

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMM. - POLITICAL</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>438 GRANT ST.</b>					Office Sought		District		
City <b>AKRON</b>						State <b>O H</b>	Zip Code <b>44311</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	
						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	\$	4,780.36
2. Total monetary contributions (From Form No. 31-A)	\$	61,840.00
3. Total other income (From Form No. 31-A-2)	\$	5,000.00
4. Total funds available (sum of lines 1, 2 & 3)	\$	71,620.36
5. Total monetary expenditures (From Form No. 31-B)	\$	67,428.18
6. Balance on hand (line 4 minus line 5)	\$	4,192.18
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-U)	\$	
13. For Electronic Filing Entries only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

#241  
SUMMIT COUNTY BOARD OF ELECTIONS  
AKRON, OHIO  
2016 DEC 14 PM 4:03

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.

*Christopher B. Grimm / Treasurer*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*[Signature]*  
Signature

12/13/16  
Date

Contribution pages 2

Expenditure pages 3

Other pages 2

Total pages 7

**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL**

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SUBSTITUTE FORM 31-A

17-Oct Steven Zager	Check	\$	1,000.00
20-Oct IBEW PAC Voluntary Fund	Check	\$	2,000.00
20-Oct Friends of Clair Dickinson	Check	\$	13,000.00
24-Oct Elect Irene Shapiro	Check	\$	26,750.00
25-Oct Steven Ross	Check	\$	1,000.00
25-Oct Joel Jankowsky	Check	\$	1,000.00
25-Oct Victor Fazio	Check	\$	1,000.00
28-Oct Friends of Kristen Scalise	Check	\$	2,775.00
28-Oct Elect Irene Shapiro	Check	\$	2,775.00
28-Oct Ohio Democratic Party	Check	\$	65.00
28-Oct Thomas Bevan	Check	\$	5,000.00
4-Nov Friends of Clair Dickinson	Check	\$	1,875.00
5-Nov Elect Irene Shapiro	Check	\$	2,500.00
30-Nov Linda Bunyan	EFT	\$	100.00
3-Nov Friends of Elizabeth Walters	Check	\$	1,000.00
			<hr/>
	Total this page	\$	61,840.00

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**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL**

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SUBSTITUTE FORM 31-A - 2  
OTHER INCOME

