

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Summit County ADM Support Committee Inc.</b>							Registration Number, if PAC				
Full Name of Candidate											
Street Address <b>1867 West Market St. Suite B2</b>					Office Sought			District			
City <b>Akron</b>					State <b>OH</b>		Zip Code <b>44313</b>				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <b>2016</b> Semiannual		
	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	D	Y	
						1	2	3	1	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	\$ 171,483.44
2. Total monetary contributions (From Form No. 31-A)	\$ 172.26
3. Total other income (From Form No. 31-A-2)	\$ 171,983.45
4. Total assets (Assets of the committee) (From Form No. 31-B)	\$ 343,639.15
5. Total monetary expenditures (From Form No. 31-B)	\$ 171,755.90
6. Balance on hand (From Form No. 31-B)	\$ 171,883.25
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)	\$
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 Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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BOARD OF ELECTIONS  
AKRON, OHIO

2017 JAN 26 AM 8:27

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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

Jennifer J. Peveich, Treasurer 01/26/2017  
 Print Name and Title (Treasurer and Deputy Treasurer only) Date  
 Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Summit County ADM Support Committee Inc</b>						
Full Name of Contributor <b>Regina Masters</b>				Registration Number, if PAC		
Street Address <b>270 King St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Ravenna</b>		State <b>O   H</b>	Zip Code <b>44266</b>	M <b>0   7</b>	D <b>2   2</b>	Y <b>1   6</b>
				Amount <b>22.26</b>		
Full Name of Contributor <b>Thomas R Leffler Jr.</b>				Registration Number, if PAC		
Street Address <b>528 Amberwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>		State <b>O   H</b>	Zip Code <b>44312</b>	M <b>1   1</b>	D <b>0   9</b>	Y <b>1   6</b>
				Amount <b>50.00</b>		
Full Name of Contributor <b>Akron Summit Community Action, Inc.</b>				Registration Number, if PAC		
Street Address <b>55 E. Mill St. PO Box 2000</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>		State <b>O   H</b>	Zip Code <b>44309-2000</b>	M <b>0   9</b>	D <b>3   0</b>	Y <b>1   6</b>
				Amount <b>100.00</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
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
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
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
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

\* 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													
Summit County ADM Support Committee													
To Whom Paid						M	D	Y	Amount				
Beau's Grille						0	7	1	9	1	6	336.90	
Address			Purpose										
3180 W. Market St			Recognition lunch										
City		State	Zip Code	Check Number									
Akron		O   H	44333	Debit Card									
To Whom Paid						M	D	Y	Amount				
Ohio Secretary of State						0	8	1	8	1	6	5.00	
Address			Purpose										
Continental Plaza, 180 E. Broad St.			Certificate of good standing										
City		State	Zip Code	Check Number									
Columbus		O   H	43215	Debit Card									
To Whom Paid						M	D	Y	Amount				
Chase Bank, NA						0	9	3	0	1	6	12.00	
Address			Purpose										
632 E Market St			Monthly bank fee										
City		State	Zip Code	Check Number									
Akron		O   H	44304	Acct Debit									
To Whom Paid						M	D	Y	Amount				
Chase Bank, NA						1	1	0	3	1	1	6	12.00
Address			Purpose										
632 E Market St			Monthly bank fee										
City		State	Zip Code	Check Number									
Akron		O   H	44304	Acct Debit									
To Whom Paid						M	D	Y	Amount				
Light Year Printing						0	9	2	0	1	6	124.00	
Address			Purpose										
2086 Romig Road, Suite 2			2,500 "Save the Date" post cards - 2017 event										
City		State	Zip Code	Check Number									
Akron		O   H	44320	994									
To Whom Paid						M	D	Y	Amount				
Westfield Bank						1	1	3	0	1	6	34.82	
Address			Purpose										
2923 Smith Rd			Check order for new account										
City		State	Zip Code	Check Number									
Akron		O   H	44333	Acct Debit									
To Whom Paid						M	D	Y	Amount				
Westfield Bank						0	8	2	5	1	6	160,000.00	
Address			Purpose										
2923 Smith Rd			Open Certificate of Deposit Account										
City		State	Zip Code	Check Number									
Akron		O   H	44333	993									
To Whom Paid						M	D	Y	Amount				
Westfield Bank						1	1	0	9	1	6	11,231.18	
Address			Purpose										
2923 Smith Rd			Open Savings and Checking Account										
City		State	Zip Code	Check Number									
Akron		O   H	44333	Cashier's Ck									

