

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CUYAHOGA FALLS DEMOCRATIC CLUB						Registration Number, if PAC			
Full Name of Candidate									
Street Address 2467 23rd Street				Office Sought			District		
City CUYAHOGA FALLS						State O H	Zip Code 44223		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2016
	July Monthly		August Monthly		September Monthly		Termination		
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 1	D 2 5	Y 1 7	

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	\$	2,647.49
2. Total monetary contributions (From Form No. 31-A)	\$	2,890.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	5,537.49
5. Total monetary expenditures (From Form No. 31-B)	\$	1,424.68
6. Balance on hand (Fig. 4 minus line 5)	\$	4,112.81
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	659.00
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	\$	

2017 JAN 25 AM 11:00

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

S10 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

Meika Penta, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

1/25/17

Contribution pages 2

Expenditure pages 1

Other pages 24

Total pages 27

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor ANDREW DEGROOT					Registration Number, if PAC	
Street Address 1201 E MARKET STREET, APT 314			Employer/Occupation/Labor Organization* DATA SCIENCE/GOODYEAR TIRE		Form (Cash, Check, etc.) CHECK	
City AKRON			State O H	Zip Code 44305	M D Y 1 2 1 2 1 6	Amount 25.00
Full Name of Contributor JOHN SCHMIDT					Registration Number, if PAC	
Street Address 1460 CURTIS AVE			Employer/Occupation/Labor Organization* SUMMIT COUNTY COUNCIL		Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS			State O H	Zip Code 44221	M D Y 1 0 2 8 1 6	Amount 100.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E (PAGES 5-10)					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH / CHECKS	
City			State	Zip Code	M D Y 0 7 1 6 1 6	Amount 1,160.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E (PAGES 11-16)					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH / CHECKS	
City			State	Zip Code	M D Y 0 9 1 5 1 6	Amount 1,140.00
Full Name of Contributor DEPOSIT OF CHANGE FROM JULY EVENT					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City			State	Zip Code	M D Y 0 7 1 9 1 6	Amount 100.00
Full Name of Contributor DEPOSIT OF CHANGE FROM SEPTEMBER EVENT					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City			State	Zip Code	M D Y 0 9 1 6 1 6	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

* 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 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB									
To Whom Paid EXPENDITURES FROM FORM 31-F						M	D	Y	Amount 155.63
Address		Purpose FOR EVENT HELD JULY 16TH							
City		State	Zip Code	Check Number					
To Whom Paid EXPENDITURES FROM FORM 31-F						M	D	Y	Amount 100.00
Address		Purpose FOR EVENT HELD SEPTEMBER 15TH							
City		State	Zip Code	Check Number					
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY						M	D	Y	Amount 500.00
Address 438 GRANT ST		Purpose SCDP AREA CLUB FUNDRAISER							
City AKRON		State O H	Zip Code 44331	Check Number 432					
To Whom Paid CITY OF CUYAHOGA FALLS						0	D	Y	Amount 45.00
Address 2310 SECOND STREET		Purpose RESERVED PICNIC AREA FOR 2017 FUNDRAISER							
City CUYAHOGA FALLS		State O H	Zip Code 44221	Check Number DEBIT CARD					
To Whom Paid OHIO DEMOCRATIC PARTY						M	D	Y	Amount 20.00
Address 340 EAST FULTON STREET		Purpose STATE CONVENTION TICKET FOR MEIKA PENTA							
City COLUMBUS		State O H	Zip Code 44215	Check Number 433					
To Whom Paid STEVE DEAK						M	D	Y	Amount 159.32
Address 1831 BEACON HILL CIR #14		Purpose REIMB. FOR MILES AND TICKET FOR STATE CONVENTIC							
City CUYAHOGA FALLS		State O H	Zip Code 44221	Check Number 434					
To Whom Paid MEIKA PENTA						0	D	Y	Amount 139.32
Address 2467 23RD STREET		Purpose REIMB. FOR MILES FOR STATE CONVENTION							
City CUYAHOGA FALLS		State O H	Zip Code 44221	Check Number 435					
To Whom Paid GIANT EALGE MARKET DISTRICT						M	D	Y	Amount 305.41
Address 2687 STATE ROAD		Purpose FOOD FOR HOLIDAY PARTY							
City CUYAHOGA FALLS		State O H	Zip Code 44223	Check Number DEBIT CARD					

