

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Neugebauer</b>						Registration Number, if PAC				
Full Name of Candidate <b>Gerard M. Neugebauer</b>										
Street Address <b>1393 Cherry Wood Way</b>				Office Sought <b>Mayor</b>		District <b>Green</b>				
City <b>Uniontown</b>				State <b>OH</b>		Zip Code <b>44685</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 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 of 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	\$	\$2,978.38
2. Total monetary contributions (From Form No. 31-A)	\$	\$27,581.21
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$30,559.59
5. Total monetary expenditures (From Form No. 31-B)	\$	\$18,257.57
6. Balance on hand (line 4 minus line 5)	\$	\$12,302.02
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$735.38
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.	\$	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

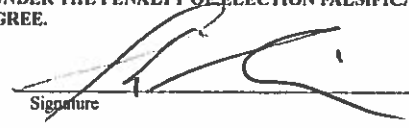
2017 JAN 31 PM 12:33

BOARD OF ELECTIONS  
AKRON, OHIO

ISS # 0595

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.

**Staci Schweikert, Treasurer**



1/31/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 16

Expenditure pages 3

Other pages 3

Total pages 22

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>										
Full Name of Contributor <b>Committee to Elect Chris Humphrey</b>							Registration Number, if PAC			
Street Address <b>1797 Fairway Dr,</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>		M <b>0</b>	D <b>1</b>	Y <b>03</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$241.21</b>
Full Name of Contributor <b>Douglas J. Kovatch</b>							Registration Number, if PAC			
Street Address <b>11033 Cottingham Cir NW</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>		M <b>0</b>	D <b>1</b>	Y <b>15</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E</b>							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M <b>0</b>	D <b>7</b>	Y <b>08</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$26,340.00</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	Y	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	Y	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	Y	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	Y	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	Y	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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Neugebauer					
Full Name of Contributor John D. Menches				Registration Number, if PAC	
Street Address 3416 Saddleboro Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Uniontown		State OH	Zip Code 44685	0   7   0   2   1   6	\$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Joe Asher					
Street Address 2635 Henrietta Dr.				Employer/Occupation/Labor Organization*	
City Uniontown		State OH	Zip Code 44685	M   D   Y	Amount
				0   7   0   2   1   6	\$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Brenda Fargo					
Street Address 3538 Saddleboro Dr.				Employer/Occupation/Labor Organization*	
City Uniontown		State OH	Zip Code 44685	M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John V. Lund Jr.					
Street Address 836 Hampton Ridge Dr.				Employer/Occupation/Labor Organization*	
City Akron		State OH	Zip Code 44313	M   D   Y	Amount
				0   7   0   2   1   6	\$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor George D. Daily					
Street Address 8460 Morris Rd.				Employer/Occupation/Labor Organization*	
City Hillard		State OH	Zip Code 43026	M   D   Y	Amount
				0   7   0   2   1   6	\$600.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jamie Kresja					
Street Address 1747 Sawgrass Dr.				Employer/Occupation/Labor Organization*	
City Uniontown		State OH	Zip Code 44685	M   D   Y	Amount
				0   7   0   2   1   6	\$600.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Peggy Schultz					
Street Address 2291 Graybill Rd				Employer/Occupation/Labor Organization*	
City Uniontown		State OH	Zip Code 44685	M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
				Form (Cash, Check, etc.) 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

\$26,340.00

Total expenditures this event.

