

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

| | | | | | | | | | | |
|--|-----------------|--|---|--|----------------------|------------------|-----------------------------|----------|----------------------------|---|
| Full Name of Committee Summit DD Community Partnership | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate | | | | | | | | | | |
| Street Address 1651 Massillon Road | | | | | Office Sought | | | District | | |
| City Akron | | | | | State O H | | Zip Code 44312 | | | |
| 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 | D | Y |

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 | \$ 171,065.33 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 29,795.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 99.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 200,959.33 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 23,503.10 |
| 6. Balance on hand (line 4 minus line 5) | \$ 177,456.23 |
| 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 | \$ |

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 23 PM 12:03

287

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

Mira Pozna, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 4

Other pages 1

Total pages 12

Statement of Contributions Received

Prescribed by Secretary of State 3.05

| | | | | | | |
|---|-----------------------|---|-------------------|-----------------------------|--|---------------------------|
| Name of Committee in Full Summit DD Community Partnership | | | | | | |
| Full Name of Contributor Weaver Sports Booster Club | | | | Registration Number, if PAC | | |
| Street Address 2501 Maplewood St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 1383 | |
| City Cuyahoga Falls | State O H | Zip Code 44221 | M 0 7 | D 0 8 | Y 1 6 | Amount 50.00 |
| Full Name of Contributor Maggie Albright | | | | Registration Number, if PAC | | |
| Street Address 5854 Tallmadge Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 6316 | |
| City Rootstown | State O H | Zip Code 44272 | M 0 7 | D 0 8 | Y 1 6 | Amount 50.00 |
| Full Name of Contributor Thompson Hine LLP | | | | Registration Number, if PAC | | |
| Street Address 3900 Key Center 127 Public Square | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 548973 | |
| City Cleveland | State O H | Zip Code 44114 | M 0 7 | D 0 8 | Y 1 6 | Amount 250.00 |
| Full Name of Contributor Callahan's Carpet House, Inc | | | | Registration Number, if PAC | | |
| Street Address 5847 Darrow Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 18170 | |
| City Hudson | State O H | Zip Code 44236 | M 0 7 | D 1 1 | Y 1 6 | Amount 250.00 |
| Full Name of Contributor Park Ford | | | | Registration Number, if PAC | | |
| Street Address 400 West Avenue | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 84251 | |
| City Tallmadge | State O H | Zip Code 44278 | M 0 7 | D 1 1 | Y 1 6 | Amount 700.00 |
| Full Name of Contributor Ardmore Inc | | | | Registration Number, if PAC | | |
| Street Address 981 E Market St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 26607 | |
| City Akron | State O H | Zip Code 44305 | M 0 7 | D 0 8 | Y 1 6 | Amount 1,300.00 |
| Full Name of Contributor Lynn Michelle Sargi | | | | Registration Number, if PAC | | |
| Street Address 5018 Hartley Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 4200 | |
| City Lyndhurst | State O H | Zip Code 44124 | M 0 7 | D 1 5 | Y 1 6 | Amount 250.00 |
| Full Name of Contributor Mira Pozna | | | | Registration Number, if PAC | | |
| Street Address 859 Southbridge Blvd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) ck 1887 | |
| City Brunswick | State O H | Zip Code 44212 | M 0 7 | D 1 9 | Y 1 6 | Amount 50.00 |

* 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 Summit DD Community Partnership | | | | | | |
| Full Name of Contributor Lisa Kamlowky | | | | Registration Number, if PAC | | |
| Street Address 4693 Turnberry Trail | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) credit card | |
| City Stow | State O H | Zip Code 44224 | M 0 | D 7 | Y 0316 | Amount 250.00 |
| Full Name of Contributor Knox Marketing Inc. | | | | Registration Number, if PAC | | |
| Street Address 1730 Akron Peninsula Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) credit card | |
| City Akron | State O H | Zip Code 44333 | M 0 | D 7 | Y 2016 | Amount 50.00 |
| Full Name of Contributor Contributions from form 31-E (2016 Fundraiser golf outing) | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 0 | D 8 | Y 0816 | Amount 25,695.00 |
| Full Name of Contributor Avi Foodsystems | | | | Registration Number, if PAC | | |
| Street Address 2590 Elm Rd NE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City Warren | State O H | Zip Code 44483 | M 0 | D 8 | Y 2616 | Amount 600.00 |
| Full Name of Contributor EMT Communications | | | | Registration Number, if PAC | | |
| Street Address 489 Lake Forest Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City Bay Village | State O H | Zip Code 44140 | M 0 | D 8 | Y 2616 | Amount 150.00 |
| Full Name of Contributor Billie Jo David | | | | Registration Number, if PAC | | |
| Street Address 812 Horseshoe Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City Avon Lake | State O H | Zip Code 44012 | M 0 | D 9 | Y 0916 | Amount 150.00 |
| 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 Other Income