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor			Registration Number, if PAC
SHARON SIEGFERTH			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
82 CEDAR WOODS DRIVE		0 7 1 6 1 6	25.00
City	State Zip Code	Form(Cash,Check,etc)	
CUYAHOGA FALLS	O H 44223	CHECK	
Full Name of Contributor			Registration Number, if PAC
MELISSA DEAN			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3857 HERON WATCH DRIVE		0 7 1 6 1 6	30.00
City	State Zip Code	Form(Cash,Check,etc)	
AKRON	O H 44319	CHECK	
Full Name of Contributor			Registration Number, if PAC
CASEY WEINSTEIN			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
8N WESTHAVEN DRIVE		0 7 1 6 1 6	25.00
City	State Zip Code	Form(Cash,Check,etc)	
HUDSON	O H 44236	CHECK	
Full Name of Contributor			Registration Number, if PAC
JOY OLDFIELD			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
333 KIMBERLY ROAD	JUDGE/AKRON	0 7 1 6 1 6	50.00
City	State Zip Code	Form(Cash,Check,etc)	
AKRON	O H 44313	CHECK	
Full Name of Contributor			Registration Number, if PAC
JOHN SCHMIDT			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1460 CURTIS AVE	SUMMIT CNTY COUNCIL	0 7 1 6 1 6	100.00
City	State Zip Code	Form(Cash,Check,etc)	
CUYAHOGA FALLS	O H 44221	CHECK	
Full Name of Contributor			Registration Number, if PAC
COMMITTEE TO ELECT DON WALTERS			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3395 PENDLETON STREET		0 7 1 6 1 6	100.00
City	State Zip Code	Form(Cash,Check,etc)	
CUYAHOGA FALLS	O H 44221	CHECK	
Full Name of Contributor			Registration Number, if PAC
CARRIE SNYDER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1248 CHESTNUT BLVD	CF CITY RIVERFRONT DI	0 7 1 6 1 6	25.00
City	State Zip Code	Form(Cash,Check,etc)	
CUYAHOGA FALLS	O H 44223	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

Total expenditures this event

Page Total \$ 355.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor				Registration Number, if PAC			
RONALD CABLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2470 WENDLING DRIVE		LAWYER		0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
AKRON	O H	44333		CHECK			
Full Name of Contributor				Registration Number, if PAC			
KAREN SCHOFIELD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2306 NORTHAVEN BLVD				0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
CUYAHOGA FALL	O H	44223		CHECK			
Full Name of Contributor				Registration Number, if PAC			
DEANNE BROWN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
253 WOODRIDGE DRIVE		STOW MUNI COURTHOU		0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
PENINSULA	O H	44264		CEHCK			
Full Name of Contributor				Registration Number, if PAC			
SARAH RUBENS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
470 PARKSIDE DRIVE				0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
AKRON	O H	44313		CHECK			
Full Name of Contributor				Registration Number, if PAC			
DENISE HORNING							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
80 PADDISON AVENUE				0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
CUYAHOGA FALLS	O H	44223		CHECK			
Full Name of Contributor				Registration Number, if PAC			
PATRICK HORNING							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
80 PADDISON AVENUE		ACCOUNTANT		0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
CUYAHOGA FALLS	O H	44223		CHECK			
Full Name of Contributor				Registration Number, if PAC			
VIRGINIA CALDWELL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3836 WYNDHAM RIDGE DRIVE APT		RETIRED		0	7	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
STOW	O H	44224		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

