

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Elect Ilene Shapiro						Registration Number, if PAC					
Full Name of Candidate Ilene Shapiro											
Street Address 1188 Shadyside Lane						Office Sought County Executive			District Summit Co.		
City Tallmadge						State O H		Zip Code 44278			
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
						1	1	0	8	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	\$ 74,809.18
2. Total monetary contributions (From Form No. 31-A)	\$ 64,760.00
3. Total other income (From Form No. 31-A-2)	\$ 10,050.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 149,619.18
5. Total monetary expenditures (From Form No. 31-B)	\$ 142,493.19
6. Balance on hand (line 4 minus line 5)	\$ 7,125.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 303.19
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)	\$ 21,954.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 464.31
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	\$

235
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 2016 DEC 12 AM 8:39

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

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.

Christine M. Higham
Print Name and Title (Treasurer and Deputy Treasurer only)

Christine M. Higham
Signature

12/12/16
Date

Contribution pages 8

Expenditure pages 4

Other pages 3

Total pages 15

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Elect Ilene Shapiro												
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	0	2	2	1	6	53.27
Address				Purpose								
121 Eastgay Drive, Apt. B				Reimbursement Literature Drop Supplies								
City		State		Zip Code		Check Number						
Akron		OH		44313		1363						
To Whom Paid						M	D	Y	Amount			
NAACP-Akron						1	0	2	2	1	6	500.00
Address				Purpose								
PO Box 3169				Sponsorship								
City		State		Zip Code		Check Number						
Akron		OH		44309		1364						
To Whom Paid						M	D	Y	Amount			
Triad						1	0	2	5	1	6	73,462.50
Address				Purpose								
1701 Front Street				TV Advertising								
City		State		Zip Code		Check Number						
Cuyahoga Falls		OH		44221		1365						
To Whom Paid						M	D	Y	Amount			
Summit County Democratic Party						1	0	2	4	1	6	26,750.00
Address				Purpose								
438 Grant Street				Contribution								
City		State		Zip Code		Check Number						
Akron		OH		44311		1366						
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	0	2	4	1	6	71.30
Address				Purpose								
121 Eastgay Drive, Apt. B				Reimbursement - copies								
City		State		Zip Code		Check Number						
Akron		OH		44313		1367						
To Whom Paid						M	D	Y	Amount			
St. John CME Church						1	0	2	4	1	6	100.00
Address				Purpose								
1233 S. Hawkins Avenue				Program Ad								
City		State		Zip Code		Check Number						
Akron		OH		44320		1368						
To Whom Paid						M	D	Y	Amount			
Buchtel PTA						1	0	2	4	1	6	50.00
Address				Purpose								
1040 Copley Road				Event Tickets								
City		State		Zip Code		Check Number						
Akron		OH		44320		1370						
To Whom Paid						M	D	Y	Amount			
Edward Clupper						1	0	2	7	1	6	124.50
Address				Purpose								
1567 Delcon Cir				Reimbursement - Event Supplies								
City		State		Zip Code		Check Number						
Akron		OH		44313		1371						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Elect Ilene Shapiro												
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	0	2	7	1	6	37.35
Address				Purpose								
121 Eastgav Drive, Apt. B				Reimbursement - copies								
City		State		Zip Code		Check Number						
Akron		OH		44313		1373						
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	0	2	7	1	6	2,000.00
Address				Purpose								
121 Eastgav Drive, Apt. B				Campaign Management Fees								
City		State		Zip Code		Check Number						
Akron		OH		44313		1376						
To Whom Paid						M	D	Y	Amount			
Summit County Democratic Party						1	0	2	8	1	6	2,775.00
Address				Purpose								
438 Grant Street				Contribution								
City		State		Zip Code		Check Number						
Akron		OH		44311		1377						
To Whom Paid						M	D	Y	Amount			
Jill Skapin						1	1	0	1	1	6	68.00
Address				Purpose								
3566 Davton Ave				Reimbursement - Postage								
City		State		Zip Code		Check Number						
Kent		OH		44240		1378						
To Whom Paid						M	D	Y	Amount			
Triad						1	1	0	1	1	6	1,300.00
Address				Purpose								
1701 Front Street				Polling								
City		State		Zip Code		Check Number						
Cudahoga Falls		OH		44221		1379						
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	1	0	1	1	6	66.10
Address				Purpose								
121 Eastgav Drive, Apt. B				Reimbursement - copies								
City		State		Zip Code		Check Number						
Akron		OH		44313		1380						
To Whom Paid						M	D	Y	Amount			
Moe's						1	1	0	1	1	6	700.00
Address				Purpose								
2385 Front Street				Food								
City		State		Zip Code		Check Number						
Cudahoga Falls		OH		44221		1381						
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	1	0	3	1	6	120.00
Address				Purpose								
121 Eastgav Drive, Apt. B				Reimbursement - Food								
City		State		Zip Code		Check Number						