\$10,465.25

Page Total \$ **\$2,200.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Neugebauer					
Full Name of Contributor William D. Evans				Registration Number, if PAC	
Street Address 1185 S. Main St.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$225.00
City Akron		State OH	Zip Code 44301	Form (Cash, Check, etc.) Check	
Environmental Design Group, PAC					
Full Name of Contributor Environmental Design Group, PAC				Registration Number, if PAC	
Street Address 450 Grant St.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$1,500.00
City Akron		State OH	Zip Code 44311	Form (Cash, Check, etc.) Check	
ARCADIS Political Action Committee					
Full Name of Contributor ARCADIS Political Action Committee				Registration Number, if PAC C00388983	
Street Address 630 Plaza Drive, Suite 100		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$600.00
City Highlands Ranch		State CO	Zip Code 80129	Form (Cash, Check, etc.) Check	
Michael Burgess					
Full Name of Contributor Michael Burgess				Registration Number, if PAC	
Street Address 1650 Sawgrass Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$600.00
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, etc.) Check	
Teresa Rickus					
Full Name of Contributor Teresa Rickus				Registration Number, if PAC	
Street Address 1186 Maxfli Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, etc.) Check	
Robert C. Chordar					
Full Name of Contributor Robert C. Chordar				Registration Number, if PAC	
Street Address 860 Killingner Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$600.00
City Clinton		State OH	Zip Code 44216	Form (Cash, Check, etc.) Check	
Roger Sours					
Full Name of Contributor Roger Sours				Registration Number, if PAC	
Street Address 1235 Fixler Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
City Wadsworth		State OH	Zip Code 44281	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 4,125.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Neugebauer			
Full Name of Contributor			Registration Number, if PAC
JoAnn Mallo			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3379 Ashton Dr.		0   7   0   2   1   6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH	44685	Check
Full Name of Contributor			Registration Number, if PAC
Mark Bernhardt			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
2063 W. Lane Ave.		0   7   0   2   1   6	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor			Registration Number, if PAC
Thomas Bolte			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
522 Village Dr.		0   7   0   2   1   6	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Check
Full Name of Contributor			Registration Number, if PAC
James P. Garrison			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
5290 Locust Hill Ln.		0   7   0   2   1   6	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor			Registration Number, if PAC
Stephen L. Thieken			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
6490 Highlands Ct.		0   7   0   2   1   6	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Delaware	OH	43015	Check
Full Name of Contributor			Registration Number, if PAC
Vorys Sater Seymour and Pease LLP Advocates for Effective Government			OH108
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
52 E. Gay Street		0   7   0   2   1   6	\$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Gary L. Cook			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1258 Cherry Wood Way		0   7   0   2   1   6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH	44685	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

\$0.00
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Total expenditures this event.

\$0.00
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Page Total \$ 2,200.00
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>					
Full Name of Contributor <b>Thomas R. Fry</b>				Registration Number, if PAC	
Street Address <b>260 Hedgewood Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$100.00</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jason Croston</b>				Registration Number, if PAC	
Street Address <b>2521 Greenview Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$600.00</b>
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Pamela C. Procaccio</b>				Registration Number, if PAC	
Street Address <b>1551 17th St.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$100.00</b>
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44223</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jean M. Angel</b>				Registration Number, if PAC	
Street Address <b>3764 Troon Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$100.00</b>
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Robert J. DeHoff</b>				Registration Number, if PAC	
Street Address <b>821 S. Main Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$100.00</b>
City <b>North Canton</b>		State <b>OH</b>	Zip Code <b>44720</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jane DiDonato</b>				Registration Number, if PAC	
Street Address <b>746 Robins Gate</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$100.00</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jeffrey S. Evans</b>				Registration Number, if PAC	
Street Address <b>1184 Karla Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   2   1   6</b>	Amount <b>\$500.00</b>
City <b>Clinton</b>		State <b>OH</b>	Zip Code <b>44216</b>	Form (Cash, Check, etc.) <b>Check</b>	

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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