Total expenditures this event

Page Total \$ 175.00

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
CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor STEVEN DEAK JR		Registration Number, if PAC					
Street Address 1831 BEACON HILL CIRCLE APT 14		Employer/Occupation/Labor Organization*		0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK				
Full Name of Contributor ANTHONY GOMEZ		Registration Number, if PAC					
Street Address 3070 9TH STREET		STOW MUNI COURTHOU		0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK				
Full Name of Contributor DAVE ARTHUR		Registration Number, if PAC					
Street Address 2187 WEST BATH ROAD		RETIRED		0	7	16	25.00
City AKRON	State OH	Zip Code 44313	Form(Cash,Check,etc) CHECK				
Full Name of Contributor DIANA COLAVECCHIO		Registration Number, if PAC					
Street Address 3414 HAGGARTY WAY		STOW CLERK OF COURTS		0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form(Cash,Check,etc) CHECK				
Full Name of Contributor PAUL COLAVECCHIO		Registration Number, if PAC					
Street Address 3414 HAGGARTY WAY		CF CITY COUNCIL		0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form(Cash,Check,etc) CHECK				
Full Name of Contributor VINCENT RUBINO		Registration Number, if PAC					
Street Address 880 MARKHAM AVE		CF CITY COUNCIL		0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK				
Full Name of Contributor BRIAN ASHTON		Registration Number, if PAC					
Street Address 302 BARONSWAY DRIVE				0	7	16	25.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form(Cash,Check,etc) CHECK				

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Total contributions this event

Total expenditures this event

Page Total \$ 175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor				Registration Number, if PAC		
JENNIFER ASHTON						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
302 BARONSWAY DRIVE			0	7	16	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
CUYAHOGA FALLS	O H	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC		
ALISON BREAUX						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
675 MERRIMAN ROAD	JUDGE/ARKON		0	7	16	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44303	CEHCK			
Full Name of Contributor				Registration Number, if PAC		
TODD BREAUX						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
675 MERRIMAN ROAD			0	7	16	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JANET CIOTOLA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
163 RAVENSHOLLOW DRIVE			0	7	16	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
CUYAHOGA FALLS	O H	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JOHN GALONSKI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1137 ALLENDALE AVE	LAWYER		0	7	16	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44306	CHECK			
Full Name of Contributor				Registration Number, if PAC		
MATTHEW DICKINSON						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1080 MADRID DRIVE	LAWYER		0	7	16	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44313	CHECK			
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)			

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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

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB					
Full Name of Contributor SHELLEY GOODRICH				Registration Number, if PAC	
Street Address 1877 12TH STREET		Employer/Occupation/Labor Organization* TAX DEPT CITY OF CF		M D Y 0 7 1 6 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44314	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARY NICHOLS-RHODES				Registration Number, if PAC	
Street Address 739 LINCOLN AVE		Employer/Occupation/Labor Organization* CF CITY COUNCIL		M D Y 0 7 1 6 1 6	Amount 25.00
City CUAYHOGA FALLS		State O H	Zip Code 44221	Form(Cash,Check,etc) CASH	
Full Name of Contributor TOM SCHMIDA				Registration Number, if PAC	
Street Address 270 FINCHFIELD CIR		Employer/Occupation/Labor Organization*		M D Y 0 7 1 6 1 6	Amount 25.00
City MACEDONIA		State O H	Zip Code 44056	Form(Cash,Check,etc) CASH	
Full Name of Contributor JAMES HARVEY				Registration Number, if PAC	
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARIE HARVEY				Registration Number, if PAC	
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor NATALIE SCOTT				Registration Number, if PAC	
Street Address 2886 REVERE STREET		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 1 6 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	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)	

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Total contributions this event