Prescribed by Secretary of State 2 01

| Name of Committee in Full | | | | | | |
|--|-------|-------|-----------------------------|---|---|--------|
| Summit DD Community Partnership | | | | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 0 | 7 | 2 | 12.52 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 0 | 8 | 3 | 13.76 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 0 | 9 | 3 | 13.69 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 1 | 0 | 3 | 14.03 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 1 | 1 | 3 | 13.57 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| The Huntington National Bank | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 3793 Darrow Rd | I N | | 1 | 2 | 3 | 14.03 |
| City | State | | Form(Cash,Check,etc) | | | |
| Stow | O H | 44224 | Cash | | | |
| Full Name | | | Registration Number, if PAC | | | |
| Paypal | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| 2211 N First Street | R E | | 0 | 7 | 2 | 17.40 |
| City | State | | Form(Cash,Check,etc) | | | |
| San Jose | C A | 95131 | Credit Card | | | |
| Full Name | | | Registration Number, if PAC | | | |
| | | | | | | |
| Address | Type* | | M | D | Y | Amount |
| | | | | | | |
| City | State | | 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 Expenditures

Prescribed by Secretary of State 2 01

| Name of Committee in Full | | | | | | | | | |
|--|--|------------------------------------|--------------------|--------------|--|---|---|---|-----------|
| Summit DD Community Partnership | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Fairlawn Country Club | | | | | | 0 | 8 | 2 | 15,150.33 |
| Address | | Purpose | | | | | | | |
| 200 N Wheaton Rd | | Golf outing venue | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Akron | | O H | 44313 | 1064 | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Apple | | | | | | 0 | 8 | 1 | 84.33 |
| Address | | Purpose | | | | | | | |
| 3265 W Market St | | Accessories for Macbook Pro laptop | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Akron | | O H | 44333 | paypal | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Apple | | | | | | 0 | 8 | 1 | 1,880.93 |
| Address | | Purpose | | | | | | | |
| 3265 W Market St | | Macbook Pro laptop | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Akron | | O H | 44333 | paypal | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Pandora Media, Inc. | | | | | | 0 | 9 | 0 | 281.74 |
| Address | | Purpose | | | | | | | |
| 25601 Network Place | | Advertising | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Chicago | | I L | 60673 | 1065 | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Dix Communications | | | | | | 0 | 9 | 0 | 1,050.00 |
| Address | | Purpose | | | | | | | |
| 1050 W Main St | | Advertising | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Kent | | O H | 44240 | 1066 | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| SugarSync, Inc. | | | | | | 0 | 9 | 2 | 99.99 |
| Address | | Purpose | | | | | | | |
| 6922 Hollywood Blvd, Ste 500 | | Electronic file storage & sharing | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Los Angeles | | C A | 90028 | paypal | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Bluehost.com | | | | | | 0 | 7 | 1 | 95.28 |
| Address | | Purpose | | | | | | | |
| 560 Timpanogos Parkway | | Website Hosting | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Orem | | U T | 84097 | paypal | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Envato USA Inc | | | | | | 0 | 7 | 1 | 61.00 |
| Address | | Purpose | | | | | | | |
| Collins Street West | | on-line plug in for website | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Victoria, Australia | | | ABN 11 119 159 741 | paypal | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2 01