<b>\$0.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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<b>Page Total \$ 1,600.00</b>
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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Neugebauer					
Full Name of Contributor Clay P. Riley				Registration Number, if PAC	
Street Address 66 Spring Haven Trl.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
City Shinnston	State WV	Zip Code 26431	Form (Cash, Check, etc.) Check		
Full Name of Contributor A. Rick Capone					
Street Address 4551 Hunting Valley Lane				Registration Number, if PAC	
Street Address 4551 Hunting Valley Lane		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
City Brecksville	State OH	Zip Code 44141	Form (Cash, Check, etc.) Check		
Full Name of Contributor John F. Warmus					
Street Address 3948 Meadow Wood Lane				Registration Number, if PAC	
Street Address 3948 Meadow Wood Lane		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check		
Full Name of Contributor Susan M. Ciccolini					
Street Address 2351 Greenview Dr.				Registration Number, if PAC	
Street Address 2351 Greenview Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check		
Full Name of Contributor Builders Political Action Committee					
Street Address 799 White Pond Dr.				Registration Number, if PAC	
Street Address 799 White Pond Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$200.00
City Akron	State OH	Zip Code 44320	Form (Cash, Check, etc.) Check		
Full Name of Contributor Abigail A. Kuwatch					
Street Address 5706 Buck Trail				Registration Number, if PAC	
Street Address 5706 Buck Trail		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$200.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, etc.) Check		
Full Name of Contributor Karen L. Arshinkoff					
Street Address 466 W. Streetsboro St.				Registration Number, if PAC	
Street Address 466 W. Streetsboro St.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, etc.) Check		

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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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$1,700.00**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Neugebauer			
Full Name of Contributor			Registration Number, if PAC
John C. Bickle			
Street Address	Employer/Occupation/Labor Organization*		Amount
500 Grant Street			\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44311	Check
Full Name of Contributor			Registration Number, if PAC
Richard W. Reed			
Street Address	Employer/Occupation/Labor Organization*		Amount
2590 Myersville Rd.			\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Unlontown	OH	44685	Check
Full Name of Contributor			Registration Number, if PAC
Leah M. Mantel			
Street Address	Employer/Occupation/Labor Organization*		Amount
4916 Mayfair Road			\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
North Canton	OH	44720	Check
Full Name of Contributor			Registration Number, if PAC
Frank G. Mazgaj			
Street Address	Employer/Occupation/Labor Organization*		Amount
1715 Sand Dr.			\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH	44685	Check
Full Name of Contributor			Registration Number, if PAC
James. M. Bowen			
Street Address	Employer/Occupation/Labor Organization*		Amount
4086 Highpoint Dr.			\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH	44685	Check
Full Name of Contributor			Registration Number, if PAC
Alison Breaux			
Street Address	Employer/Occupation/Labor Organization*		Amount
675 Merriman Rd			\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44303	Check
Full Name of Contributor			Registration Number, if PAC
Stephen J. Tolh			
Street Address	Employer/Occupation/Labor Organization*		Amount
4720 Secretariat Court			\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Avon	OH	44011	Check

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,525.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Neugebauer		C00309468	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M   D   Y	Amount
MSCPAC		0   7   0   2   1   6	\$225.00
Street Address		Form (Cash, Check, etc.)	
PO Box 594		Check	
City	State	Zip Code	
Youngstown	OH	44501	
Full Name of Contributor		Registration Number, if PAC	
Tracy W. Stevens			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3968 Clay Court SE		0   7   0   2   1   6	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dennison	OH	44621	Check
Full Name of Contributor		Registration Number, if PAC	
Glaus, Pyle, Schomer, Burns & DeHaven (GDP Group)			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
520 S. Main St., Ste. 2531	See Attached Breakdown	0   7   0   2   1   6	\$600.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44311	Check
Full Name of Contributor		Registration Number, if PAC	
Karen J. Ayers			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
955 Mesa Verde Dr.		0   7   0   2   1   6	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Barberton	OH	44203	Check
Full Name of Contributor		Registration Number, if PAC	
Phillip H. Maynard			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1484 Camden Ridge Blvd.		0   7   0   2   1   6	\$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44312	Check
Full Name of Contributor		Registration Number, if PAC	
John Smith			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
4138 Whispering Springs Dr.		0   7   0   2   1   6	\$750.00
City	State	Zip Code	Form (Cash, Check, etc.)
Mogadore	OH	44260	Check
Full Name of Contributor		Registration Number, if PAC	
Douglas J. Kovatch			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
11033 Cottingham Cir NW		0   7   0   2   1   6	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Uniontown	OH	44685	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,600.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>					
Full Name of Contributor <b>Cheryl L. Schweickart</b>				Registration Number, if PAC	
Street Address <b>4547 Hudson Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Green All Sports Booster Club</b>					
Street Address <b>PO Box 416</b>				Registration Number, if PAC	
Street Address <b>PO Box 416</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City <b>Green</b>		State <b>OH</b>	Zip Code <b>44232</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>William K. Sadataki</b>					
Street Address <b>4066 Brush Road</b>				Registration Number, if PAC	
Street Address <b>4066 Brush Road</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$500.00
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Green Youth Basketball Assoc.</b>					
Street Address <b>1441 Summer Wood Lane</b>				Registration Number, if PAC	
Street Address <b>1441 Summer Wood Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$100.00
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Thomas J. Likavec</b>					
Street Address <b>8490 Troutman Rd.</b>				Registration Number, if PAC	
Street Address <b>8490 Troutman Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   2   1   6	\$50.00
City <b>Orwell</b>		State <b>OH</b>	Zip Code <b>44076</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Thomas E. Kramer</b>					
Street Address <b>15 Dalfaber Lane</b>				Registration Number, if PAC	
Street Address <b>15 Dalfaber Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   8   1   6	\$100.00
City <b>Springboro</b>		State <b>OH</b>	Zip Code <b>45066</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Don Dixon</b>					
Street Address <b>3966 Greenfield Farms Dr</b>				Registration Number, if PAC	
Street Address <b>3966 Greenfield Farms Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
				0   7   0   8   1   6	\$100.00
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Cash</b>	

