

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF KRISTEN M SCALISE							Registration Number, if PAC					
Full Name of Candidate KRISTEN M SCALISE												
Street Address 3842 DOGWOOD ST NW					Office Sought SUM CTY FISCAL OFF			District SUM CTY				
City UNIONTOWN							State O	H	Zip Code 44685			
Type of Report (place X to the left of report type)	Pre-Primary	X		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		
							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	\$ 73,043.48
2. Total monetary contributions (From Form No. 31-A)	\$ 18,600.00
3. Total other income (From Form No. 31-B)	\$ 180.00
4. Total funds available (sum of lines 1, 2, & 3)	\$ 91,823.48
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,874.74
6. Balance on hand (line 4 minus line 5)	\$ 86,948.74
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 2,601.23
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)	\$ 5,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 1,500.00
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

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

#11, 242 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

Melinda A Gullace, Treasurer Melinda A. Gullace 04/20/2016
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 19

Expenditure pages 4

Other pages 4

Total pages 27

Statement of Contributions Received

Prescribed by Secretary of State 3-1-05

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE		Registration Number, if PAC	
Full Name of Contributor "CONTRIBUTIONS FROM FORM NO 31-E"		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*	Amount	
City	State Zip Code	M D Y 0 3 0 4 1 6	13,400.00
Full Name of Contributor "TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G"		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y 0 3 0 4 1 6	5,200.00	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	Employer/Occupation/Labor Organization*	Amount	
State Zip Code	M D Y		

* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE				
Full Name AKRON ROUNDTABLE			Registration Number, if PAC	
Address 725 MEREDITH LANE		Type* R E	M D Y 1 2 1 0 1 5	Amount 80.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CK	
Full Name CITY OF BARBERTON FINANCE DEPT				
Address 104 3RD ST NW STE 1			Registration Number, if PAC	
Address 104 3RD ST NW STE 1		Type* R E	M D Y 0 4 0 8 1 6	Amount 100.00
City BARBERTON	State O H	Zip Code 44203	Form(Cash,Check,etc) CK	
Full Name				
Address			Registration Number, if PAC	
Address		Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name				
Address			Registration Number, if PAC	
Address		Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name				
Address			Registration Number, if PAC	
Address		Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name				
Address			Registration Number, if PAC	
Address		Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name				
Address			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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor			Registration Number, if PAC				
ROBERTA ABER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
815 BLOOMFIELD AVE				0	3	04	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44302	CHECK			
Full Name of Contributor			Registration Number, if PAC				
PAUL ADAMSON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
137 S MAIN ST				0	3	04	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC				
LEWIS ADKINS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
222 S MAIN ST				0	3	04	500.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC				
FRIENDS OF STEVE BARRY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4847 MANHESTER RD				0	3	04	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44319	CHECK			
Full Name of Contributor			Registration Number, if PAC				
KATHRYN BELFANCE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
50 S MAIN ST				0	3	04	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC				
JOHN BICKLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
500 GRANT ST				0	3	04	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44311	CHECK			
Full Name of Contributor			Registration Number, if PAC				
ALISON BREAUX							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
675 MERRIMAN RD				0	3	04	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44303	CHECK			

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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

Total expenditures this event

Page Total \$ 1,550.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor RANDY BRIGGS		Registration Number, if PAC					
Street Address 151 BELHAR	City AKRON	State OH	Zip Code 44313	0	3	04	100.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor RICHARD BROPHY		Registration Number, if PAC					
Street Address 1460 SACKETT HILLS DR	City AKRON	State OH	Zip Code 44313	0	3	04	250.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor BUILDERS POLITICAL ACTION COMMITTEE		Registration Number, if PAC					
Street Address 799 WHITE POND DR	City AKRON	State OH	Zip Code 44320	0	3	04	250.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor MATTHEW BROWAREK		Registration Number, if PAC					
Street Address 55 PUBLIC SQUARE	City CLEVELAND	State OH	Zip Code 44113	0	3	04	100.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor CARPENTERS LOCAL 285		Registration Number, if PAC					
Street Address 47 ALICE DR	City AKRON	State OH	Zip Code 44319	0	3	04	250.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor JASON CROSTON		Registration Number, if PAC					
Street Address 2521 GREENVIEW DR	City UNIONTOWN	State OH	Zip Code 44685	0	3	04	500.00
				Form(Cash, Check, etc) CHECK			
Full Name of Contributor PAT DANDREA		Registration Number, if PAC					
Street Address 697 W MARKET ST	City AKRON	State OH	Zip Code 44303	0	3	04	250.00
				Form(Cash, Check, etc) CHECK			

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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

