

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Paula Prentice Committee</b>						Registration Number, if PAC				
Full Name of Candidate <b>Paula S. Prentice</b>										
Street Address <b>4235 Aldawood Hills Dr</b>					Office Sought <b>Summit Cty Council</b>		District <b>8</b>			
City <b>Akron</b>					State <b>OH</b>		Zip Code <b>44319</b>			
Type of Report (place X to the left of report type)	Pre-Primary		X <b>2016</b> 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	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 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	\$	<b>2,731.48</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>1,835.00</b>
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>4,566.48</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>1,004.89</b>
6. Balance on hand (line 4 minus line 5)	\$	<b>3,561.59</b>
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>21,600.00</b>
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	\$	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2016 APR 22 PM 2: 08

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO  
#11,058 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

Catherine A Stoyoff, Treasurer      Catherine A Stoyoff      4/22/16  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages 0

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Paula Prentice Committee</b>							
Full Name of Contributor <b>Christine Marshall</b>					Registration Number, if PAC		
Street Address <b>812 Delaware Ave</b>		Employer/Occupation/Labor Organization* <b>Summit County</b>			Form (Cash, Check, etc.) <b>Check #3343</b>		
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44303</b>	M <b>0</b>	D <b>1</b>	Y <b>16</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Transfer from 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>16</b>
							<b>1,785.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Paula Prentice Committee							
Full Name of Contributor Russell Balthis				Registration Number, if PAC			
Street Address 2316 Riverfront Pkv	Employer/Occupation/Labor Organization* City of Cuyahoga Falls		M 0	D 3	Y 16	Amount 50.00	
City Cuyahoga Falls	State OH	Zip Code 44221	Form(Cash,Check,etc) Check #2313				
Full Name of Contributor Alison Breaux				Registration Number, if PAC			
Street Address 675 Merriman Rd				Employer/Occupation/Labor Organization* Magistrate			
City Akron	State OH	Zip Code 44303	M 0	D 3	Y 16	Amount 50.00	
		Form(Cash,Check,etc) Check #3829					
Full Name of Contributor Joyce Sawyer				Registration Number, if PAC			
Street Address 1298 Howard St				Employer/Occupation/Labor Organization* Retired			
City Akron	State OH	Zip Code 44310	M 0	D 3	Y 16	Amount 100.00	
		Form(Cash,Check,etc) Check #2466					
Full Name of Contributor Jeffrey Wilhite				Registration Number, if PAC			
Street Address 2055 Forest Edge				Employer/Occupation/Labor Organization* County of Summit			
City Cuyahoga Falls	State OH	Zip Code 44223	M 0	D 3	Y 16	Amount 100.00	
		Form(Cash,Check,etc) Check #1793					
Full Name of Contributor Jacklyn Hefner				Registration Number, if PAC			
Street Address 1680 Pilgrim St				Employer/Occupation/Labor Organization* Summa			
City Akron	State OH	Zip Code 44305	M 0	D 3	Y 16	Amount 50.00	
		Form(Cash,Check,etc) Check #9150					
Full Name of Contributor Friends of Steve Barry				Registration Number, if PAC			
Street Address 4847 Manchester Rd				Employer/Occupation/Labor Organization*			
City Akron	State OH	Zip Code 44319	M 0	D 3	Y 16	Amount 100.00	
		Form(Cash,Check,etc) Check #1263					
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
City	State	Zip Code	M	D	Y	Amount	
		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  
**\$1785.00**

Total expenditures this event  
**\$857.89**

Page Total \$ **450.00**

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC			
Paula Prentice Committee					
Full Name of Contributor Ronald Cable		Registration Number, if PAC			
Street Address 2470 Wendling Dr	Employer/Occupation/Labor Organization* County of Summit	M 0	D 3	Y 0216	Amount 50.00
City Akron	State OH	Zip Code 44333	Form(Cash,Check,etc) Check # 796		
Full Name of Contributor Jason Dodson		Registration Number, if PAC			
Street Address 3695 Mogadore Rd		Registration Number, if PAC			
Employer/Occupation/Labor Organization* County of Summit		M 0	D 3	Y 0216	Amount 50.00
City Mogadore	State OH	Zip Code 44260	Form(Cash,Check,etc) Check #5053		
Full Name of Contributor David Horner		Registration Number, if PAC			
Street Address 554 Weber Ave		Registration Number, if PAC			
Employer/Occupation/Labor Organization* Summit County		M 0	D 3	Y 0216	Amount 50.00
City Akron	State OH	Zip Code 44303	Form(Cash,Check,etc) Check #6071		
Full Name of Contributor William Zavarello		Registration Number, if PAC			
Street Address 313 S High St		Registration Number, if PAC			
Employer/Occupation/Labor Organization* Attorney Private Practice		M 0	D 3	Y 0216	Amount 150.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Check # 14582		
Full Name of Contributor Richard Lowry		Registration Number, if PAC			
Street Address 4700 Dusty's Rd		Registration Number, if PAC			
Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 0216	Amount 50.00
City Akron	State OH	Zip Code 44319	Form(Cash,Check,etc) Check #4687		
Full Name of Contributor John Trunk		Registration Number, if PAC			
Street Address 3112 Kenwood Blvd		Registration Number, if PAC			
Employer/Occupation/Labor Organization* Exec Dir Develop Dis		M 0	D 3	Y 0216	Amount 50.00
City Toledo	State OH	Zip Code 43606	Form(Cash,Check,etc) Check #8110		
Full Name of Contributor Frances Ladd		Registration Number, if PAC			
Street Address 1504 Glenbreigh Cir.		Registration Number, if PAC			
Employer/Occupation/Labor Organization* Summit County		M 0	D 3	Y 0216	Amount 50.00
City Barberton	State OH	Zip Code 44203	Form(Cash,Check,etc) Check #10138		

