

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF KRISTEN M SCALISE</b>						Registration Number, if PAC			
Full Name of Candidate <b>KRISTEN M SCALISE</b>									
Street Address <b>3842 DOGWOOD ST NW</b>					Office Sought <b>SUM CTY FISCAL OFF</b>		District <b>SUM CTY</b>		
City <b>UNIONTOWN</b>						State <b>O H</b>	Zip Code <b>44685</b>		
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 <b>1 1 0 8 1 6</b>	

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	\$ 52,853.56
2. Total monetary contributions (From Form No. 31-A)	\$ 450.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1-3)	\$ 53,303.56
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,284.67
6. Balance on hand (line 4 minus line 5)	\$ 48,018.89
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)	\$ 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)	\$ 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	\$

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2016 DEC 12 PM 2:46

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO

PES 0485

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

12/10/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 2

Other pages 2

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF KRISTEN M SCALISE</b>							
Full Name of Contributor <b>ALLISON B MANAYAN</b>						Registration Number, if PAC	
Street Address <b>2281 HANDFORTH ST</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc ) <b>CHECK</b>	
City <b>UNIONTOWN</b>		State <b>O   H</b>	Zip Code <b>44685</b>	M <b>1   0</b>	D <b>3   1</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>TIM RYAN FOR CONGRESS</b>						Registration Number, if PAC	
Street Address <b>337 VIENNA AVE STE 1</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc ) <b>CHECK</b>	
City <b>NILES</b>		State <b>O   H</b>	Zip Code <b>44446</b>	M <b>1   0</b>	D <b>3   1</b>	Y <b>1   6</b>	Amount <b>200.00</b>
Full Name of Contributor <b>FRIENDS OF BRAVO</b>						Registration Number, if PAC	
Street Address <b>1600 NEWCASTLE CIRCLE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc ) <b>CHECK</b>	
City <b>AKRON</b>		State <b>O   H</b>	Zip Code <b>44313</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>1   6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>PATRICK HORNING</b>						Registration Number, if PAC	
Street Address <b>80 PADDISON AVENUE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc ) <b>CHECK</b>	
City <b>CUYAHOGA FALLS</b>		State <b>O   H</b>	Zip Code <b>44223</b>	M <b>1   1</b>	D <b>1   4</b>	Y <b>1   6</b>	Amount <b>25.00</b>
Full Name of Contributor <b>CHERYL BILLINGSLEY</b>						Registration Number, if PAC	
Street Address <b>5215 GLENHILL AVE NE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc ) <b>CHECK</b>	
City <b>CANTON</b>		State <b>O   H</b>	Zip Code <b>44705</b>	M <b>1   1</b>	D <b>1   4</b>	Y <b>1   6</b>	Amount <b>25.00</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

\* 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 Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full							
FRIENDS OF KRISTEN M SCALISE							
To Whom Paid				M	D	Y	Amount
AKRON NAACP				110	211	116	500.00
Address		Purpose					
230 W CENTER ST		DONATION					
City	State	Zip Code	Check Number				
AKRON	OH	44302	1928				
To Whom Paid				M	D	Y	Amount
WESLEY TEMPLE ZION CHURCH				110	211	116	50.00
Address		Purpose					
104 N PROSPECT ST		DONATION					
City	State	Zip Code	Check Number				
AKRON	OH	44302	1929				
To Whom Paid				M	D	Y	Amount
SACKMAN STAMP				110	218	116	6.79
Address		Purpose					
411 W EXCHANGE ST		NAME BADGE					
City	State	Zip Code	Check Number				
AKRON	OH	44302	1930				
To Whom Paid				M	D	Y	Amount
MARCIA FUDGE FOR CONGRESS				110	218	116	100.00
Address		Purpose					
23811 CHAGRIN BLVD		DONATION					
City	State	Zip Code	Check Number				
BEACHWOOD	OH	44122	1931				
To Whom Paid				M	D	Y	Amount
BUCHTEL HIGH SCHOOL				110	219	116	50.00
Address		Purpose					
1040 COPLEY RD		DONATION					
City	State	Zip Code	Check Number				
AKRON	OH	44320	1932				
To Whom Paid				M	D	Y	Amount
SUMMIT COUNTY DEMOCRATIC PARTY				110	218	116	2,775.00
Address		Purpose					
438 GRANT ST		POSTAGE					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1933				
To Whom Paid				M	D	Y	Amount
GUISEPPE'S PIZZA				111	018	116	81.00
Address		Purpose					
14 EAST CASTON		ELECTION NIGHT CAMPAIGN THANK YOU					
City	State	Zip Code	Check Number				
AKRON	OH	44319	1934				
To Whom Paid				M	D	Y	Amount
LEGENDS				111	111	116	1,443.62
Address		Purpose					
1840 TOWN PARK BLVD		ELECTION NIGHT CAMPAIGN THANK YOU					
City	State	Zip Code	Check Number				
UNIONTOWN	OH	44685	1935				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF KRISTEN M SCALISE												
To Whom Paid GIANT EAGLE						M	D	Y	Amount			
						1	1	0	9	1	16	263.26
Address 1700 CORPORATE WOODS				Purpose ELECTION NIGHT CAMPAIGN THANK YOU								
City UNIONTOWN		State OH		Zip Code 44685		Check Number ELEC CK						
To Whom Paid KEY BANK						M	D	Y	Amount			
						1	0	3	1	1	16	15.00
Address 219 S MAIN STREET				Purpose SERVICE CHARGE								
City AKRON		State OH		Zip Code 44308		Check Number ELEC CK						
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						

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF KRISTEN M SCALISE</b>													
From Whom Received <b>LOUIS F SCALISE</b>								Prior Amount <b>5,000.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>7694 FORBUSH CIRCLE</b>										Outstanding Balance <b>5,000.00</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		Loans Received This Period					Payments This Period			
					Date			Date					
Date Loan was originally Incurred		M	D	Y	\$			\$					
0 5 1 5 1 1								0					
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					
					Date			Date					
Date Loan was originally Incurred		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					
					Date			Date					
Date Loan was originally Incurred		M	D	Y	\$			\$					
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								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 \$ 5,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 5,000.00 (To Form No. 30-A)

# Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <b>FRIENDS OF KRISTEN M SCALISE</b>									
To Whom Made <b>JOHN A DONOFRIO CAMPAIGN COMMITTEE</b>						Prior Amount <b>1,500.00</b>		Amt. Loaned this Period	
Address <b>3021 - 9TH STREET</b>								Outstanding Balance <b>FORGIVEN</b>	
City <b>CUYAHOGA FALLS</b>				State <b>OH</b>	Zip Code <b>44221</b>		Payments Received This Period		
						Date		Amount	
Date Loan was originally Made						M	D	Y	S
						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		Amount	
Date Loan was originally Made						M	D	Y	S
						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		Amount	
Date Loan was originally Made						M	D	Y	S
						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 \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on cover page)

Total Payments Received this Period \$ \_\_\_\_\_ (also recorded on Forms 31-A-2)