Total expenditures this event

Page Total \$ 1,700.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor CHUCK DANDREA		Registration Number, if PAC					
Street Address 1410 SACKET HILLS DR	City AKRON	State OH	Zip Code 44313	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH FANTOZZI		Registration Number, if PAC					
Street Address 548 BOBWHITE TRAIL	City AKRON	State OH	Zip Code 44319	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor CHRIS BADER		Registration Number, if PAC					
Street Address 7344 STRAUSSER ST NW	City N CANTON	State OH	Zip Code 44720	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor ASHLEY FORD		Registration Number, if PAC					
Street Address 7727 STARDIFF AVE NW	City N CANTON	State OH	Zip Code 44720	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARK GROSSMAN		Registration Number, if PAC					
Street Address 2485 THORNCROFT ST	City ALLIANCE	State OH	Zip Code 44601	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARTIN JOLIAT		Registration Number, if PAC					
Street Address 8046 WOODRUSH DR NW	City N CANTON	State OH	Zip Code 44720	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor MATT LASCOLA		Registration Number, if PAC					
Street Address 9291 HUNTERS CHASE ST	City MASSILLON	State OH	Zip Code 44646	0	3	16	100.00
				Form(Cash,Check,etc) CHECK			

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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

Total expenditures this event

Page Total \$ 700.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor DAN HERRIGAN COMMITTEE		Registration Number, if PAC					
Street Address 1230 N HOWARD ST		Employer/Occupation/Labor Organization*		0	3	0	100.00
City AKRON		State OH	Zip Code 44310	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor ANGIE JALICS		Registration Number, if PAC					
Street Address 3080 IRA RD		Employer/Occupation/Labor Organization*		0	3	0	100.00
City AKRON		State OH	Zip Code 44333	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor RAY KAPPER		Registration Number, if PAC					
Street Address 10033 KEITH AVE		Employer/Occupation/Labor Organization*		0	3	0	500.00
City SEMINOLE		State FL	Zip Code 33776	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor DAN KARAM		Registration Number, if PAC					
Street Address 3406 CRESTWOOD CR		Employer/Occupation/Labor Organization*		0	3	0	250.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor KEN KNODEL		Registration Number, if PAC					
Street Address 1581 HIGHTOWER DR		Employer/Occupation/Labor Organization*		0	3	0	100.00
City UNIONTOWN		State OH	Zip Code 44685	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor PETE KOSTOFF		Registration Number, if PAC					
Street Address 161 GRAYLING DR		Employer/Occupation/Labor Organization*		0	3	0	250.00
City FAIRLAWN		State OH	Zip Code 44333	0	3	0	
Form(Cash, Check, etc) CHECK							
Full Name of Contributor STEVE KOZAR		Registration Number, if PAC					
Street Address 3710 GREENERY CT		Employer/Occupation/Labor Organization*		0	3	0	200.00
City TAMPA		State FL	Zip Code 33618	0	3	0	
Form(Cash, Check, etc) CHECK							

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Total contributions this event

Total expenditures this event

Page Total \$ 1,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor				Registration Number, if PAC			
CONNIE KRAUSS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
799 PEGAN DR				0	3	04	100.00
City	State	Zip Code	Form(Cash, Check, etc)				
WADSWORTH	OH	44281	CHECK				
Full Name of Contributor				Registration Number, if PAC			
GREGORY KURTZ							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6355 EVERGREEN DR				0	3	04	200.00
City	State	Zip Code	Form(Cash, Check, etc)				
INDEPENDENCE	OH	44131	CHECK				
Full Name of Contributor				Registration Number, if PAC			
JAMES LAWRENCE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2511 VALLEYVIEW				0	3	04	250.00
City	State	Zip Code	Form(Cash, Check, etc)				
CUYAHOGA FALLS	OH	44223	CHECK				
Full Name of Contributor				Registration Number, if PAC			
FAITH LESNANSKY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
104 CHRISTY DR				0	3	04	100.00
City	State	Zip Code	Form(Cash, Check, etc)				
CUYAHOGA FALLS	OH	44221	CHECK				
Full Name of Contributor				Registration Number, if PAC			
HEATHER LICATTA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
480 DELAWARE AVE				0	3	04	500.00
City	State	Zip Code	Form(Cash, Check, etc)				
AKRON	OH	44303	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DEB MATZ							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2435 CALL RD				0	3	04	100.00
City	State	Zip Code	Form(Cash, Check, etc)				
STOW	OH	44224	CHECK				
Full Name of Contributor				Registration Number, if PAC			
RICHARD MEROLLA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
561 WOODBERRY				0	3	04	100.00
City	State	Zip Code	Form(Cash, Check, etc)				
AKRON	OH	44333	CHECK				

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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

