrest Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Akron	State O H	Zip Code 44314	M 0 3	D 0 7	Y 1 6	Amount 25.00	
Full Name of Contributor Weston Lott					Registration Number, if PAC		
Street Address 226 Merriman Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Akron	State O H	Zip Code 44303	M 0 3	D 0 7	Y 1 6	Amount 50.00	
Full Name of Contributor Judith Steiner					Registration Number, if PAC		
Street Address 4050 Foxtail Trail		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) credit card		
City Copley	State O H	Zip Code 44321	M 0 3	D 0 7	Y 1 6	Amount 100.00	
Full Name of Contributor Timothy Cox					Registration Number, if PAC		
Street Address 608 31st St SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Barberton	State O H	Zip Code 44203	M 0 3	D 0 7	Y 1 6	Amount 50.00	
Full Name of Contributor Terrence Fergus					Registration Number, if PAC		
Street Address 2311 North Star Lane		Employer/Occupation/Labor Organization* FSM Capital			Form (Cash, Check, etc.) credit card		
City Avon	State O H	Zip Code 44011	M 0 3	D 0 8	Y 1 6	Amount 500.00	

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Name of Committee in Full The Nolan James Campaign Committee						
Full Name of Contributor Marcus Pryor II				Registration Number, if PAC		
Street Address 809 Mishler Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Mogadore	State O H	Zip Code 44260	M 0 3	D 0 4	Y 1 6	Amount 40.00
Full Name of Contributor Joseph Hammerle				Registration Number, if PAC		
Street Address 25 Brittany Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Fort Thomas	State K Y	Zip Code 41075	M 0 3	D 0 4	Y 1 6	Amount 50.00
Full Name of Contributor Philip Truax				Registration Number, if PAC		
Street Address 520 Jaycox Rd		Employer/Occupation/Labor Organization* Wickens, Herzer, Panza, Cook, & Batista C			Form (Cash, Check, etc.) credit card	
City Avon Lake	State O H	Zip Code 44012	M 0 3	D 0 5	Y 1 6	Amount 100.00
Full Name of Contributor Hugo Souza				Registration Number, if PAC		
Street Address 71 South Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Chagrin Falls	State O H	Zip Code 44022	M 0 3	D 0 5	Y 1 6	Amount 100.00
Full Name of Contributor Matthew Berdyck (this donation was refunded - see expenses)				Registration Number, if PAC		
Street Address 315 Easy Street #5		Employer/Occupation/Labor Organization* unknown			Form (Cash, Check, etc.) credit card	
City Mountain View	State C A	Zip Code 94043	M 0 3	D 0 5	Y 1 6	Amount 1,000.00
Full Name of Contributor Cheryl Russell				Registration Number, if PAC		
Street Address 1857 16th St SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Akron	State O H	Zip Code 44314	M 0 3	D 0 5	Y 1 6	Amount 25.00
Full Name of Contributor Clifford Gulley				Registration Number, if PAC		
Street Address 194 7th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Cuyahoga Falls	State O H	Zip Code 44223	M 0 3	D 0 6	Y 1 6	Amount 50.00
Full Name of Contributor Matthew Gunn				Registration Number, if PAC		
Street Address 1109 Carnegie Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Cleveland	State O H	Zip Code 44115	M 0 3	D 0 6	Y 1 6	Amount 50.00

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Name of Committee in Full The Nolan James Campaign Committee							
Full Name of Contributor Alice Marson					Registration Number, if PAC		
Street Address 310 E Heatherwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Barberton	State O H	Zip Code 44203	M 0 2	D 2 5	Y 1 6	Amount 25.00	
Full Name of Contributor Robert Malone					Registration Number, if PAC		
Street Address 687 Sunnyside Ave		Employer/Occupation/Labor Organization* Buckingham			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44303	M 0 3	D 0 5	Y 1 6	Amount 250.00	
Full Name of Contributor Amber Genet					Registration Number, if PAC		
Street Address 804 Doty Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Wadsworth	State O H	Zip Code 44281	M 0 3	D 1 0	Y 1 6	Amount 50.00	
Full Name of Contributor Daniel Omalley					Registration Number, if PAC		