Total expenditures this event

Page Total \$ 150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor LESLIE FRANK				Registration Number, if PAC			
Street Address 49 ORRVILLE AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH	
Full Name of Contributor RUSS BALTHIS				Registration Number, if PAC			
Street Address 2316 RIVERFRONT PKWAY		Employer/Occupation/Labor Organization* LAWYER		M	D	Y	Amount
				0	7	1	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH	
Full Name of Contributor PETE ZEIGLER				Registration Number, if PAC			
Street Address 1050 AUSTIN AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City AKRON		State O	H	Zip Code 44306		Form(Cash,Check,etc) CASH	
Full Name of Contributor JEFF FUSCO				Registration Number, if PAC			
Street Address 2117 FOREST OAK DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	30.00
City AKRON		State O	H	Zip Code 44312		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	H	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	H	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	H	Zip Code		Form(Cash,Check,etc)	

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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

\$ 1160.00

Total expenditures this event

\$ 199.63

Page Total \$ 105.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor				Registration Number, if PAC		
JERRY JAMES						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2209 LIBERTY STREET	CF CITY COUNCIL	0	9	15	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)		
CUYAHOGA FALLS	O H	44221		CHECK		
Full Name of Contributor				Registration Number, if PAC		
JOHN GALONSKI						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1137 ALLENDALEAVE	LAWYER	0	9	15	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)		
AKRON	O H	44306		CHECK		
Full Name of Contributor				Registration Number, if PAC		
MICHELLE BAKER						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
518 NOTRE DAME AVE	STOW MUNI COURT CLE	0	9	15	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)		
CUYAHOGA FALLS	O H	44221		CHECK		
Full Name of Contributor				Registration Number, if PAC		
MEGAN MORELAND						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1492 W EXCHANGE STREET	CITY OF CF	0	9	15	16	50.00
City	State	Zip Code		Form(Cash,Check,etc)		
AKRON	O H	44313		CHECK		
Full Name of Contributor				Registration Number, if PAC		
VINCENT RUBINO						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1679 23RD STREET	CF CITY COUNCIL	0	9	15	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)		
CUYAHOGA FALLS	O H	44223		CHECK		
Full Name of Contributor				Registration Number, if PAC		
ANTHONY GOMEZ						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3070 9TH STREET	STOW MUNI COURT CLE	0	9	15	16	25.00
City	State	Zip Code		Form(Cash,Check,etc)		
CUYAHOGA FALLS	O H	44221		CHECK		
Full Name of Contributor				Registration Number, if PAC		
STEVEN DEAK JR						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1831 BEACON HILL CIRCLE APT 14		0	9	15	16	75.00
City	State	Zip Code		Form(Cash,Check,etc)		
CUYAHOGA FALLS	O H	44221		CHECK		

* 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

Total expenditures this event

Page Total \$ 250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor				Registration Number, if PAC			
DIANA COLAVECCHIO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3414 HAGGARTY WAY		STOW CLERK OF COURTS		0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44221	CHECK				
Full Name of Contributor				Registration Number, if PAC			
PAUL COLAVECCHIO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3414 HAGGARTY WAY		CF CITY COUNCIL		0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44221	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DENISE HORNING							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
80 PADDISON AVE				0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44223	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DREW REILLY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
816 DAVIS AVE		CITY OF CF		0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44221	CHECK				
Full Name of Contributor				Registration Number, if PAC			
VIRGINIA CALDWELL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3836 WYNDAM RIDGE DR APT 103				0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
STOW	O H	44224	CHECK				
Full Name of Contributor				Registration Number, if PAC			
MARY NICHOLS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
739 LINCOLN AVE		CF CITY COUNCIL		0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44221	CHECK				
Full Name of Contributor				Registration Number, if PAC			
KAREN SCHOFIELD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2306 NORTHAVEN BLVD				0	9	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
CUYAHOGA FALLS	O H	44223	CHECK				

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Total contributions this event