Total expenditures this event

Page Total \$ 1,350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor				Registration Number, if PAC			
BRIAN NELSEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2719 CARRIAGE HILL LANE				0	3	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
EDWARD NEWMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
730 W MARKET ST				0	3	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
HERBERT NEWMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
730 W MARKET ST				0	3	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MEGAN OLDHAM							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2130 SAGAMORE RD				0	3	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
LINDA OMOBIEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2104 BROOKSHIRE RD				0	3	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MARK PETIT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1393 SUNSET VIEW DR				0	3	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SHYAM RAJADHYSHA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6121 HUNTLEY RD				0	3	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS		OH	43229	CHECK			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full										
FRIENDS OF KRISTEN M SCALISE										
Full Name of Contributor						Registration Number, if PAC				
ANDREA NORRIS										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
4700 DUSTY'S RD						0	3	0	4	100.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44319		CHECK					
Full Name of Contributor						Registration Number, if PAC				
WILLIAM RICH										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
815 BLOOMFIELD						0	3	0	4	100.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44302		CHECK					
Full Name of Contributor						Registration Number, if PAC				
BRUCE ROMEO										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
2676 LAFORCE DR						0	3	0	4	250.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44319		CHECK					
Full Name of Contributor						Registration Number, if PAC				
GEORGE SARKAS										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
222 S MAIN ST						0	3	0	4	500.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44308		CHECK					
Full Name of Contributor						Registration Number, if PAC				
MICHAEL G SCALA										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
700 HOME AVE						0	3	0	4	300.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44310		CHECK					
Full Name of Contributor						Registration Number, if PAC				
SAMUEL P SCALA										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
6063 NICHOLSON DR						0	3	0	4	100.00
City		State	Zip Code		Form(Cash, Check, etc)					
HUDSON		OH	44236		CHECK					
Full Name of Contributor						Registration Number, if PAC				
WILLIAM A SCALA										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
700 HOME AVE						0	3	0	4	300.00
City		State	Zip Code		Form(Cash, Check, etc)					
AKRON		OH	44310		CHECK					

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Total contributions this event

Total expenditures this event

Page Total \$ 1,650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
FRIENDS OF KRISTEN M SCALISE					
Full Name of Contributor			Registration Number, if PAC		
WILLIAM F SCALA					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
43 VICTORIAN GATE WAY			0	3	16
City	State	Zip Code	Amount		
COLUMBUS	OH	43215	100.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
JOHN SMITH					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1219 WATERLOO RD			0	3	16
City	State	Zip Code	Amount		
MOGADORE	OH	44260	250.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
CITIZENS FOR SCHMIDT					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1460 CURTIS AVE			0	3	16
City	State	Zip Code	Amount		
CUYAHOGA FALLS	OH	44221	100.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
MARGARET SCOTT					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3776 FAIRWAY PARK DR			0	3	16
City	State	Zip Code	Amount		
COPLEY	OH	44321	100.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
DAWNA SKAPIN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3566 DAYTON ST			0	3	16
City	State	Zip Code	Amount		
KENT	OH	44240	100.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
THOMAS SLOCUM					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
24 S PORTAGE PATH			0	3	16
City	State	Zip Code	Amount		
AKRON	OH	44303	100.00		
Form(Cash, Check, etc)					
CHECK					
Full Name of Contributor			Registration Number, if PAC		
GLEN STEPHENS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
133 N SUMMIT ST			0	3	16
City	State	Zip Code	Amount		
AKRON	OH	44304	250.00		
Form(Cash, Check, etc)					
CHECK					

* 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 \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3-05

Name of Committee in Full										
FRIENDS OF KRISTEN M SCALISE										
Full Name of Contributor						Registration Number, if PAC				
JERRY SUDE										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
3671 TAMARISK						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
AKRON			OH		44333		CHECK			
Full Name of Contributor						Registration Number, if PAC				
PAUL THOMARIOS										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
1 CANAL SQUARE						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
AKRON			OH		44308		CHECK			
Full Name of Contributor						Registration Number, if PAC				
JEFF THOMAS										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
50 S MAIN ST						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
AKRON			OH		44308		CHECK			
Full Name of Contributor						Registration Number, if PAC				
DAVID VENARGE										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
1390 FIRESTONE PKWY						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
AKRON			OH		44301		CHECK			
Full Name of Contributor						Registration Number, if PAC				
VINCENT VIGUICCI										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
950 BROOKPOINT DR						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
MACEDONIA			OH		44056		CHECK			
Full Name of Contributor						Registration Number, if PAC				
STEVE WARD										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
190 - 25TH ST SE						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
NEW PHILADELPHIA			OH		44663		CHECK			
Full Name of Contributor						Registration Number, if PAC				
FRIENDS OF WILHITE										
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
2998 CLEARCREEK DR						0	3	0	4	116
City			State		Zip Code		Form(Cash, Check, etc)			
CUYAHOGA FALLS			OH		44223		CHECK			