Street Address P.O. Box 771491		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lakewood	State O H	Zip Code 44107	M 0 3	D 0 2	Y 1 6	Amount 50.00	
Full Name of Contributor Kathryn O French					Registration Number, if PAC		
Street Address 6877 Chaffee Ct		Employer/Occupation/Labor Organization* Cbiz			Form (Cash, Check, etc.) check		
City Brecksville	State O H	Zip Code 44141	M 0 3	D 1 1	Y 1 6	Amount 100.00	
Full Name of Contributor Antwyone Samples					Registration Number, if PAC		
Street Address 243 Elizabeth Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Akron	State O H	Zip Code 44304	M 0 3	D 0 4	Y 1 6	Amount 30.00	
Full Name of Contributor Sean Ward					Registration Number, if PAC		
Street Address 10059 Timothy Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card		
City Twinsburg	State O H	Zip Code 44087	M 0 3	D 0 4	Y 1 6	Amount 25.00	
Full Name of Contributor Michael Vantusko					Registration Number, if PAC		
Street Address 8594 Somerset Dr		Employer/Occupation/Labor Organization* Morgan Stanley			Form (Cash, Check, etc.) credit card		
City Broadview Hts	State O H	Zip Code 44147	M 0 3	D 0 4	Y 1 6	Amount 125.00	

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Page Total \$ 655.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Nolan James Campaign Committee						
Full Name of Contributor Kevin Kita				Registration Number, if PAC		
Street Address 1717 East 9th St Apt 1103		Employer/Occupation/Labor Organization* Sutter O'Connell			Form (Cash, Check, etc) credit card	
City Cleveland	State O H	Zip Code 44114	M 0	D 2	Y 5	Amount 100.00
Full Name of Contributor Michael (Evan) Davis				Registration Number, if PAC		
Street Address 3140 Woodhaven Dr		Employer/Occupation/Labor Organization* Publicis Touchpoint Solutions			Form (Cash, Check, etc) credit card	
City Vestavia	State A L	Zip Code 35243	M 0	D 2	Y 5	Amount 100.00
Full Name of Contributor John Banks				Registration Number, if PAC		
Street Address 2332 Springside Oval		Employer/Occupation/Labor Organization* Crain's Cleveland Business			Form (Cash, Check, etc) credit card	
City Brecksville	State O H	Zip Code 44141	M 0	D 2	Y 6	Amount 100.00
Full Name of Contributor Anthony Antonelli				Registration Number, if PAC		
Street Address 20709 Belvidere Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) credit card	
City Fairview Park	State O H	Zip Code 44126	M 0	D 2	Y 6	Amount 25.00
Full Name of Contributor Kasey Petraitis				Registration Number, if PAC		
Street Address 13444 Merl Ave 1st Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) credit card	
City Lakewood	State O H	Zip Code 44107	M 0	D 2	Y 5	Amount 50.00
Full Name of Contributor James McMickle				Registration Number, if PAC		
Street Address 11514 Ohlman		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) credit card	
City Cleveland	State O H	Zip Code 44108	M 0	D 2	Y 6	Amount 50.00
Full Name of Contributor Iken Sans				Registration Number, if PAC		
Street Address 21339 Hillsdale Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) credit card	
City Fairview Park	State O H	Zip Code 44126	M 0	D 2	Y 6	Amount 40.00
Full Name of Contributor Ronald Andrew				Registration Number, if PAC		
Street Address 1899 6th St SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) credit card	
City Akron	State O H	Zip Code 44314	M 0	D 2	Y 8	Amount 75.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Nolan James Campaign Committee							
Full Name of Contributor City of Barberton (deposit refund for yard signs)					Registration Number, if PAC		
Street Address 104 3rd St NW Ste 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Barberton	State OH	Zip Code 44203	M 0	D 4	Y 08	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
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	

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
The Nolan James Campaign Committee						
Full Name				Registration Number, if PAC		
Allison James						
Address	Type*		M	D	Y	Amount
711 Indian Trl			0	4	12	7,250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	OH	44314	credit card			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, 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												
