

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee SUMMITPAC						Registration Number, if PAC COUNTY ONLY			
Full Name of Candidate N/A									
Street Address 863 NORTH CLEVELAND MASSILLON ROAD					Office Sought N/A		District N/A		
City AKRON					State OH	Zip Code 44333			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input checked="" type="checkbox"/> Annual Year 2018
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/> 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	

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 for 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	\$	\$4,566.21
2. Total monetary contributions (From Form No. 31-A)	\$	\$650.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$5,216.21
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,956.35
6. Balance on (and date of) line 5	\$	\$3,259.86
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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.	\$	\$0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 JAN 31 AM 9:33
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AKRON, OHIO

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.

STEVEN FANNIN, TREASURER

01/30/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 9

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SUMMITPAC							
To Whom Paid ENI MULTIMEDIA SERVICES INC				M	D	Y	Amount
				0	7	2	9
				1	6		\$1,000.00
Address 2250 LYNNWOOD DRIVE		Purpose WEBSITE DESIGN AND OPERATIONS					
City STOW	State OH	Zip Code 44224	Check Number 126				
To Whom Paid ENI MULTIMEDIA SERVICES INC				M	D	Y	Amount
							\$100.00
Address 2250 LYNNWOOD DRIVE		Purpose WEBSITE UPKEEP					
City STOW	State OH	Zip Code 44224	Check Number 127				
To Whom Paid COLE CO LPA				M	D	Y	Amount
				0	8	0	9
				1	6		\$356.00
Address 863 NORTH CLEVELAND MASSILLON ROAD		Purpose TREASURER DUTIES					
City AKRON	State OH	Zip Code 44333	Check Number 128				
To Whom Paid MATT SHRIVER				M	D	Y	Amount
				0	8	1	1
				1	6		\$200.35
Address 17 SOUTH MAIN STREET SUITE 401		Purpose REIMBURSE FOOD SERVICES FOR EVENT					
City AKRON	State OH	Zip Code 44309	Check Number 129				
To Whom Paid ENI MULTIMEDIA SERVICES INC				M	D	Y	Amount
				0	9	0	7
				1	6		\$100.00
Address 2250 LYNNWOOD DRIVE		Purpose WEBSITE UPKEEP					
City STOW	State OH	Zip Code 44224	Check Number 130				
To Whom Paid ENI MULTIMEDIA SERVICES INC				M	D	Y	Amount
				1	0	0	3
				1	6		\$100.00
Address 2250 LYNNWOOD DRIVE		Purpose WEBSITE UPKEEP					
City STOW	State OH	Zip Code 44224	Check Number 178				
To Whom Paid ENI MULTIMEDIA SERVICES INC				M	D	Y	Amount
				1	1	3	0
				1	6		\$100.00
Address 2250 LYNNWOOD DRIVE		Purpose WEBSITE UPKEEP					
City STOW	State OH	Zip Code 44224	Check Number 100				
To Whom Paid				M	D	Y	Amount
Address							
City							
				OH			

Independent Expenditures Made by Individuals, Partnerships or Other Entities*

Prescribed by Secretary of State 07/05

Name of Individual, Partnership or Other Entity NONE										
Street Address										
City				State OH		Zip Code				
Type of Report (Place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual _____
Date of Election	M	D	Y	<input type="checkbox"/>	Pre-Special	<input type="checkbox"/>	Post-Special	<input type="checkbox"/>	Semiannual _____	

Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought					
To Whom Paid									
Address				Purpose		M	D	Y	Amount
City				State OH		Zip Code			
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought					
To Whom Paid									
Address				Purpose		M	D	Y	Amount
City				State OH		Zip Code			
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought					
To Whom Paid									
Address				Purpose		M	D	Y	Amount
City				State OH		Zip Code			

*Other Entities do not include corporations, labor organizations, campaign committees, legislative campaign funds, PACs, political contributing entities (PCEs) or political parties.

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Signature _____ Date _____

Print Name (and Title, if applicable) _____

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC							
Full Name of Contributor JOSEPH C. HUBER JR.						Registration Number, if PAC	
Street Address 278 Hunter Parkway			Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Cuyahoga Falls		State OH	Zip Code 44223	M 1	D 0	Y 06	Amount \$50.00
Full Name of Contributor Judith Gerdes						Registration Number, if PAC	
Street Address 1009 Bunker Drive			Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Fairlawn		State OH	Zip Code 44333	M 1	D 0	Y 16	Amount \$100.00
Full Name of Contributor David E. Waddell						Registration Number, if PAC	
Street Address 4665 North Ridge Road			Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Akron		State OH	Zip Code 44333	M	D	Y	Amount \$500.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full SUMMITPAC				
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name NONE			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	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, 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.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC			
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State OH 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 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 also appear. [R.C. 3517.10(B)(4)]

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full		M	D	Y	Fair Market Value
SUMMITPAC					
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				
Recipient Committee					
NONE					
Address	Description of Item or Service				
City	State Zip Code				
	OH				

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee SUMMITPAC									
To Whom Owed NONE					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State OH		Zip Code			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
					M D Y		\$		
Registration Number, if PAC					M D Y				
Registration Number, if PAC					M D Y				
To Whom Owed NONE					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State OH		Zip Code			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
					M D Y		\$		
Registration Number, if PAC					M D Y				
Registration Number, if PAC					M D Y				
To Whom Owed NONE					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State OH		Zip Code			Payments This Period	
Date Debt was originally Incurred					Date		Amount		
					M D Y		\$		
Registration Number, if PAC					M D Y				
Registration Number, if PAC					M D Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Independent Expenditures Made by a Campaign Committee, PAC, Political Contributing Entity, Political Party or Legislative Campaign Fund

Prescribed by Secretary of State 07/05

Name of Committee in Full SummitPAC							
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH	Zip Code				
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH	Zip Code				
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH	Zip Code				
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH	Zip Code				
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH	Zip Code				