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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

Total expenditures this event

Page Total \$ 1,600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full									
FRIENDS OF KRISTEN M SCALISE									
Full Name of Contributor				Registration Number, if PAC					
WILLIAM ZAVARELLO									
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
313 S HIGH ST				0	3	0	1,000.00		
City		State	Zip Code	Form(Cash,Check,etc)					
AKRON		OH	44308	CHECK					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)					

* 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 \$ 1,000.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/11

Name of Committee in Full												
FRIENDS OF KRISTEN M SCALISE												
Full Name of Contributor						M	D	Y	Amount			
TAMARA BRITTON						0	3	0	4	1	5	50.00
Street Address						Form (Cash, Check, etc)						
2267 - 5TH ST SW						CASH						
City		State		Zip Code								
AKRON		OH		44314								
Full Name of Contributor						M	D	Y	Amount			
BEVERLY COBLE						0	3	0	4	1	6	50.00
Street Address						Form (Cash, Check, etc)						
1079 SYLVAN AVE						CHECK						
City		State		Zip Code								
AKRON		OH		44306								
Full Name of Contributor						M	D	Y	Amount			
JAY CURRY						0	3	0	4	1	6	100.00
Street Address						Form (Cash, Check, etc)						
1299 HERBERICH AVE						CHECK						
City		State		Zip Code								
AKRON		OH		44301								
Full Name of Contributor						M	D	Y	Amount			
MAUREEN DAUGHERTY						0	3	0	4	1	6	100.00
Street Address						Form (Cash, Check, etc)						
808 E WATERLOO RD						CHECK						
City		State		Zip Code								
AKRON		OH		44306								
Full Name of Contributor						M	D	Y	Amount			
DEB CUMMINS						0	3	0	4	1	6	700.00
Street Address						Form (Cash, Check, etc)						
19698 FAIR ISLE WAY						CHECK						
City		State		Zip Code								
STRONGSVILLE		OH		44149								
Full Name of Contributor						M	D	Y	Amount			
DIANE DEKOVICH						0	3	0	4	1	6	200.00
Street Address						Form (Cash, Check, etc)						
1359 ANDRUS ST						CHECK						
City		State		Zip Code								
AKRON		OH		44301								

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE, who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda C. Bullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G"

Page Total \$ 1,200.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE				
Full Name of Contributor TROY EDWARDS				
Street Address 978 WOODWARD AVE				M D Y Amount 0 3 0 4 1 6 100.00
City AKRON	State O H	Zip Code 44310	Form (Cash, Check, etc) CHECK	
Full Name of Contributor DAVID FERENCZ				
Street Address 1136 LINMAR DR				M D Y Amount 0 3 0 4 1 6 50.00
City N CANTON	State O H	Zip Code 44720	Form (Cash, Check, etc) CHECK	
Full Name of Contributor MIKE GOUDY				
Street Address 425 E ARCHWOOD AVE				M D Y Amount 0 3 0 4 1 6 100.00
City AKRON	State O H	Zip Code 44301	Form (Cash, Check, etc) CHECK	
Full Name of Contributor MICHELLE HOMEISTER				
Street Address 1082 EASTWOOD AVE				M D Y Amount 0 3 0 4 1 6 50.00
City TALLMADGE	State O H	Zip Code 44278	Form (Cash, Check, etc) CHECK	
Full Name of Contributor STEPHANIE HUMMEL				
Street Address 1861 SHAW AVE				M D Y Amount 0 3 0 4 1 6 50.00
City AKRON	State O H	Zip Code 44305	Form (Cash, Check, etc) CHECK	
Full Name of Contributor LISA JERIN				
Street Address 1057 STRATFORD ST				M D Y Amount 0 3 0 4 1 6 50.00
City BARBERTON	State O H	Zip Code 44203	Form (Cash, Check, etc) CHECK	

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE, who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda C. Gulloce
(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 400.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2001

