

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>The Committee to Re-Elect Judge Rowlands</b>						Registration Number, if PAC	
Full Name of Candidate <b>Mary Margaret Rowlands</b>							
Street Address <b>2200 Stockbridge Rd.</b>				Office Sought <b>Judge, Common Pleas</b>		District <b>Summit</b>	
City <b>Akron</b>				State <b>OH</b>	Zip Code <b>44313</b>		
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 (2016)		
	<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		1 <sup>M</sup> 1 0 <sup>D</sup> 4 1 <sup>Y</sup> 4	

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	\$	\$1,728.01
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.06
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,728.07
5. Total monetary expenditures (From Form No. 31-B)	\$	\$286.30
6. Balance on hand (line 4 minus line 5)	\$	\$1,441.77
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)	\$	\$24,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing 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 20 AM 10:29  
BOARD OF ELECTIONS  
AKRON, OHIO  
H 276 BAD

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.

Ralph Streza, Treasurer

*Ralph Streza*

01/15/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 4

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee to Re-Elect Judge Rowlands</b>										
Full Name of Contributor <b>The Huntington National Bank</b>							Registration Number, if PAC			
Street Address <b>PO Box EA1W37</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Interest, Cash		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43216</b>		M <b>1</b>	D <b>2</b>	Y <b>3</b>	M <b>1</b>	Y <b>6</b>	Amount <b>\$0.06</b>
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>The Committee to Re-Elect Judge Rowlands</b>							
To Whom Paid <b>Summit County Progressive Democrats</b>				M 0	D 4	Y 1	Amount <b>\$250.00</b>
Address <b>929 Eaton Ave.</b>		Purpose <b>Donation for R.C. 3517.18(A)</b>					
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Check Number <b>1121</b>			
To Whom Paid <b>Triad Communications</b>				M 0	D 7	Y 1	Amount <b>\$36.30</b>
Address <b>1701 Front Street</b>		Purpose <b>2016 Webpage domain renewal</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44221</b>	Check Number <b>1122</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>The Committee to Re-Elect Judge Rowlands</b>													
From Whom Received <b>Mary Margaret Rowlands</b>										Prior Amount <b>\$20,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>2200 Stockbridge Rd.</b>												Outstanding Balance <b>\$20,000.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		M	D	Y	\$	M	D	Y	\$	M	D	Y	\$
<b>1 1 0 1 0 4</b>					<b>\$0.00</b>								<b>\$0.00</b>
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received <b>Ralph Streza</b>										Prior Amount <b>\$4,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>2200 Stockbridge Rd.</b>												Outstanding Balance <b>\$4,000.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		M	D	Y	\$	M	D	Y	\$	M	D	Y	\$
<b>0 1 2 2 1 4</b>					<b>\$0.00</b>								<b>\$0.00</b>
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally incurred		M	D	Y	\$	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$24,000.00

<sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \$24,000.00 (To Form No. 30-A)