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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

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$1,450.00**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Neugebauer			
Full Name of Contributor Anthony J. Slanec		Registration Number, if PAC	
Street Address 131 E. Moler St.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$200.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check
Full Name of Contributor Scot Stevenson		Registration Number, if PAC	
Street Address 639 Baird Ave		Registration Number, if PAC	
Street Address 639 Baird Ave	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, etc.) Check
Full Name of Contributor Howard J. Wenger		Registration Number, if PAC	
Street Address 242 Heritage		Registration Number, if PAC	
Street Address 242 Heritage	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$600.00
City Dalton	State OH	Zip Code 44618	Form (Cash, Check, etc.) Check
Full Name of Contributor Joey A. Dennis		Registration Number, if PAC	
Street Address 3868 S. Arlington Rd.		Registration Number, if PAC	
Street Address 3868 S. Arlington Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check
Full Name of Contributor Joseph P. Masich		Registration Number, if PAC	
Street Address 4426 Sunnyview Dr.		Registration Number, if PAC	
Street Address 4426 Sunnyview Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert F. Young, II		Registration Number, if PAC	
Street Address 4737 Shriver Rd.		Registration Number, if PAC	
Street Address 4737 Shriver Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Check
Full Name of Contributor Aqua America, Inc. H2O Political Action Committee		Registration Number, if PAC C00340455	
Street Address 762 West Lancaster Avenue		Registration Number, if PAC	
Street Address 762 West Lancaster Avenue	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$350.00
City Bryn Mawr	State PA	Zip Code 19010	Form (Cash, Check, etc.) 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  

\$0.00
--------

Total expenditures this event  

\$0.00
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Page Total \$ 1,650.00
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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Neugebauer			
Full Name of Contributor Christopher S. Humphrey		Registration Number, if PAC	
Street Address 2239 E. Park Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check
Full Name of Contributor Nicholas C. Bryant		Registration Number, if PAC	
Street Address 2198 East Park Dr.		Registration Number, if PAC	
Street Address 2198 East Park Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check
Full Name of Contributor Jeffrey A. Noble		Registration Number, if PAC	
Street Address 3822 1/2 Talent Dr.		Registration Number, if PAC	
Street Address 3822 1/2 Talent Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$600.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, etc.) Check
Full Name of Contributor Jonathan M. Callihan		Registration Number, if PAC	
Street Address 5809 South Main St.		Registration Number, if PAC	
Street Address 5809 South Main St.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, etc.) Check
Full Name of Contributor Dale R. Minninger		Registration Number, if PAC	
Street Address 5093 S. Heaters Dr.		Registration Number, if PAC	
Street Address 5093 S. Heaters Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$50.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Check
Full Name of Contributor Neal Booth		Registration Number, if PAC	
Street Address 688 Stoner Rd.		Registration Number, if PAC	
Street Address 688 Stoner Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$100.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, etc.) Cash
Full Name of Contributor Dale Bergdorf		Registration Number, if PAC	
Street Address 1912 Eldridge Ave.		Registration Number, if PAC	
Street Address 1912 Eldridge Ave.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$100.00
City Akron	State OH	Zip Code 44301	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  

\$0.00
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Total expenditures this event.  