28-Oct Thomas Bevan Loan

Check \$ 5,000.00

Total this page \$ 5,000.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL</b>							
To Whom Paid		M	D	Y	Amount		
<b>OHIO DEMOCRATIC PARTY</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>340 E. FULTON ST</b>		<b>DONATION</b>					
City	State	Zip Code	Check Number				
<b>COLUMBUS</b>	<b>O</b>	<b>H</b>	<b>43215</b>	<b>4245</b>			
To Whom Paid		M	D	Y	Amount		
<b>KATIE STROYOFF</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>235 LAKE FRONT DR</b>		<b>FOOD REIMBURSEMENT</b>					
City	State	Zip Code	Check Number				
<b>AKRON</b>	<b>O</b>	<b>H</b>	<b>44319</b>	<b>4247</b>			
To Whom Paid		M	D	Y	Amount		
<b>OHIO DEMOCRATIC PARTY</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>6</b>
Address		Purpose					
		<b>DONATION</b>					
City	State	Zip Code	Check Number				
				<b>4248</b>			
To Whom Paid		M	D	Y	Amount		
<b>TRIAD COMMUNICATIONS</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>2006 4TH ST.</b>		<b>POSTAGE</b>					
City	State	Zip Code	Check Number				
<b>CUYAHOGA FALLS</b>	<b>O</b>	<b>H</b>	<b>44221</b>	<b>4249</b>			
To Whom Paid		M	D	Y	Amount		
<b>PETE NISCHT</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>438 GRANT ST.</b>		<b>REIMBURSE FOR TRAVEL</b>					
City	State	Zip Code	Check Number				
<b>AKRON</b>	<b>O</b>	<b>H</b>	<b>44311</b>	<b>4250</b>			
To Whom Paid		M	D	Y	Amount		
<b>TRIAD COMMUNICATIONS</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>6</b>
Address		Purpose					
		<b>PRINTING</b>					
City	State	Zip Code	Check Number				
				<b>4251</b>			
To Whom Paid		M	D	Y	Amount		
<b>OHIO DEMOCRATIC PARTY</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>6</b>
Address		Purpose					
		<b>DONATION</b>					
City	State	Zip Code	Check Number				
				<b>4252</b>			
To Whom Paid		M	D	Y	Amount		
<b>OHIO DEMOCRATIC PARTY</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
		<b>DONATION</b>					
City	State	Zip Code	Check Number				
				<b>4253</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL</b>							
To Whom Paid		M	D	Y	Amount		
<b>TRIAD COMMUNICATIONS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>2006 4TH ST.</b>		<b>PROFESSIONAL SERVICES</b>					
City		State	Zip Code		Check Number		
<b>CUYAHOGA FALLS</b>		<b>O</b>   <b>H</b>	<b>44221</b>		<b>4254</b>		
To Whom Paid		M	D	Y	Amount		
<b>TRIAD COMMUNICATIONS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
		<b>PROFESSIONAL SERVICES</b>					
City		State	Zip Code		Check Number		
		<b>O</b>   <b>H</b>			<b>4255</b>		
To Whom Paid		M	D	Y	Amount		
<b>NAACP - AKRON</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>230 W. CENTER ST.</b>		<b>ADVERTISEMENT</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44302</b>		<b>4256</b>		
To Whom Paid		M	D	Y	Amount		
<b>GRAFFITTI PRINT SHOP</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>739 N. MAIN ST</b>		<b>TEE SHIRTS</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44310</b>		<b>4257</b>		
To Whom Paid		M	D	Y	Amount		
<b>TRACY STEVENS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>1224 DIAGINAL RD</b>		<b>STAGING SUPPLIES</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44307</b>		<b>4258</b>		
To Whom Paid		M	D	Y	Amount		
<b>PRIMETIME SPORTING GOODS</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>1946 S. ARLINGTON ST</b>		<b>TEE SHIRTS</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44306</b>		<b>4259</b>		
To Whom Paid		M	D	Y	Amount		
<b>DAN ROTH</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>2430 W. MARKET ST.</b>		<b>CONSULTING</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44313</b>		<b>4260</b>		
To Whom Paid		M	D	Y	Amount		
<b>PETE NISCHT</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>
Address		Purpose					
<b>438 GRANT ST</b>		<b>REIMBURSE FOR OFFICE SUPPLIES</b>					
City		State	Zip Code		Check Number		
<b>AKRON</b>		<b>O</b>   <b>H</b>	<b>44311</b>		<b>4261</b>		

# 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	
LITTLE & CO.	1	1	0	2	1	6	0.55
Address		Purpose					
366 SUMMER ST.		COLLECTION FEES					
City	State	Zip Code	Check Number				
SOMMERVILLE	M   A	02144	EFT				
To Whom Paid	M	D	Y			Amount	
MILLER RENTAL	1	1	0	6	1	6	448.67
Address		Purpose					
8698 W. WATERLOO RD.		PLATFORM RENTAL					
City	State	Zip Code	Check Number				
AKRON	O   H	44314	4262				
To Whom Paid	M	D	Y			Amount	
ENTERTAINMENT MEDIA CONSULTANT	1	1	0	6	1	6	1,150.00
Address		Purpose					
1152 HERMAN ST		MUSIC					
City	State	Zip Code	Check Number				
AKRON	O   H	44307	4263				
To Whom Paid	M	D	Y			Amount	
EDWARD HALL DBA BIG EASY	1	1	0	6	1	6	700.00
Address		Purpose					
1073 S. HAWKINS		FOOD TRUCK					
City	State	Zip Code	Check Number				
AKRON	O   H	44320	4264				
To Whom Paid	M	D	Y			Amount	
LITTLE & CO.	1	1	3	0	1	6	2.74
Address		Purpose					
		COLLECTION FEES					
City	State	Zip Code	Check Number				
			EFT				
To Whom Paid	M	D	Y			Amount	
LITTLE & CO	1	2	0	2	1	6	0.55
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				

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL</b>													
From Whom Received <b>THOMAS BEVAN</b>										Prior Amount <b>25,000.00</b>		Amt. Incurred this Period <b>5,000.00</b>	
Address <b>530 MEADOWRIDGE</b>												Outstanding Balance <b>30,000.00</b>	
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		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	\$	
		<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>1</b>
													<b>5000.00</b>
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		
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).

- 1 Total prior amount \$ 25,000.00
- 2 Total received this period \$ 5,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 30,000.00 (To Form No. 30-A)