| Name of Committee in Full | | | | | | | | | |
|--|-------|-----------------------------|--------------|-------------|---|--------|---|---|----------|
| Summit DD Community Partnership | | | | | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| SeedProd, LLC | | | 0 | 7 | 1 | 9 | 1 | 6 | 29.00 |
| Address | | Purpose | | | | | | | |
| 692 Serotina Court | | plug in for Levy website | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Mount Pleasant | S | C | 29464 | paypal | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Paypal | | | 0 | 7 | 0 | 3 | 1 | 6 | 7.55 |
| Address | | Purpose | | | | | | | |
| 2211 N First Street | | Bank Fees | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| San Jose | C | A | 95131 | Credit Card | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Paypal | | | 0 | 7 | 2 | 0 | 1 | 6 | 1.75 |
| Address | | Purpose | | | | | | | |
| 2211 N First Street | | Bank Fees | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| San Jose | C | A | 95131 | Credit Card | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Huntington National Bank | | | 1 | 0 | 1 | 7 | 1 | 6 | 20.00 |
| Address | | Purpose | | | | | | | |
| 3793 Darrow Rd | | Bank service charge | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Stow | O | H | 44224 | bank w/d | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Mira Pozna | | | 0 | 7 | 1 | 9 | 1 | 6 | 700.00 |
| Address | | Purpose | | | | | | | |
| 859 Southbridge Blvd. | | Cash for golf outing prizes | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Brunswick | O | H | 44212 | 1058 | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Pandora Media, Inc. | | | 1 | 1 | 0 | 7 | 1 | 6 | 997.98 |
| Address | | Purpose | | | | | | | |
| 25601 Network Place | | Advertising | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Chicago | I | L | 60673 | 1067 | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Pandora Media, Inc. | | | 1 | 2 | 0 | 9 | 1 | 6 | 2.02 |
| Address | | Purpose | | | | | | | |
| 25601 Network Place | | Advertising | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Chicago | I | L | 60673 | 1068 | | | | | |
| To Whom Paid | | | M | D | Y | Amount | | | |
| Expenditures from form 31-F | | | 0 | 8 | 0 | 8 | 1 | 6 | 3,041.20 |
| Address | | Purpose | | | | | | | |
| | | Golf outing fundraiser exps | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| | | | | | | | | | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | |
|---|---|--------------------------|------------------------------|-----------------|
| Name of Committee in Full Summit DD Community Partnership | | | | |
| Full Name of Contributor Viaquest, Inc | | | Registration Number, if PAC | |
| Street Address 825 Metro Place North, Suite 300 | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Dublin | State O H | Zip Code 43017 | 0 7 2 7 1 6 | 7,000.00 |
| Form(Cash, Check, etc) ck 239016 | | | | |
| Full Name of Contributor Aetna, Inc. | | | Registration Number, if PAC | |
| Street Address 151 Farmington Ave | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Hartford | State C T | Zip Code 06156 | 0 7 2 7 1 6 | 2,500.00 |
| Form(Cash, Check, etc) ck 967468 | | | | |
| Full Name of Contributor Jason Kline | | | Registration Number, if PAC | |
| Street Address 4620 Jupiter Rd | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Uniontown | State O H | Zip Code 44685 | 0 7 2 7 1 6 | 600.00 |
| Form(Cash, Check, etc) ck 1424 | | | | |
| Full Name of Contributor Janeann L Eibel | | | Registration Number, if PAC | |
| Street Address 409 Baldwin Rd | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Akron | State O H | Zip Code 44312 | 0 7 2 7 1 6 | 300.00 |
| Form(Cash, Check, etc) ck 5924 | | | | |
| Full Name of Contributor Nova Mikel | | | Registration Number, if PAC | |
| Street Address 153 West Garwood Dr | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Tallmadge | State O H | Zip Code 44278 | 0 7 2 7 1 6 | 450.00 |
| Form(Cash, Check, etc) ck 4544 | | | | |
| Full Name of Contributor Sandra E. Whitmer | | | Registration Number, if PAC | |
| Street Address 1809 Highbridge Rd | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Cuyahoga Falls | State O H | Zip Code 44223 | 0 7 2 7 1 6 | 150.00 |
| Form(Cash, Check, etc) ck 2289 | | | | |
| Full Name of Contributor Nova Mikel | | | Registration Number, if PAC | |
| Street Address 153 West Garwood Dr | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Tallmadge | State O H | Zip Code 44275 | 0 7 2 7 1 6 | 300.00 |
| Form(Cash, Check, etc) ck 4545 | | | | |