The Nolan James Campaign Committee												
To Whom Paid						M	D	Y	Amount			
Capitol Promotions, Inc.						0	2	2	6	1	6	85.00
Address			Purpose									
P.O. Box 231			campaign banner									
City		State	Zip Code		Check Number							
Glenside		P A	19038		credit card							
To Whom Paid						M	D	Y	Amount			
Casa Del Ranchero						0	2	2	5	1	6	70.35
Address			Purpose									
562 W Tuscarawas Ave			business meeting									
City		State	Zip Code		Check Number							
Barberton		O H	44203		credit card							
To Whom Paid						M	D	Y	Amount			
Pierre's Pizza						0	2	2	7	1	6	23.50
Address			Purpose									
964 Kenmore Blvd			food for volunteers									
City		State	Zip Code		Check Number							
Akron		O H	44314		credit card							
To Whom Paid						M	D	Y	Amount			
Amazon.com						0	2	2	8	1	6	55.97
Address			Purpose									
410 Terry Ave. North			ink cartridges for printing letters									
City		State	Zip Code		Check Number							
Seattle		W A	98109		credit card							
To Whom Paid						M	D	Y	Amount			
Facebook						0	2	2	9	1	6	167.93
Address			Purpose									
1 Hacker Way			advertising									
City		State	Zip Code		Check Number							
Menlo Park		C A	94025		credit card							
To Whom Paid						M	D	Y	Amount			
USPS						0	2	2	6	1	6	147.00
Address			Purpose									
2394 East Ave			stamps									
City		State	Zip Code		Check Number							
Akron		O H	44314		1992							
To Whom Paid						M	D	Y	Amount			
Kenmore Youth Football						0	2	2	7	1	6	50.00
Address			Purpose									
2050 22nd St SW			donation									
City		State	Zip Code		Check Number							
Akron		O H	44314		1993							
To Whom Paid						M	D	Y	Amount			
First Class Campaigns						0	3	1	2	1	6	4,500.00
Address			Purpose									
1460 CURTIS AVE			political mailings									
City		State	Zip Code		Check Number							
Cuyahoga Falls		O H	44221		1995							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
The Nolan James Campaign Committee												
To Whom Paid						M	D	Y	Amount			
Matthew Berdyck						0	3	1	1	6	1,000.00	
Address				Purpose								
315 Easy Street #5				refund of donation								
City		State		Zip Code		Check Number						
Mountain View		C A		94043		paypal						
To Whom Paid						M	D	Y	Amount			
Federated Democratic Women of Summit County						0	3	0	5	1	6	14.00
Address				Purpose								
unknown				donation								
City		State		Zip Code		Check Number						
Akron		O H				1994						
To Whom Paid						M	D	Y	Amount			
Office Max						0	3	0	2	1	6	231.22
Address				Purpose								
370 Howe Ave				stamps, envelopes								
City		State		Zip Code		Check Number						
Cuyahoga Falls		O H		44221		credit card						
To Whom Paid						M	D	Y	Amount			
Office Max						0	3	0	5	1	6	84.29
Address				Purpose								
370 Howe Ave				paper								
City		State		Zip Code		Check Number						
Cuyahoga Falls		O H		44221		credit card						
To Whom Paid						M	D	Y	Amount			
Office Max						0	3	0	5	1	6	639.32
Address				Purpose								
370 Howe Ave				stamps, envelopes								
City		State		Zip Code		Check Number						
Cuyahoga Falls		O H		44221		credit card						
To Whom Paid						M	D	Y	Amount			
Amazon.com						0	3	0	6	1	6	46.96
Address				Purpose								
410 Terry Ave. North				ink cartridges								
City		State		Zip Code		Check Number						
Seattle		W A		98109		credit card						
To Whom Paid						M	D	Y	Amount			
First Hungarian Sick Benefit Society						0	3	0	7	1	6	38.66
Address				Purpose								
451 W Park Ave				food for volunteers								
City		State		Zip Code		Check Number						
Barberton		O H		44203		credit card						
To Whom Paid						M	D	Y	Amount			
Office Max						0	3	0	8	1	6	98.00
Address				Purpose								
370 Howe Ave				stamps								
City		State		Zip Code		Check Number						
Cuyahoga Falls		O H		44221		credit card						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
The Nolan James Campaign Committee												
To Whom Paid						M	D	Y	Amount			
Casa del Ranchero						0	3	0	9	1	6	50.96
