

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County Democratic Executive Committee - Political						Registration Number, if PAC		
Full Name of Candidate								
Street Address 438 Grant St					Office Sought		District	
City Akron					State O H		Zip Code 44311	
Type of Report (place X to the left of report type)	Pre-Primary	XX	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 0 3	D 1 5	Y 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.

#11128 R
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 APR 22 AM 11:04

1. Amount brought forward from last report	\$	15,313.21
2. Total monetary contributions (From Form No. 31-A)	\$	2,801.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	18,114.21
5. Total monetary expenditures (From Form No. 31-B)	\$	497.79
6. Balance on hand (line 4 minus line 5)	\$	17,616.42
7. Value of in-kind contributions received (From Form No. 31-J-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)	\$	30,000.00
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-L)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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.

Print Name and Title (Treasurer and Deputy Treasurer only) Christopher Grimm, Treasurer Signature [Signature] Date 4/19/16

Contribution pages <u>1</u>	Expenditure pages <u>1</u>	Other pages <u>2</u>	Total pages <u>4</u>
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SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL

SUBSTITUTE FORM 31-A

24-Feb Rita Darrow	EFT	\$	200.00
9-Mar Paula Sauter	EFT	\$	100.00
23-Mar Realtors Political Action Committee/Ohio CP401	Check	\$	2,500.00
12-Apr Kenneth Batcher	EFT	\$	<u>1.00</u>
		\$	2,801.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Summit County Democratic Executive Committee - Political												
To Whom Paid						M	D	Y	Amount			
Litle & Company						0	2	2	4	1	6	6.38
Address			Purpose									
366 Sommer St			Collection fee									
City		State	Zip Code		Check Number							
Sommerville		M	S	02144		EFT						
To Whom Paid						M	D	Y	Amount			
U.S. Postmaster						0	3	0	4	1	6	490.00
Address			Purpose									
675 Wolf Ledges Parkway #101			Stamps									
City		State	Zip Code		Check Number							
Akron		O	H	44311		4200						
To Whom Paid						M	D	Y	Amount			
Litle & Company						0	4	0	9	1	6	0.71
Address			Purpose									
			Collection fee									
City		State	Zip Code		Check Number							
						EFT						
To Whom Paid						M	D	Y	Amount			
Litle & Company						0	4	1	2	1	6	0.70
Address			Purpose									
			Collection fee									
City		State	Zip Code		Check Number							
						EFT						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County Democratic Executive Committee												
From Whom Received Thomas Bevan							Prior Amount 25,000.00		Amt. Incurred this Period			
Address 530 Meadowridge									Outstanding Balance 25,000.00			
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	\$
1 0 1 1 1 3												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Timothy Gorbach							Prior Amount 5,000.00		Amt. Incurred this Period			
Address 3014 Northampton Rd									Outstanding Balance 5,000.00			
City Cuyahoga Falls		State OH	Zip Code 44223		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 9 2 7 1 3												
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).

- Total prior amount \$ 30,000.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 30,000.00 (To Form No. 30-A)