Total expenditures this event

Page Total \$ 175.00

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	
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor KATHLEEN ARTHUR		Registration Number, if PAC	
Street Address 2187 W BATH ROAD	Employer/Occupation/Labor Organization*	M D Y 0 9 1 5 1 6	Amount 25.00
City AKRON	State Zip Code O H 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DAVE ARTHUR		Registration Number, if PAC	
Street Address 2187 W BATH ROAD	Employer/Occupation/Labor Organization* RETIRED	M D Y 0 9 1 5 1 6	Amount 25.00
City AKRON	State Zip Code O H 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PETE ZEIGLER		Registration Number, if PAC	
Street Address 1700 W MARKET STREET #104	Employer/Occupation/Labor Organization*	M D Y 0 9 1 5 1 6	Amount 25.00
City AKRON	State Zip Code O H 44303	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS TEODOSIO		Registration Number, if PAC	
Street Address 495 BELMONT PARK DRIVE	Employer/Occupation/Labor Organization* JUDGE/ARKON	M D Y 0 9 1 5 1 6	Amount 25.00
City MUNROE FALLS	State Zip Code O H 44262	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FRIENDS OF ELIZABETH WALTERS		Registration Number, if PAC	
Street Address 84 CASTERTON AVE APT 4	Employer/Occupation/Labor Organization*	M D Y 0 9 1 5 1 6	Amount 25.00
City AKRON	State Zip Code O H 44303	Form(Cash,Check,etc) CHECK	
Full Name of Contributor COMMITTEE TO ELECT DON WALTERS		Registration Number, if PAC	
Street Address 3395 PENDLETON STREET	Employer/Occupation/Labor Organization*	M D Y 0 9 1 5 1 6	Amount 100.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor GUY MARENTETTE		Registration Number, if PAC	
Street Address 723 ARCADIA AVE	Employer/Occupation/Labor Organization*	M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ 250.00

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
CUYAHOGA FALLS DEMOCRATIC CLUB		LAWYER		0	9	15	25.00
Full Name of Contributor RUSS BALTHIS		Registration Number, if PAC					
Street Address 2316 RIVERFRONT PKWAY		City CUYAHOGA FALLS		State OH		Zip Code 44221	
Form(Cash,Check,etc) CHECK							
Full Name of Contributor CARRIE SNYDER		Registration Number, if PAC					
Street Address 1248 CHESTNUT BLVD		City CUYAHOGA FALLS		State OH		Zip Code 44223	
Form(Cash,Check,etc) CHECK							
Full Name of Contributor MADELINE MICHAEL		Registration Number, if PAC					
Street Address 163 RAVENSHOLLOW DRIVE		City CUYAHOGA FALLS		State OH		Zip Code 44223	
Form(Cash,Check,etc) CHECK							
Full Name of Contributor DEANNE BROWN		Registration Number, if PAC					
Street Address 3431 W PRESCOTT CIRCLE		City CUYAHOGA FALLS		State OH		Zip Code 44223	
Form(Cash,Check,etc) CASH							
Full Name of Contributor CLAIR DICKINSON		Registration Number, if PAC					
Street Address 884 ALDEN RUN WAY		City AKRON		State OH		Zip Code 44333	
Form(Cash,Check,etc) CASH							
Full Name of Contributor MATT DICKINSON		Registration Number, if PAC					
Street Address 1080 MADRID DRIVE		City CUYAHOGA FALLS		State OH		Zip Code 44313	
Form(Cash,Check,etc) CASH							
Full Name of Contributor LESLIE FRANK		Registration Number, if PAC					
Street Address 49 ORRVILLE AVE		City CUYAHOGA FALLS		State OH		Zip Code 44221	
Form(Cash,Check,etc) CASH							

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Total contributions this event