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE									
Full Name of Contributor JENNIFER JONES									
Street Address 1555 GRANDRIDGE RD			M	D	Y	Amount			
City CANAL FULTON			0	3	0	4	1	6	50.00
State O H			Zip Code 44614		Form (Cash, Check, etc) CHECK				
Full Name of Contributor JEREMY LINN									
Street Address 3188 GREY VILLAGE DR			M	D	Y	Amount			
City AKRON			0	3	0	4	1	6	50.00
State O H			Zip Code 44319		Form (Cash, Check, etc) CASH				
Full Name of Contributor KATIE MANCINO									
Street Address 141 STEPHENS			M	D	Y	Amount			
City AKRON			0	3	0	4	1	6	50.00
State O H			Zip Code 44312		Form (Cash, Check, etc) CHECK				
Full Name of Contributor BRANDY MATULAVICH									
Street Address 3167 BUTTERCUP AVE			M	D	Y	Amount			
City AKRON			0	3	0	4	1	6	50.00
State O H			Zip Code 44319		Form (Cash, Check, etc) CHECK				
Full Name of Contributor LECA MCHOOD									
Street Address 399 CELIA AVE			M	D	Y	Amount			
City AKRON			0	3	0	4	1	6	100.00
State O H			Zip Code 44312		Form (Cash, Check, etc) CHECK				
Full Name of Contributor DALE MINNINGER									
Street Address 861 REED AVE			M	D	Y	Amount			
City AKRON			0	3	0	4	1	6	100.00
State O H			Zip Code 44306		Form (Cash, Check, etc) CHECK				

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda C. Bullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor MARGARET MOIRANO							
Street Address 6212 KUNGLA AVE				M	D	Y	Amount
City CLINTON		State O H	Zip Code 44216	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor STARR OWENS							
Street Address 1947 PARKGATE AVE				M	D	Y	Amount
City AKRON		State O H	Zip Code 44320	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor PAULA PAULO							
Street Address 729 S MUNROE RD				M	D	Y	Amount
City TALLMADGE		State O H	Zip Code 44278	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor KELLY PHELPS							
Street Address 82 HAWK AVE				M	D	Y	Amount
City AKRON		State O H	Zip Code 44312	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor CHERIE SCHINDEWOLF							
Street Address 826 STANWOOD AVE				M	D	Y	Amount
City AKRON		State O H	Zip Code 44314	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CASH							
Full Name of Contributor ROBIN SLADEK							
Street Address 262 HOMEWOOD				M	D	Y	Amount
City AKRON		State O H	Zip Code 44312	0 3	0 4	1 6	50.00
Form (Cash, Check, etc) CHECK							

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda C. Gullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G"

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor JOE TESTA							
Street Address 2498 CEDARCREEK LN				M	D	Y	Amount
City AKRON		State O H	Zip Code 44312	0 3	0 4	1 6	100.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor EMILY YEAGER							
Street Address 702 JASON AVE				M	D	Y	Amount
City AKRON		State O H	Zip Code 44314	0 3	0 4	1 6	100.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor DOMINIC BASILE							
Street Address 793 CLYDE ST				M	D	Y	Amount
City AKRON		State O H	Zip Code 44310	0 3	0 4	1 6	150.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor TOM BORCOMAN							
Street Address 2141 STONEHEDGE CIRCLE				M	D	Y	Amount
City AKRON		State O H	Zip Code 44319	0 3	0 4	1 6	100.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor JACK BURGESS							
Street Address 2829 AYLESBURY ST				M	D	Y	Amount
City N CANTON		State O H	Zip Code 44720	0 3	0 4	1 6	250.00
Form (Cash, Check, etc) CHECK							
Full Name of Contributor MIKE CASSETTY							
Street Address 12551 CLEVELAND AVE				M	D	Y	Amount
City UNIONTOWN		State O H	Zip Code 44685	0 3	0 4	1 6	100.00
Form (Cash, Check, etc) CHECK							

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE, who currently holds the public office

of SUM CTY FISCAL OFF. I hereby affirm that each contribution was voluntarily made