* 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 \$ 11,300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | |
|--|---|--------------------------|------------------------------|---------------|
| Name of Committee in Full Summit DD Community Partnership | | | | |
| Full Name of Contributor Tessa Skunza | | | Registration Number, if PAC | |
| Street Address 1420D Reimer Rd | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Wadsworth | State O H | Zip Code 44281 | 0 7 2 7 1 6 | 150.00 |
| Form(Cash,Check,etc) ck 1003 | | | | |
| Full Name of Contributor Janet Sattler | | | Registration Number, if PAC | |
| Street Address 405 Snow Ave | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Akron | State O H | Zip Code 44319 | 0 7 2 7 1 6 | 300.00 |
| Form(Cash,Check,etc) ck 2189 | | | | |
| Full Name of Contributor Bechter Plumbing Inc. | | | Registration Number, if PAC | |
| Street Address 1151 Tower Drive | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Akron | State O H | Zip Code 44305 | 0 8 0 8 1 6 | 600.00 |
| Form(Cash,Check,etc) ck 27797 | | | | |
| Full Name of Contributor John Trunk | | | Registration Number, if PAC | |
| Street Address 3112 Kenwood Blvd | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Toledo | State O H | Zip Code 43606 | 0 8 0 8 1 6 | 600.00 |
| Form(Cash,Check,etc) ck 8146 | | | | |
| Full Name of Contributor Misc Cash Donations under \$25 | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | 0 8 0 8 1 6 | 20.00 |
| Form(Cash,Check,etc) | | | | |
| Full Name of Contributor ERI Expedited Resources International, Inc. | | | Registration Number, if PAC | |
| Street Address 472 Saunders Ave. | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Akron | State O H | Zip Code 44319 | 0 8 0 8 1 6 | 200.00 |
| Form(Cash,Check,etc) ck 2697 | | | | |
| Full Name of Contributor Lori Ditomaso | | | Registration Number, if PAC | |
| Street Address 2876 Erie Dr | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City Fairlawn | State O H | Zip Code 44333 | 0 8 0 9 1 6 | 200.00 |
| Form(Cash,Check,etc) ck 2306 | | | | |

* 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 \$ 2,070.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | |
|---|---|--------------------------|---|-------------------------|
| Name of Committee in Full Summit DD Community Partnership | | | | |
| Full Name of Contributor Holly Brugh | | | Registration Number, if PAC | |
| Street Address 7896 S Passage Dr | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 9 1 6 | Amount 150.00 |
| City Wadsworth | State O H | Zip Code 44281 | Form(Cash,Check,etc) ck 4233 | |
| Full Name of Contributor Joseph H Eck | | | Registration Number, if PAC | |
| Street Address 315 Corunna Ave | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 9 1 6 | Amount 250.00 |
| City Fairlawn | State O H | Zip Code 44333 | Form(Cash,Check,etc) ck 1074 | |
| Full Name of Contributor DB Schiller Home Improvement LLC | | | Registration Number, if PAC | |
| Street Address 3567 Copley Rd. | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 9 1 6 | Amount 150.00 |
| City Copley | State O H | Zip Code 44321 | Form(Cash,Check,etc) ck 1048 | |
| Full Name of Contributor Joseph P Siegfert, Jr. | | | Registration Number, if PAC | |
| Street Address 559 Park Hill Drive Apt. 18 | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 9 1 6 | Amount 300.00 |
| City Fairlawn | State O H | Zip Code 44333 | Form(Cash,Check,etc) ck 447 | |
| Full Name of Contributor Randy D Briggs | | | Registration Number, if PAC | |
| Street Address 151 Belhar Dr | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 9 1 6 | Amount 175.00 |
| City Akron | State O H | Zip Code 44313 | Form(Cash,Check,etc) ck 1334 | |
| Full Name of Contributor The James B. Oswald Co | | | Registration Number, if PAC | |
| Street Address 1100 Superior Avenue E Suite 1500 | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 7 1 6 | Amount 700.00 |
| City Cleveland | State O H | Zip Code 44114 | Form(Cash,Check,etc) ck 52034 | |
| Full Name of Contributor Lynn Michelle Sargi | | | Registration Number, if PAC | |
| Street Address 5018 Hartley Dr | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 5 1 6 | Amount 50.00 |
| City Lyndhurst | State O H | Zip Code 44124 | Form(Cash,Check,etc) ck 4204 | |