Total expenditures this event

Page Total \$ 175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB					
Full Name of Contributor SHELLEY GOODRICH				Registration Number, if PAC	
Street Address 2765 CEDAR HILL ROAD		Employer/Occupation/Labor Organization* CITY OF CF		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor JAMES HARVEY				Registration Number, if PAC	
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARIE HARVEY				Registration Number, if PAC	
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor BRYAN HOFFMAN				Registration Number, if PAC	
Street Address 2248 14TH STREET		Employer/Occupation/Labor Organization* CITY OF CF		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor VERN LEY				Registration Number, if PAC	
Street Address 433 E RESERVE DRIVE		Employer/Occupation/Labor Organization* CITY OF CF		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44221	Form(Cash,Check,etc) CASH	
Full Name of Contributor MARY STRONGOLI-LEY				Registration Number, if PAC	
Street Address 433 E RESERVE DRIVE		Employer/Occupation/Labor Organization* CITY OF CF		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44313	Form(Cash,Check,etc) CASH	
Full Name of Contributor BILL MELUER				Registration Number, if PAC	
Street Address 177 OAKDALE AVE		Employer/Occupation/Labor Organization* CITY OF CF		M D Y 0 9 1 5 1 6	Amount 65.00
City AKRON		State O H	Zip Code 44302	Form(Cash,Check,etc) CASH	

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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

Total expenditures this event

Page Total \$ 215.00

Page Total \$ 215.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB				
Full Name of Contributor ERIC CZETLI			Registration Number, if PAC	
Street Address 1679 23RD STREET	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARLENE CZETLI			Registration Number, if PAC	
Street Address 1679 23RD STREET	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JANET CIOTOLA			Registration Number, if PAC	
Street Address 163 RAVENSHOLLOW DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount 25.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CHECK	
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)	
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)	

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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
\$ 1140.00