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Summit County ADM Support Committee Inc</b>						Registration Number, if PAC		
Full Name <b>Amber Dowdy</b>						Registration Number, if PAC		
Address <b>84 First Ave</b>		Type* <b>R   E</b>		M   D   Y <b>0   7   2   2   1   6</b>		Amount <b>35.00</b>		
City <b>Mogadore</b>		State <b>O   H</b>		Zip Code <b>44260</b>		Form(Cash,Check,etc) <b>Cash</b>		
Full Name <b>Cynthia Duckworth</b>						Registration Number, if PAC		
Address <b>2619 Wise Rd</b>		Type* <b>R   E</b>		M   D   Y <b>0   7   2   2   1   6</b>		Amount <b>35.00</b>		
City <b>North Canton</b>		State <b>O   H</b>		Zip Code <b>44720</b>		Form(Cash,Check,etc) <b>Cash</b>		
Full Name <b>Nikole Dack</b>						Registration Number, if PAC		
Address <b>842 Cole Ave</b>		Type* <b>R   E</b>		M   D   Y <b>0   7   2   2   1   6</b>		Amount <b>30.00</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44306</b>		Form(Cash,Check,etc) <b>Cash</b>		
Full Name <b>Chase Bank, NA</b>						Registration Number, if PAC		
Address <b>632 E Market St</b>		Type* <b>I   N</b>		M   D   Y <b>0   7   3   1   1   6</b>		Amount <b>7.92</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44304</b>		Form(Cash,Check,etc) <b>Direct Deposit</b>		
Full Name <b>Chase Bank, NA</b>						Registration Number, if PAC		
Address <b>632 E Market St</b>		Type* <b>I   N</b>		M   D   Y <b>0   8   3   1   1   6</b>		Amount <b>6.89</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44304</b>		Form(Cash,Check,etc) <b>Direct Deposit</b>		
Full Name <b>Westfield Bank</b>						Registration Number, if PAC		
Address <b>2923 Smith Rd</b>		Type* <b>I   N</b>		M   D   Y <b>0   8   3   1   1   6</b>		Amount <b>30.01</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44333</b>		Form(Cash,Check,etc) <b>Direct Deposit</b>		
Full Name <b>Westfield Bank</b>						Registration Number, if PAC		
Address <b>2923 Smith Rd</b>		Type* <b>I   N</b>		M   D   Y <b>0   9   3   0   1   6</b>		Amount <b>150.06</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44333</b>		Form(Cash,Check,etc) <b>Direct Deposit</b>		
Full Name <b>Chase Bank, NA</b>						Registration Number, if PAC		
Address <b>632 E Market St</b>		Type* <b>I   N</b>		M   D   Y <b>0   9   3   0   1   6</b>		Amount <b>0.25</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44304</b>		Form(Cash,Check,etc) <b>Direct Deposit</b>		

\* 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 IN for payments received on a loan made.

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Summit County ADM Support Committee Inc						
Full Name Chase Bank, NA				Registration Number, if PAC		
Address 632 E Market St	Type* I   N		M   D   Y 1   0   3   1   1   6	Amount	0.25	
City Akron	State O   H	Zip Code 44304	Form(Cash,Check,etc) Direct Deposit			
Full Name Westfield Bank				Registration Number, if PAC		
Address 2923 Smith Rd	Type* I   N		M   D   Y 1   0   3   1   1   6	Amount	155.21	
City Akron	State O   H	Zip Code 44333	Form(Cash,Check,etc) Direct Deposit			
Full Name Westfield Bank				Registration Number, if PAC		
Address 2923 Smith Rd	Type* I   N		M   D   Y 1   1   3   0   1   6	Amount	150.35	
City Akron	State O   H	Zip Code 44333	Form(Cash,Check,etc) Direct Deposit			
Full Name Westfield Bank				Registration Number, if PAC		
Address 2923 Smith Rd	Type* I   N		M   D   Y 1   1   3   0   1   6	Amount	0.32	
City Akron	State O   H	Zip Code 44333	Form(Cash,Check,etc) Direct Deposit			
Full Name Chase Bank, NA				Registration Number, if PAC		
Address 632 E Market St	Type* I   N		M   D   Y 1   1   3   0   1   6	Amount	0.07	
City Akron	State O   H	Zip Code 44304	Form(Cash,Check,etc) Direct Deposit			
Full Name Westfield Bank				Registration Number, if PAC		
Address 2923 Smith Rd	Type* I   N		M   D   Y 1   2   3   1   1   6	Amount	150.49	
City Akron	State O   H	Zip Code 44333	Form(Cash,Check,etc) Direct Deposit			
Full Name Westfield Bank				Registration Number, if PAC		
Address 2923 Smith Rd	Type* I   N		M   D   Y 1   2   3   1   1   6	Amount	0.45	
City Akron	State O   H	Zip Code 44333	Form(Cash,Check,etc) Direct Deposit			
Full Name Chase Bank, NA				Registration Number, if PAC		
Address 632 E Market St	Type* R   E		M   D   Y 0   8   3   1   1   6	Amount	160,000.00	
City Akron	State O   H	Zip Code 44304	Form(Cash,Check,etc) Check			

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# Statement of Other Income

Prescribed by Secretary of State 201

Name of Committee in Full				
Summit County ADM Support Committee Inc				
Full Name		Registration Number, if PAC		
Chase Bank, NA				
Address	Type*	M	D	Y
632 E Market St	R   E	1   1	0   9	1   6
City	State	Zip Code		Amount
Akron	O   H	44304		11,231.18
Form(Cash,Check,etc)				
Check				
Full Name				
Registration Number, if PAC				
Address				
Type*				
M				
D				
Y				
Amount				
City				
State				
Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
Address				
Type*				
M				
D				
Y				
Amount				
City				
State				
Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
Address				
Type*				
M				
D				
Y				
Amount				
City				
State				
Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
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Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
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Amount				
City				
State				
Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
Address				
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Amount				
City				
State				
Zip Code				
Form(Cash,Check,etc)				
Full Name				
Registration Number, if PAC				
Address				
Type*				
M				
D				
Y				
Amount				
City				
State				
Zip Code				
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.