Melinda C. Gullace (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full						M				D				Y				Amount	
FRIENDS OF KRISTEN M SCALISE						0				3				0				100.00	
Full Name of Contributor						0				3				0				100.00	
KATHERINE CASTILOW						0				3				0				100.00	
Street Address						0				3				0				100.00	
307 SHERATON DR NW						0				3				0				100.00	
City		State		Zip Code		0				3				0				100.00	
N CANTON		O H		44720		0				3				0				100.00	
Form (Cash, Check, etc)						0				3				0				100.00	
CHECK						0				3				0				100.00	
Full Name of Contributor						0				3				0				100.00	
SARAH HEGNAUER						0				3				0				100.00	
Street Address						0				3				0				100.00	
58 RIVER PARK BLVD						0				3				0				100.00	
City		State		Zip Code		0				3				0				100.00	
MUNROE FALLS		O H		44262		0				3				0				100.00	
Form (Cash, Check, etc)						0				3				0				100.00	
CHECK						0				3				0				100.00	
Full Name of Contributor						0				3				0				250.00	
VICKI KIDDER						0				3				0				250.00	
Street Address						0				3				0				250.00	
2146 FOREST OAK DR						0				3				0				250.00	
City		State		Zip Code		0				3				0				250.00	
AKRON		O H		44312		0				3				0				250.00	
Form (Cash, Check, etc)						0				3				0				250.00	
CHECK						0				3				0				250.00	
Full Name of Contributor						0				3				0				100.00	
JOHN LAMONICA						0				3				0				100.00	
Street Address						0				3				0				100.00	
4526 HONEYSUCKLE DR						0				3				0				100.00	
City		State		Zip Code		0				3				0				100.00	
N CANTON		O H		44720		0				3				0				100.00	
Form (Cash, Check, etc)						0				3				0				100.00	
CHECK						0				3				0				100.00	
Full Name of Contributor						0				3				0				100.00	
CINDY MATULAVICH						0				3				0				100.00	
Street Address						0				3				0				100.00	
339 RIVERMOOR DR						0				3				0				100.00	
City		State		Zip Code		0				3				0				100.00	
MOGADORE		O H		44260		0				3				0				100.00	
Form (Cash, Check, etc)						0				3				0				100.00	
CHECK						0				3				0				100.00	
Full Name of Contributor						0				3				0				100.00	
DENNIS MENENDEZ						0				3				0				100.00	
Street Address						0				3				0				100.00	
500 FILMORE AVE						0				3				0				100.00	
City		State		Zip Code		0				3				0				100.00	
AKRON		O H		44314		0				3				0				100.00	
Form (Cash, Check, etc)						0				3				0				100.00	
CHECK						0				3				0				100.00	

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE who currently holds the public office

of SUM CTY FISCAL OFF. I hereby affirm that each contribution was voluntarily made

Melinda C. Gullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from Form No 31-G"

Contributors in Officeholder's Employ

Prescribed by Secretary of State 201

Name of Committee in Full				M	D	Y	Amount
FRIENDS OF KRISTEN M SCALISE				0	3	0	100.00
Full Name of Contributor				Form (Cash, Check, etc)			
TOM MINNINGER				CHECK			
Street Address				Form (Cash, Check, etc)			
19 LEICEISTER DR				CHECK			
City	State	Zip Code					
AKRON	OH	44319					
Full Name of Contributor				Form (Cash, Check, etc)			
JON PODA				CHECK			
Street Address				Form (Cash, Check, etc)			
2798 ALEXANDRIA CT				CHECK			
City	State	Zip Code					
UNIONTOWN	OH	44685					
Full Name of Contributor				Form (Cash, Check, etc)			
JACQUELINE SAMPSEL				CHECK			
Street Address				Form (Cash, Check, etc)			
274 HARVEST DR				CHECK			
City	State	Zip Code					
AKRON	OH	44333					
Full Name of Contributor				Form (Cash, Check, etc)			
LEE SCHAFER				CHECK			
Street Address				Form (Cash, Check, etc)			
1816 - 19TH ST				CHECK			
City	State	Zip Code					
CUYAHOGA FALLS	OH	44223					
Full Name of Contributor				Form (Cash, Check, etc)			
STACY VAVRUSKA				CHECK			
Street Address				Form (Cash, Check, etc)			
4695 WATERFORD CIRCLE				CHECK			
City	State	Zip Code					
STOW	OH	44224					
Full Name of Contributor				Form (Cash, Check, etc)			
KRISTA WILLIAMS				CHECK			
Street Address				Form (Cash, Check, etc)			
2697 PITCHER PLANT CT				CHECK			
City	State	Zip Code					
UNIONTOWN	OH	44685					

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE, who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda G. Gullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G"

Page Total \$ 1,200.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
FRIENDS OF KRISTEN M SCALISE							
Full Name of Contributor							
MICHAEL MIGDEN							
Street Address							
1474 WADE PARK AVE				0	3	0	100.00
City	State	Zip Code	Form (Cash, Check, etc)				
AKRON	OH	44310	CHECK				
Full Name of Contributor							
PATRICIA KIRN							
Street Address							
469 SACKETT AVE				0	3	0	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
AKRON	OH	44313	CHECK				
Full Name of Contributor							
Street Address							
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor							
Street Address							
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor							
Street Address							
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor							
Street Address							
City	State	Zip Code	Form (Cash, Check, etc)				

The above are employees of a unit or department under the direct supervision or control of KRISTEN M SCALISE, who currently holds the public office

of SUM CTY FISCAL OFF I hereby affirm that each contribution was voluntarily made