Total expenditures this event
\$ 100.00

Page Total \$ **75.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
To Whom Paid CASH WITHDRAW FOR CHANGE				M	D	Y	Amount
				0	9	1	100.00
Address		Purpose CHANGE FOR SEPTEMBER FUNDRAISER					
City	State	Zip Code	Check Number DEBIT CARD				
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				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB											
To Whom Paid CASH WITHDRAW FOR CHANGE				M	D	Y	Amount				
				0	7	1	5	1	6	100.00	
Address		Purpose CHANGE FOR JULY 16TH EVENT									
City		State	Zip Code	Check Number							
				DEBIT CARD							
To Whom Paid BJ'S WHOLESALE CLUB				M	D	Y	Amount				
				0	7	1	6	1	6	39.58	
Address 1677 HOME AVE		Purpose FOOD FOR JULY FUNDRAISER									
City AKRON		State O	H	Zip Code 44310	Check Number DEBIT CARD						
To Whom Paid ACME FRESH MARKET				M	D	Y	Amount				
				0	7	1	6	1	6	8.98	
Address 2226 STATE ROAD		Purpose FOOD FOR JULY FUNDRAISER									
City AKRON		State O	H	Zip Code 44310	Check Number DEBIT CARD						
To Whom Paid ACME FRESH MARKET				M	D	Y	Amount				
				0	7	1	6	1	6	7.07	
Address 2226 STATE ROAD		Purpose ICE FOR JULY FUNDRAISER									
City CUYAHOGA FALLS		State O	H	Zip Code 443223	Check Number DEBIT CARD						
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							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
CUYAHOGA FALLS DEMOCRATIC CLUB				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
THOMAS TEODOSIO		JUDGE/LAWYER		
Street Address		Description of Item or Service		M D Y Fair Market Value
495 BELMONT PARK DRIVE		PAPER PRODUCTS		0 7 0 2 1 6 174.00
City		State Zip Code		Received at Fundraising Event?
MUNROE FALLS		OH 44262		YES (NO)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
LELSIE FRANK				
Street Address		Description of Item or Service		M D Y Fair Market Value
49 ORRVILLE AVE		GIFT CARD/MUSTRAD		0 7 0 7 1 6 18.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44221		YES (NO)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
BRAD LE BOEUF		LAWYER		
Street Address		Description of Item or Service		M D Y Fair Market Value
2340 19TH STREET		GIFT CARD		0 6 3 0 1 6 25.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44223		YES (NO)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
MARY NICHOLS-RHODES		CF CITY COUNCIL		
Street Address		Description of Item or Service		M D Y Fair Market Value
739 LINCOLN AVE		GIFT CARD		0 7 1 6 1 6 20.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44221		(YES) NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
MARY NICHOLS-RHODES		CF CITY COUNCIL		
Street Address		Description of Item or Service		M D Y Fair Market Value
739 LINCOLN AVE		SALAD AND DRESSING		0 7 1 6 1 6 31.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44221		(YES) NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
DIANA COLAVECCHIO		STOW CLERK OF COURTS		
Street Address		Description of Item or Service		M D Y Fair Market Value
3414 HAGGARTY WAY		GIFT CARDS		0 7 1 6 1 6 90.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44223		(YES) NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
STEVEN DEAK JR				
Street Address		Description of Item or Service		M D Y Fair Market Value
1831 BEACON HILL CIR #14		CANVAS BAG/MUG		0 7 1 6 1 6 20.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44221		(YES) NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
DENISE HORNING				
Street Address		Description of Item or Service		M D Y Fair Market Value
80 PADDISON AVE		HAMBURGERS/HOTDOGS		0 7 1 6 1 6 40.00
City		State Zip Code		Received at Fundraising Event?
CUYAHOGA FALLS		OH 44223		(YES) NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
NATALIE SCOTT			
Street Address	Description of Item or Service	M D Y	Fair Market Value
2886 REVERE DRIVE	BREAD PRODUCTS	0 7 1 6 1 6	5.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MEIKA PENTA			
Street Address	Description of Item or Service	M D Y	Fair Market Value
2467 23RD STREET	CANDY	0 7 1 6 1 6	35.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
DENISE HORNING			
Street Address	Description of Item or Service	M D Y	Fair Market Value
80 PADDISON AVE	PASTA SAUCE/CHEESE	0 9 1 5 1 6	45.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MARIE HARVEY	RETIRED		
Street Address	Description of Item or Service	M D Y	Fair Market Value
1323 CHESTNUT BLVD	MEAT/BREAD	0 9 1 5 1 6	50.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MARY NICHOLS-RHODES	CF CITY COUNCIL		
Street Address	Description of Item or Service	M D Y	Fair Market Value
739 LINCOLN AVE	SALAD AND DRESSING	0 9 1 5 1 6	31.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44221	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
DIANA COLAVECCHIO	STOW CLERK OF COURTS		
Street Address	Description of Item or Service	M D Y	Fair Market Value
3414 HAGGARTY WAY	PASTA	0 9 1 5 1 6	10.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
KATHLEEN ARTHUR			
Street Address	Description of Item or Service	M D Y	Fair Market Value
2187 W BATH ROAD	SALAD CHEESE	0 9 1 5 1 6	20.00
City	State Zip Code	Received at Fundraising Event?	
AKRON	OH 44313	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
LESLIE FRANK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
49 ORRVILLE AVE	COFFEE AND SUPPLIES	0 9 1 5 1 6	10.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44221	YES NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor MIKE PENTA		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 2467 23RD STREET		Description of Item or Service DRINKS	M D Y Fair Market Value 0 7 1 6 1 6 25.00
City <input checked="" type="checkbox"/> CUYAHOGA FALLS		State Zip Code O H 44223	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor MEIKA PENTA		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 2467 23RD STREET		Description of Item or Service DRINKS	M D Y Fair Market Value 0 9 1 5 1 6 10.00
City <input type="checkbox"/> CUYAHOGA FALLS		State Zip Code O H 44223	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/>		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/>		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/>		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/>		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/>		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* 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))