Akron		OH		44313		1382						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Elect Ilene Shapiro												
To Whom Paid						M	D	Y	Amount			
Sarah's House						1	1	0	3	1	6	100.00
Address				Purpose								
414 Pine Street				Donation								
City		State		Zip Code		Check Number						
Akron		OH		44307		1383						
To Whom Paid						M	D	Y	Amount			
Friends of Bobby McDowall						1	1	0	3	1	6	250.00
Address				Purpose								
3502 Curtis Street				Donation								
City		State		Zip Code		Check Number						
Mogadore		OH		44260		1384						
To Whom Paid						M	D	Y	Amount			
Summit County Democratic Party						1	1	0	5	1	6	2,500.00
Address				Purpose								
438 Grant Street				Contribution								
City		State		Zip Code		Check Number						
Akron		OH		44311		1385						
To Whom Paid						M	D	Y	Amount			
Bryan Herschel						1	1	0	5	1	6	459.00
Address				Purpose								
121 Eastgay Drive, Apt. B				Reimbursement - Dumpster at HQ								
City		State		Zip Code		Check Number						
Akron		OH		44313		1386						
To Whom Paid						M	D	Y	Amount			
Triad						1	1	0	5	1	6	505.00
Address				Purpose								
1701 Front Street				Advertising								
City		State		Zip Code		Check Number						
Cudahoga Falls		OH		44221		1387						
To Whom Paid						M	D	Y	Amount			
Barley House						1	1	0	8	1	6	2,840.10
Address				Purpose								
222 S. Main Street				Election Night - Food and Drink								
City		State		Zip Code		Check Number						
Akron		OH		44308		1388						
To Whom Paid						M	D	Y	Amount			
Jason Dodson						1	1	0	9	1	6	116.34
Address				Purpose								
3695 Mogadore Rd				Reimbursement - Ink								
City		State		Zip Code		Check Number						
Mogadore		OH		44260		1389						
To Whom Paid						M	D	Y	Amount			
Diamond Grille						1	1	0	9	1	6	1,267.52
Address				Purpose								
77 W Market St				Food								
City		State		Zip Code		Check Number						
Akron		OH		44308		1390						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Elect Ilene Shapiro											
To Whom Paid						M	D	Y	Amount		
Bryan Herschel						1	1	1	1	6	3,000.00
Address				Purpose							
121 Eastgav Drive, Apt. B				Campaign Management Fees							
City		State		Zip Code		Check Number					
Akron		OH		44313		1391					
To Whom Paid						M	D	Y	Amount		
Bryan Herschel						1	1	1	1	6	290.00
Address				Purpose							
121 Eastgav Drive, Apt. B				Reimbursement - Phones							
City		State		Zip Code		Check Number					
Akron		OH		44313		1392					
To Whom Paid						M	D	Y	Amount		
Triad						1	1	1	8	6	21,761.51
Address				Purpose							
1701 Front Street				Printing and Scheduling Fees							
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		1393					
To Whom Paid						M	D	Y	Amount		
Ohio Secretary of State						1	2	0	1	6	5.00
Address				Purpose							
180 East Broad Street, 16th Floor				Commission Fee							
City		State		Zip Code		Check Number					
Columbus		OH		43215		1394					
To Whom Paid						M	D	Y	Amount		
Petracca Property Management LLC						1	2	0	1	6	1,157.72
Address				Purpose							
9 Merriman Road				HQ Utilities							
City		State		Zip Code		Check Number					
Akron		OH		44303		1396					
To Whom Paid						M	D	Y	Amount		
Staples						1	2	0	2	6	62.98
Address				Purpose							
645 Howe Avenue				Ink							
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		1397					
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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Ilene Shapiro							
Full Name of Contributor Friends of Russ Pry					Registration Number, if PAC		
Street Address 554 Weber Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44303	M 1 0	D 2 2	Y 1 6	Amount 50,000.00	
Full Name of Contributor Iron Workers Local No. 17 PCE Account					Registration Number, if PAC		
Street Address 1544 E. 23rd Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44114	M 1 0	D 3 1	Y 1 6	Amount 250.00	
Full Name of Contributor Sherry Lynn Neubert					Registration Number, if PAC		
Street Address 2766 Parkplace Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Uniontown	State O H	Zip Code 44685	M 1 1	D 0 1	Y 1 6	Amount 100.00	
Full Name of Contributor Jon Fiume					Registration Number, if PAC		
Street Address 275 N. Portage Path Apt. 7D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44303	M 1 0	D 3 1	Y 1 6	Amount 100.00	
Full Name of Contributor Richard Stahl					Registration Number, if PAC		
Street Address 5197 Bayside Lake Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Stow	State O H	Zip Code 44224	M 1 0	D 1 5	Y 1 6	Amount 100.00	
Full Name of Contributor Cheryl Billingsley					Registration Number, if PAC		
Street Address 5215 Glenhill Avenue NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canton	State O H	Zip Code 44705	M 0 9	D 1 6	Y 1 6	Amount 25.00	
Full Name of Contributor Christine Higham					Registration Number, if PAC		
Street Address 1188 Shadyside Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Tallmadge	State O H	Zip Code 44278	M 1 1	D 0 5	Y 1 6	Amount 50.00	
Full Name of Contributor Patrick Horning					Registration Number, if PAC		
Street Address 80 Paddison Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44223	M 0 9	D 1 4	Y 1 6	Amount 25.00	

* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Ilene Shapiro							
Full Name of Contributor Michael Griffin					Registration Number, if PAC		
Street Address 1100 H Street NW Ste 920		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20005	M 1 0	D 2 7	Y 1 6	Amount 4,000.00	
Full Name of Contributor Anthony O'Leary					Registration Number, if PAC		
Street Address 3446 River Rock Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44223	M 1 0	D 3 0	Y 1 6	Amount 200.00	
Full Name of Contributor Lawrence Levey					Registration Number, if PAC		
Street Address 1585 Frederick Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44320	M 1 1	D 2 3	Y 1 6	Amount 250.00	
Full Name of Contributor Robert Higham					Registration Number, if PAC		
Street Address 2725 Abington Court Ste. 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Fairlawn	State O H	Zip Code 44333	M 1 0	D 2 8	Y 1 6	Amount 50.00	
Full Name of Contributor Keith Malick					Registration Number, if PAC		
Street Address 4844 Everett Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44333	M 1 1	D 0 1	Y 1 6	Amount 100.00	
Full Name of Contributor David Woodburn					Registration Number, if PAC		
Street Address 3903 Meadowvale Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44333	M 1 0	D 2 0	Y 1 6	Amount 500.00	
Full Name of Contributor Carol Dezso					Registration Number, if PAC		
Street Address 475 Dorchester Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44320	M 1 0	D 0 1	Y 1 6	Amount 50.00	
Full Name of Contributor Contributions from Form 31-E - 10/26/16 Event					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 8,860.00	

* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Ilene Shapiro						
Full Name of Contributor Contributions from Form 31-G				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 100.00
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
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

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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	
Elect Ilene Shapiro			
Full Name of Contributor Karen Ann Cahill		Registration Number, if PAC	
Street Address 11820 Edgewater Dr., Apt. 809	Employer/Occupation/Labor Organization*	M D Y 1 0 2 4 1 6	Amount 50.00
City Lakewood	State Zip Code O H 44107	Form(Cash,Check,etc) Check	
Full Name of Contributor Patricia McKay		Registration Number, if PAC	
Street Address PO Box 22505	Employer/Occupation/Labor Organization*	M D Y 1 0 1 9 1 6	Amount 200.00
City Akron	State Zip Code O H 44302	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Fedorovich		Registration Number, if PAC	
Street Address 6575 Chestwick Ln	Employer/Occupation/Labor Organization*	M D Y 1 0 2 0 1 6	Amount 750.00
City Hudson	State Zip Code O H 44236	Form(Cash,Check,etc) Check	
Full Name of Contributor Lucinda Petures		Registration Number, if PAC	
Street Address 5169 Spencers Run	Employer/Occupation/Labor Organization*	M D Y 1 0 2 0 1 6	Amount 100.00
City Stow	State Zip Code O H 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Franco Harris		Registration Number, if PAC	
Street Address 5700 Corporate Dr Ste. 455	Employer/Occupation/Labor Organization*	M D Y 1 0 1 9 1 6	Amount 700.00
City Pittsburgh	State Zip Code P A 15237	Form(Cash,Check,etc) Check	
Full Name of Contributor Marie Covington		Registration Number, if PAC	
Street Address 4584 Granger Road	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 1 6	Amount 250.00
City Akron	State Zip Code O H 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Frank Kunstel		Registration Number, if PAC	
Street Address 131 Seaborn Drive	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 1 6	Amount 500.00
City Willowick	State Zip Code O H 44095	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
8,860.00

Total expenditures this event
0.00

Page Total \$ 2,550.00

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
Elect Ilene Shapiro							
Full Name of Contributor Roberta Aber		Registration Number, if PAC					
Street Address 815 Bloomfield Avenue		Employer/Occupation/Labor Organization*		1	0	2	100.00
City Akron		State OH	Zip Code 44302				
				Form(Cash, Check, etc) Check			
Full Name of Contributor Moise Zarouk		Registration Number, if PAC					
Street Address 281 Hatch Road		Employer/Occupation/Labor Organization*		1	0	2	250.00
City Wadsworth		State OH	Zip Code 44281				
				Form(Cash, Check, etc) Check			
Full Name of Contributor Harvey Nelson		Registration Number, if PAC					
Street Address 4394 North Ridge Drive		Employer/Occupation/Labor Organization*		1	0	2	250.00
City Akron		State OH	Zip Code 44333				
				Form(Cash, Check, etc) Check			
Full Name of Contributor Steven Kutnick		Registration Number, if PAC					
Street Address 2245 Lancaster Road		Employer/Occupation/Labor Organization*		1	0	2	100.00
City Akron		State OH	Zip Code 44313				
				Form(Cash, Check, etc) Check			
Full Name of Contributor Rudd Bare II		Registration Number, if PAC					
Street Address PO Box 1287		Employer/Occupation/Labor Organization*		1	0	2	100.00
City Bath		State OH	Zip Code 44210				
				Form(Cash, Check, etc) Check			
Full Name of Contributor David Glenny		Registration Number, if PAC					
Street Address 335 Nob Hill Drive		Employer/Occupation/Labor Organization*		1	0	1	100.00
City Akron		State OH	Zip Code 44303				
				Form(Cash, Check, etc) Check			
Full Name of Contributor Karen Talbot		Registration Number, if PAC					
Street Address 3288 Dowling Drive		Employer/Occupation/Labor Organization*		1	0	2	200.00
City Akron		State OH	Zip Code 44333				
				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
8,860.00