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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  
**1785.00**

Total expenditures this event  
**\$ 857.89**

Page Total \$ **450.00**

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

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>Paula Prentice Committee</b>						
Full Name of Contributor				Registration Number, if PAC		
<b>Libert Bozzelli</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>452 E. Reserve Dr</b>	<b>Retired</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Cuyahoga Falls</b>	<b>O   H</b>	<b>44223</b>	<b>Check #6600</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Citizens for Schmidt</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>1460 Curtis Ave</b>			<b>0</b>	<b>3</b>	<b>0</b>	<b>100.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Cuyahoga Falls</b>	<b>O   H</b>	<b>44221</b>	<b>Check #1018</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Gary Diceglio</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>374 Lynndale Dr</b>	<b>Retired</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Akron</b>	<b>O   H</b>	<b>44313</b>	<b>Check #4887</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Patricia Divoky</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>587 Bishop Rd</b>	<b>Summit County</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Highland Heights</b>	<b>O   H</b>	<b>44143</b>	<b>Check #7777</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Sally Zimmerman</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>210 Lake Front</b>	<b>Retired</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Akron</b>	<b>O   H</b>	<b>44319</b>	<b>Check #2534</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Stephen Zimmerman</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>210 Lake Front Dr</b>	<b>County of Summit</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Akron</b>	<b>O   H</b>	<b>44319</b>	<b>Check #2535</b>			
Full Name of Contributor				Registration Number, if PAC		
<b>Joy Malek Oldfield</b>						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>333 Kimberly Rd</b>	<b>City of Akron</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)			
<b>Akron</b>	<b>O   H</b>	<b>44313</b>	<b>Check #15087</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**\$1785.00**

Total expenditures this event

**\$ 857.89**

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							
Paula Prentice Committee							
Full Name of Contributor				Registration Number, if PAC			
Vicky Pascu-Goodwin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1394 Bryden Dr.		Retired		0	3	02	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O   H	44313	Check #9898			
Full Name of Contributor							
Janice Stottler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
635 Howe Ave		AFL-CIO		0	3	02	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls		O   H	44221	Check #1377			
Full Name of Contributor							
Friends of Greta Johnson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2220 Cambridge Ct				0	3	02	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O   H	44319	Check #200			
Full Name of Contributor							
Sandra Kurt							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
140 Mayfield Ave		County of Summit		0	3	02	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O   H	44313	Check #4478			
Full Name of Contributor							
Dennis Maneval							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1377 Beechnut Dr		Retired		0	3	02	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O   H	44312	Check #7024			
Full Name of Contributor							
Linda Fink							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
285 Skyview Dr		Retired		0	3	02	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O   H	44319	Check #6204			
Full Name of Contributor							
Marlene Czetli							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1679 23rd St		No Employer Found		0	3	02	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls		O   H	44223	Check #6037			

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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

1785.00

Total expenditures this event

\$ 857.89

Page Total \$ 485.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Paula Prentice Committee</b>												
To Whom Paid <b>Transferred from 31f</b>						M	D	Y	Amount			
						0	3	0	2	1	6	857.89
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid <b>United States Post Office</b>						M	D	Y	Amount			
						0	4	1	1	1	6	147.00
Address <b>4735 Massillon Rd</b>				Purpose <b>Postage</b>								
City <b>Green</b>		State <b>OH</b>	Zip Code <b>44232</b>	Check Number <b>Debit</b>								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Paula Prentice Committee</b>							
To Whom Paid <b>Dansizen Printing</b>				M	D	Y	Amount
				0	2	1	211.12
Address <b>502 S Main St</b>		Purpose <b>Invite Printing</b>					
City <b>North Canton</b>		State <b>OH</b>	Zip Code <b>44720</b>	Check Number <b>1213</b>			
To Whom Paid <b>Jilly's Music Room</b>				M	D	Y	Amount
				0	3	0	646.77
Address <b>111 N Main St</b>		Purpose <b>Food &amp; Beverages</b>					
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>1214</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Paula Prentice Committee</b>									
To Whom Owed <b>Paula Prentice</b>					Prior Amount <b>21,600.00</b>			Amt. Incurred this Period	
Address <b>4235 Aldawood Hills Dr</b>					Item or Purpose for Debt			Outstanding Balance <b>21,600.00</b>	
City <b>Akron</b>			State <b>OH</b>	Zip Code <b>44319</b>		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		
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 \$ 21,600.00 (also record on cover page)