Melinda Gullace (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 150.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE			
Full Name of Contributor JOHN LAMONICA		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 4526 HONEYSUCKLE DR		Description of Item or Service YARD SIGN REPAIRS	M D Y Fair Market Value 0 2 2 5 1 6 21.23
City N CANTON		State Zip Code OH 44720	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor PAUL THOMARIOS		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 1 CANAL SQUARE		Description of Item or Service FUNRAISER FOOD & BEV	M D Y Fair Market Value 0 3 0 4 1 6 2,580.00
City AKRON		State Zip Code OH 44308	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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 Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF KRISTEN M SCALISE									
To Whom Made JOHN A DONOFRIO CAMPAIGN COMMITTEE						Prior Amount \$1,500.00		Amt. Loaned this Period \$0.00	
Address 3021 - 9TH STREET								Outstanding Balance \$1,500.00	
City CUYAHOGA FALLS			State OH	Zip Code 44221		Payments Received This Period			
Date Loan was Originally Made						Date		Amount	
			M	D	Y	M	D	Y	\$
			0	4	1	1	1	4	\$0.00
						M	D	Y	
						M	D	Y	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
Date Loan was Originally Made						Date		Amount	
			M	D	Y	M	D	Y	\$
			OH			M	D	Y	
						M	D	Y	
						M	D	Y	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
Date Loan was Originally Made						Date		Amount	
			M	D	Y	M	D	Y	\$
			OH			M	D	Y	
						M	D	Y	
						M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

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

Total Outstanding Balance \$ \$1,500.00 (also record on cover page)