Address			Purpose									
562 W Tuscarawas Ave			food for volunteers									
City		State	Zip Code	Check Number								
Barberton		O H	44203	credit card								
To Whom Paid						M	D	Y	Amount			
PNC Bank						0	3	1	0	1	6	1,174.81
Address			Purpose									
n/a			credit card payment									
City		State	Zip Code	Check Number								
n/a				n/a								
To Whom Paid						M	D	Y	Amount			
Voicebroadcasting.com						0	3	1	5	1	6	34.10
Address			Purpose									
1527 South Cooper St.			robo-dial									
City		State	Zip Code	Check Number								
Arlington		T X	76010	credit card								
To Whom Paid						M	D	Y	Amount			
Primo's Deli						0	3	2	4	1	6	204.91
Address			Purpose									
1707 Vernon Odom Blvd			dinner for volunteers									
City		State	Zip Code	Check Number								
Akron		O H	44320	credit card								
To Whom Paid						M	D	Y	Amount			
PNC Bank						0	3	2	8	1	6	3,180.96
Address			Purpose									
n/a			credit card payment									
City		State	Zip Code	Check Number								
n/a			n/a	n/a								
To Whom Paid						M	D	Y	Amount			
Facebook						0	3	3	1	1	6	512.74
Address			Purpose									
1 Hacker Way			FB advertising									
City		State	Zip Code	Check Number								
Menlo Park		C A	94205	credit card								
To Whom Paid						M	D	Y	Amount			
PNC Bank						0	4	0	4	1	6	512.74
Address			Purpose									
n/a			credit card payment									
City		State	Zip Code	Check Number								
n/a			n/a	n/a								
To Whom Paid						M	D	Y	Amount			
First Class Campaigns						0	4	1	2	1	6	7,250.00
Address			Purpose									
1460 CURTIS AVE			political mailers									
City		State	Zip Code	Check Number								
Cuyahoga Falls		O H	44221	credit card								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full The Nolan James Campaign Committee							
To Whom Paid Timothy Peyton				M	D	Y	Amount
				0	3	1	200.00
Address 729 Chitty Ave		Purpose consultant					
City Akron		State O	H	Zip Code 44303	Check Number 7003		
To Whom Paid Neil Nagy				M	D	Y	Amount
				0	3	1	75.00
Address 1327 Dietz Ave		Purpose graphic design work					
City Akron		State O	H	Zip Code 44301	Check Number 7001		
To Whom Paid Neil Nagy				M	D	Y	Amount
				0	3	1	25.00
Address 1327 Dietz Ave		Purpose graphic design work					
City Akron		State O	H	Zip Code 44301	Check Number 7002		
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee The Nolan James Campaign Committee												
From Whom Received Allison James								Prior Amount 0.00		Amt. Incurred this Period 7,250.00		
Address 711 Indian Trail										Outstanding Balance 7,250.00		
City Akron		State OH	Zip Code 44314		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		4	1	5	1	6	0	4	1	5	1	6
								7250.00				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
homemaker												
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
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 \$ 0.00
- 2 Total received this period \$ 7,250.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,250.00 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Nolan James Campaign Committee			
Full Name of Contributor Andy Padrutt		Employer, Occupation, Labor Organization * First Class Campaigns	
Street Address 1460 Curtis Ave		Description of Item or Service political mailers	
City Cuvahoga Falls		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
State OH		Zip Code 44221	
M D Y Fair Market Value 0 4 1 2 1 6 1,500.00		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
M D Y Fair Market Value		Registration Number, if PAC	

* 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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee The Nolan James Campaign Committee									
To Whom Owed First Class Campaigns					Prior Amount			Amt. Incurred this Period 1,951.98	
Address 1460 CURTIS AVE					Item or Purpose for Debt mailers			Outstanding Balance 1,951.98	
City Cuyahoga Falls			State OH	Zip Code 44221		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 4 1 5 1 6									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,951.98 (also record on cover page)