Total expenditures this event
0.00

Page Total \$ 1,100.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Ilene Shapiro				
Full Name of Contributor Mary M. Ogden			Registration Number, if PAC	
Street Address 3963 Huffman Road	Employer/Occupation/Labor Organization*		M D Y 1 0 2 5 1 6	Amount 50.00
City Medina	State OH	Zip Code 44256	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph Kodish			Registration Number, if PAC	
Street Address 1798 Rock Hill Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 6	Amount 100.00
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Katherine Testa			Registration Number, if PAC	
Street Address 2860 Cranbrooke Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 6	Amount 5,000.00
City Silver Lake	State OH	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Stephanie York			Registration Number, if PAC	
Street Address 2484 Cardigan Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 6	Amount 60.00
City Akron	State OH	Zip Code 44333	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
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
8,860.00

Total expenditures this event
0.00

Page Total \$ 5,210.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Elect Ilene Shapiro						
Full Name of Contributor						
David Nott						
Street Address			M	D	Y	Amount
2153 Hoch Drive			0	9	1	100.00
City			State		Zip Code	Form (Cash, Check, etc)
Cuyahoga Falls			OH		44221	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)
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 Ilene Shapiro, who currently holds the public office

of County Executive. I hereby affirm that each contribution was voluntarily made.


(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"

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full ELECT ILENE SHAPIRO			
Full Name of Contributor Connie Krauss	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 799 Pegan Dr	Description of Item or Service Beer and Wine YP Event	M D Y 1 0 2 1 1 6	Fair Market Value 100.00
City Wadsworth	State Zip Code O H 44281	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor John Pribonic	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 4210 Cheval Cir	Description of Item or Service Food and Bev - Stow Event	M D Y 1 0 2 8 1 6	Fair Market Value 65.00
City Stow	State Zip Code O H 44224	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Diana Colavecchio	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 3414 Haggarty Way	Description of Item or Service Food and Bev - Stow Event	M D Y 1 0 2 8 1 6	Fair Market Value 63.81
City Cuyahoga Falls	State Zip Code O H 44223	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Sara Kline	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 3586 Adaline Dr	Description of Item or Service Food and Bev - Stow Event	M D Y 1 0 2 8 1 6	Fair Market Value 74.38
City Stow	State Zip Code O H 44224	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" 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	

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Elect Ilene Shapiro				Registration Number, if PAC			
Full Name Ilene Shapiro				M	D	Y	Amount
Address 295 Wyant Road		Type* L N		1	1	0	10,000.00
City Akron		State O H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name City of Barberton				Registration Number, if PAC			
Full Name City of Barberton				M	D	Y	Amount
Address 104 3rd Street NW Ste 1		Type* R E		1	2	0	50.00
City Barberton		State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Elect Ilene Shapiro														
From Whom Received Ilene Shapiro								Prior Amount 11,954.00		Amt. Incurred this Period 10,000.00				
Address 295 Wyant Road										Outstanding Balance 21,954.00				
City Akron		State OH	Zip Code 44313		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
		0	2	1	5	0	6	1	1	0	4	1	6	10000.00
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 Date			Amount		Payments This Period 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		
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period 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		
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period 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).

- 1 Total prior amount \$ 11,954.00
- 2 Total received this period \$ 10,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 21,954.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Elect Ilene Shapiro									
To Whom Owed Ilene Shapiro						Prior Amount 464.31		Amt. Incurred this Period 0.00	
Address 295 Wyant Road						Item or Purpose for Debt Printing		Outstanding Balance 464.31	
City Akron				State OH		Zip Code 44313		Payments Made This Period	
						Date		Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	3	0	6		
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	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	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 \$ 464.31 (also record on cover page)