* 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 \$ 1,775.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | | |
|--|---|--------------------------|--|----------|----------|-----------------|
| Name of Committee in Full Summit DD Community Partnership | | | | | | |
| Full Name of Contributor Joseph H Eck | | | Registration Number, if PAC | | | |
| Street Address 315 Corunna Ave | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City Fairlawn | State O H | Zip Code 44333 | 0 | 8 | 1 | 50.00 |
| | | | Form(Cash,Check,etc) ck 1075 | | | |
| Full Name of Contributor Marcia Erickson | | | Registration Number, if PAC | | | |
| Street Address 5124 St Clair Ave N | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City Cleveland | State O H | Zip Code 44103 | 0 | 7 | 2 | 250.00 |
| | | | Form(Cash,Check,etc) credit card | | | |
| Full Name of Contributor Tricia Perduk | | | Registration Number, if PAC | | | |
| Street Address 1195 Fairchild Ave | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City Kent | State O H | Zip Code 44240 | 0 | 7 | 2 | 50.00 |
| | | | Form(Cash,Check,etc) credit card | | | |
| Full Name of Contributor Summit Housing Development Corporation | | | Registration Number, if PAC | | | |
| Street Address 1651 Massillon Rd | Employer/Occupation Labor Organization* | | M | D | Y | Amount |
| City Akron | State O H | Zip Code 44312 | 0 | 8 | 1 | 8,330.00 |
| | | | Form(Cash,Check,etc) ck 1504 | | | |
| Full Name of Contributor Miscellaneous cash donations under \$25 | | | Registration Number, if PAC | | | |
| Street Address | Employer/Occupation Labor Organization* | | M | D | Y | Amount |
| City | State | Zip Code | 0 | 8 | 0 | 1,570.00 |
| | | | Form(Cash,Check,etc) cash | | | |
| Full Name of Contributor Mira Pozna | | | Registration Number, if PAC | | | |
| Street Address 859 Southbridge Blvd | Employer/Occupation Labor Organization* | | M | D | Y | Amount |
| City Brunswick | State O H | Zip Code 44212 | 0 | 8 | 0 | 300.00 |
| | | | 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) | | | |

* 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 \$ 10,550.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02.01

| | | | | | | | |
|---|-----------------------|--|------------------------------------|---|---|---|--------|
| Name of Committee in Full Summit DD Community Partnership | | | | | | | |
| To Whom Paid Lamar Advertising Co | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 900.00 |
| Address 5321 Corporate Blvd. | | Purpose Advertising | | | | | |
| City Baton Rouge | State L A | Zip Code 70808 | Check Number 1059 | | | | |
| To Whom Paid Tricia Perduk | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 79.96 |
| Address 1195 Fairchild Avenue | | Purpose Reimbursement for advertising | | | | | |
| City Kent | State O H | Zip Code 44240 | Check Number 1060 | | | | |
| To Whom Paid Pandora Media Inc | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 524.12 |
| Address 25601 Network Place | | Purpose Advertising | | | | | |
| City Chicago | State I L | Zip Code 60673 | Check Number 1061 | | | | |
| To Whom Paid Akron Beacon Journal | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 600.00 |
| Address 44 E Exchange St | | Purpose Reimbursement for advertising | | | | | |
| City Akron | State O H | Zip Code 44309 | Check Number 1062 | | | | |
| To Whom Paid Billie Jo David | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 112.54 |
| Address 812 Horseshoe Way | | Purpose Reimbursement for golf outing supplies | | | | | |
| City Avon | State O H | Zip Code 44012 | Check Number 1063 | | | | |
| To Whom Paid PayPal | | | | M | D | Y | Amount |
| | | | | 0 | 7 | 2 | 1.75 |
| Address 2211 N First Street | | Purpose Credit card fees | | | | | |
| City San Jose | State C A | Zip Code 95131 | Check Number Credit Card | | | | |
| To Whom Paid James Brown | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 600.00 |
| Address 150 D Quadral Dr. | | Purpose Refund of golf fees | | | | | |
| City Wadsworth | State O H | Zip Code 44281 | Check Number Credit Card | | | | |

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 Summit DD Community Partnership | | | | | | | |
| To Whom Paid PayPal | | | | M | D | Y | Amount |
| | | | | 0 | 7 | 2 | 8 |
| | | | | 1 | 6 | | 7.55 |
| Address 2211 N First Street | | Purpose Credit card fees | | | | | |
| City San Jose | | State C A | Zip Code 95131 | Check Number Credit Card | | | |
| To Whom Paid Bluehost.com | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 5 |
| | | | | 1 | 6 | | 215.28 |
| Address 560 Timpanogos Parkway | | Purpose Website Hosting | | | | | |
| City Orem | | State U T | Zip Code 84097 | Check Number Credit Card | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | | | | |
| City | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | | | | |
| City | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | | | | |
| City | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | | | | |
| City | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | | | | |
| City | | | | | | | |

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.