Total Payments Received this Period \$ \$0.00 (also record on Form 31-A-2)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
FRIENDS OF KRISTEN M SCALISE										
To Whom Paid							M	D	Y	Amount
CITY OF BARBERTON							0	1	2	150.00
Address				Purpose						
175 W PARK AVE				SIGN PLACEMENT DEPOSIT						
City		State		Zip Code		Check Number				
BARBERTON		OH		44203		1757				
To Whom Paid							M	D	Y	Amount
CANAPI							0	1	2	170.00
Address				Purpose						
895 N MAIN ST				2 TICKETS						
City		State		Zip Code		Check Number				
AKRON		OH		44310		1758				
To Whom Paid							M	D	Y	Amount
NATIONAL CONGRESS OF BLACK WOMEN							0	1	3	70.00
Address				Purpose						
944 FREDERICK BLVD				2 TICKETS FOR FUNDRAISER						
City		State		Zip Code		Check Number				
AKRON		OH		44320		1759				
To Whom Paid							M	D	Y	Amount
BARBERTON AREA JAYCEES							0	1	3	40.00
Address				Purpose						
600 W PARK AVE				PARADE						
City		State		Zip Code		Check Number				
BARBERTON		OH		44203		1760				
To Whom Paid							M	D	Y	Amount
TRIAD COMMUNICATIONS							0	1	3	1,000.00
Address				Purpose						
2006 - 4TH ST				WEB DESIGN						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44221		1761				
To Whom Paid							M	D	Y	Amount
TRIAD COMMUNICATIONS							0	1	3	665.25
Address				Purpose						
2006 - 4TH ST				DIGITAL ADV. MEDIA PLANNING						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44221		1762				
To Whom Paid							M	D	Y	Amount
SACKMANN STAMPING							0	1	3	13.58
Address				Purpose						
411 W EXCHANGE ST				NAME BADGES						
City		State		Zip Code		Check Number				
AKRON		OH		44302		1763				
To Whom Paid							M	D	Y	Amount
RED FISH PROMOTIONS							0	1	3	200.00
Address				Purpose						
149 PORTAGE TRAIN				CAMPAIGN T-SHIRTS						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44221		1764				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
FRIENDS OF KRISTEN M SCALISE											
To Whom Paid							M	D	Y	Amount	
TRIAD COMMUNICATIONS							0	13	1	116	802.81
Address				Purpose							
2006 - 4TH ST				PALM CARDS							
City			State	Zip Code	Check Number						
CUYAHOGA FALLS			OH	44221	1765						
To Whom Paid							M	D	Y	Amount	
AKRON URBAN LEAGUE							0	3	1	116	103.98
Address				Purpose							
440 VERNON ODOM BLVD				2 TICKETS - LUNCHEON							
City			State	Zip Code	Check Number						
AKRON			OH	44307	1766						
To Whom Paid							M	D	Y	Amount	
SUMMIT COUNTY DEMOCRATIC PARTY							0	13	1	116	100.00
Address				Purpose							
438 GRANT ST				2016 OPERATIONAL EXPENSE							
City			State	Zip Code	Check Number						
AKRON			OH	44311	1767						
To Whom Paid							M	D	Y	Amount	
HOME BUILDERS ASSOCIATION							0	13	1	116	535.00
Address				Purpose							
799 WHITE POND DR				2016 MEMBERSHIP DUES							
City			State	Zip Code	Check Number						
AKRON			OH	44320	1768						
To Whom Paid							M	D	Y	Amount	
STOWO MUNROE FALLS CHAMBER OF COMMERCE							0	13	2	116	20.00
Address				Purpose							
4301 DARROW RD				2 TICKETS							
City			State	Zip Code	Check Number						
STOW			OH	44223	1769						
To Whom Paid							M	D	Y	Amount	
TRI-COUNTY UNION LABLE							0	13	2	116	50.00
Address				Purpose							
501 KELLY AVE				2 TICKETS							
City			State	Zip Code	Check Number						
AKRON			OH	44306	1770						
To Whom Paid							M	D	Y	Amount	
SUMMIT COUNTY CHILDRENS SERVICES							0	13	2	116	50.00
Address				Purpose							
264 S ARLINGTON ST				2 TICKETS - BREAKFAST							
City			State	Zip Code	Check Number						
AKRON			OH	44306	1771						
To Whom Paid							M	D	Y	Amount	
KEY BANK							0	13	2	116	126.94
Address				Purpose							
219 S MAIN ST				CHECK RE-ORDER							
City			State	Zip Code	Check Number						
AKRON			OH	44308	XXXX						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
FRIENDS OF KRISTEN M SCALISE												
To Whom Paid												
AKRON SUMMIT CONVENTION BUREAU						M	D	Y	Amount			
77 E MILL ST						0	4	0	1	1	6	100.00
Purpose												
HOLE SPONSOR												
City		State		Zip Code		Check Number						
AKRON		OH		44308		1772						
To Whom Paid												
BIG LOTS						M	D	Y	Amount			
405 HOWE RD						0	4	0	1	1	6	6.14
Purpose												
HARVEST FOR HUNGER BASKET DONATION												
City		State		Zip Code		Check Number						
CUYAHOGA FALLS		OH		44221		1773						
To Whom Paid												
THE WORKS - KENT						M	D	Y	Amount			
144 E MAIN ST						0	4	0	1	1	6	76.04
Purpose												
HARVEST FOR HUNGER BASKET DONATION												
City		State		Zip Code		Check Number						
KENT		OH		44240		1774						
To Whom Paid												
COMMITTEE TO ELECT BREAUX						M	D	Y	Amount			
1668 MERRIMAN RD						0	4	0	5	1	6	100.00
Purpose												
DONATION												
City		State		Zip Code		Check Number						
AKRON		OH		44313		1775						
To Whom Paid												
WARRIORS JOURNEY HOME						M	D	Y	Amount			
85 HERITAGE DR						0	4	0	5	1	6	50.00
Purpose												
GALA CELEBRATION												
City		State		Zip Code		Check Number						
TALLMADGE		OH		44278		1776						
To Whom Paid												
UNITED WAY OF SUMMIT COUNTY						M	D	Y	Amount			
90 N PROSPECT ST						0	4	0	5	1	6	90.00
Purpose												
2 TICKETS - MEETING												
City		State		Zip Code		Check Number						
AKRON		OH		44304		1777						
To Whom Paid												
PROVIDENCE BAPTIST CHURCH						M	D	Y	Amount			
458 MADISON AVE						0	4	0	8	1	6	65.00
Purpose												
1/2 PAGE AD												
City		State		Zip Code		Check Number						
AKRON		OH		44320		1778						
To Whom Paid												
KAPPA FOUNDATION OF AKRON						M	D	Y	Amount			
3498 TAFT ST						0	4	0	8	1	6	65.00
Purpose												
1/2 PAGE AD												
City		State		Zip Code		Check Number						
STOW		OH		44224		1779						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE										
To Whom Paid FOP - AKRON LODGE #7							M	D	Y	Amount
Address 680 E MARKET ST				Purpose AD			0	4	0	175.00
City AKRON		State OH	Zip Code 44304		Check Number 1780					
To Whom Paid AKRON PEACEMAKER							M	D	Y	Amount
Address 166 S HIGH ST				Purpose CONCERT FOR PEACE			0	4	0	50.00
City AKRON		State OH	Zip Code 44308		Check Number 1781					
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					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code		Check Number					

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF KRISTEN M SCALISE													
From Whom Received LOUIS F SCALISE										Prior Amount \$5,000.00		Amt. Incurred this Period \$0.00	
Address 7694 FORBUSH CIRCLE										Outstanding Balance \$5,000.00			
City HUDSON		State OH		Zip Code 44236		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		5	1	5	1	1							\$0.00
Registration Number, if PAC										M	D	Y	
Employer/Occupation/Labor Organization*										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			
		OH				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	
Employer/Occupation/Labor Organization*										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			
		OH				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	
Employer/Occupation/Labor Organization*										M	D	Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

- ¹ Total prior amount \$ \$5,000.00
- ² Total received this period \$ \$0.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$5,000.00 (To Form No. 30-A)