

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|--|-----------------|--|---|--|--|-----------------------------|----------------------------------|---|-------------|
| Full Name of Committee FRIENDS OF RUSS PRY | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate RUSSELL M. PRY | | | | | | | | | |
| Street Address 554 WEBER AVENUE | | | | | Office Sought COUNTY EXECUTIVE | | District SUMMIT COUNTY | | |
| City AKRON | | | | | State O H | | Zip Code 44303 | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | 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 | \$ | 137,044.62 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 0.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, and 3) | \$ | 137,044.62 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 71,090.21 |
| 6. Balance on hand (line 4 minus line 5) | \$ | 65,954.41 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | 0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | 0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | 0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | 0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | 0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | 0.00 |
| 13. For Electronic Filing Entities only | \$ | |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ | |

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2016 DEC 16 AM 11:43

BOARD OF ELECTIONS
AKRON, OHIO

4377 AVC

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

David K. Horner, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

David K. Horner
Signature

12/14/2016
Date

Contribution pages 0

Expenditure pages 2

Other pages 1

Total pages 3

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|-----------------------------------|--------------------------|-----------------------------|--|---|---|---|-----------|
| Name of Committee in Full FRIENDS OF RUSS PRY | | | | | | | | | |
| To Whom Paid ELECT ILENE SHAPIRO | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 2 | 50,000.00 |
| Address 1188 SHADYSIDE LANE | | Purpose CONTRIBUTION | | | | | | | |
| City TALLMADGE | | State O H | Zip Code 44278 | Check Number 1581 | | | | | |
| To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY JUDICIAL FUND | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 2 | 20,000.00 |
| Address 438 GRANT STREET | | Purpose CONTRIBUTION | | | | | | | |
| City AKRON | | State O H | Zip Code 44311 | Check Number 1582 | | | | | |
| To Whom Paid AKRON GENERAL FOUNDATION MUFFINS FOR MAMMOGRAMS | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 2 | 100.00 |
| Address 1 AKRON GENERAL AVENUE | | Purpose DONATION | | | | | | | |
| City AKRON | | State O H | Zip Code 44307 | Check Number 1583 | | | | | |
| To Whom Paid FIRSTMERIT BANK | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 3 | 3.00 |
| Address 295 FIRSTMERIT CIRCLE | | Purpose SERVICE CHARGE | | | | | | | |
| City AKRON | | State O H | Zip Code 44307 | Check Number EFT | | | | | |
| To Whom Paid BLUE UTOPIA | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 1 | 0 | 45.00 |
| Address 900 1ST AVENUE | | Purpose MONTHLY WEB FEE | | | | | | | |
| City SEATTLE | | State W A | Zip Code 98134 | Check Number EFT | | | | | |
| To Whom Paid ARTSPARKS | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 1 | 2 | 100.00 |
| Address 450-C PORTAGE TRAIL | | Purpose DONATION | | | | | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 1584 | | | | | |
| To Whom Paid FIRSTMERIT BANK | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 1 | 3 | 3.00 |
| Address 295 FIRSTMERIT CIRCLE | | Purpose SERVICE CHARGE | | | | | | | |
| City AKRON | | State O H | Zip Code 44307 | Check Number EFT | | | | | |
| To Whom Paid PETRACCA PROPERTY MANAGEMENT, LLC | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 2 | 0 | 794.21 |
| Address 9 MERRIMAN ROAD | | Purpose UTILITIES - HQ | | | | | | | |
| City AKRON | | State O H | Zip Code 44303 | Check Number 1585 | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

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|---|--|--|--|-----------------------------------|---|--------------------------|----------------------------|---|--------|---|---|-------|
| Name of Committee in Full FRIENDS OF RUSS PRY | | | | | | | | | | | | |
| To Whom Paid BLUE UTOPIA | | | | | | M | D | Y | Amount | | | |
| | | | | | | 1 | 2 | 0 | 6 | 1 | 6 | 45.00 |
| Address 900 1ST AVENUE | | | | Purpose MONTHLY WEB FEE | | | | | | | | |
| City SEATTLE | | | | State W | A | Zip Code 98134 | 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 | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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