\$0.00
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Page Total \$ **\$1,225.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Neugebauer			
Full Name of Contributor John Rainieri		Registration Number, if PAC	
Street Address 2530 Country Club Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$500.00
City Uniontown	State OH      Zip Code 44685	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy J. Angel		Registration Number, if PAC	
Street Address 3764 Troon Dr.		Registration Number, if PAC	
Street Address 3764 Troon Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$100.00
City Uniontown	State OH      Zip Code 44685	Form (Cash, Check, etc.) Check	
Full Name of Contributor John E. Walsh		Registration Number, if PAC	
Street Address 10147 Laurens Drive N.E.		Registration Number, if PAC	
Street Address 10147 Laurens Drive N.E.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$100.00
City Bolivar	State OH      Zip Code 44612	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eugene P. Esser		Registration Number, if PAC	
Street Address 9240 Chamberlin Rd.		Registration Number, if PAC	
Street Address 9240 Chamberlin Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$200.00
City Twinsburg	State OH      Zip Code 44087	Form (Cash, Check, etc.) Check	
Full Name of Contributor David G. Krock		Registration Number, if PAC	
Street Address 6663 Hampsher Rd.		Registration Number, if PAC	
Street Address 6663 Hampsher Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$200.00
City Clinton	State OH      Zip Code 44216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sylvia Hanneken		Registration Number, if PAC	
Street Address 1033 Hampton Dr.		Registration Number, if PAC	
Street Address 1033 Hampton Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$90.00
City Macedonia	State OH      Zip Code 44056	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Barbara A. Kapper		Registration Number, if PAC	
Street Address 10033 Keith Ave		Registration Number, if PAC	
Street Address 10033 Keith Ave	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$200.00
City Seminole	State FL      Zip Code 33776	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,390.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>					
Full Name of Contributor <b>Kenneth G. Knodel</b>				Registration Number, if PAC	
Street Address <b>1581 Hightower Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$200.00</b>
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Willis R. Conner</b>				Registration Number, if PAC	
Street Address <b>2550 Corporate Exchange Dr. Suite 300</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$350.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43231</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jerry E. Sloan</b>				Registration Number, if PAC	
Street Address <b>3814 Greenfield Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$200.00</b>
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Welty Building Company Ltd.</b>				Registration Number, if PAC	
Street Address <b>3421 Ridgewood Rd., Suite 200</b>		Employer/Occupation/Labor Organization* <b>Don Taylor - 100%</b>		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$500.00</b>
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Welty Building Company Ltd.</b>				Registration Number, if PAC	
Street Address <b>3421 Ridgewood Rd., Suite 200</b>		Employer/Occupation/Labor Organization* <b>Don Taylor - 100%</b>		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$500.00</b>
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jill Flagg Lanzinger</b>				Registration Number, if PAC	
Street Address <b>202 Melody Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$100.00</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>William D. Huff, III</b>				Registration Number, if PAC	
Street Address <b>4951 McCormick Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$250.00</b>
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>	Form (Cash, Check, etc.) <b>Check</b>	

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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

<b>\$0.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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<b>Page Total \$ 2,100.00</b>
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Neugebauer			
Full Name of Contributor Jeremiah Mock		Registration Number, if PAC	
Street Address 3416 Tisen Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   8   0   5   1   6	Amount \$100.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, etc.) Check
Full Name of Contributor Philip Adkins		Registration Number, if PAC	
Street Address 3154 Doves Crossing		Registration Number, if PAC	
Street Address 3154 Doves Crossing	Employer/Occupation/Labor Organization*	M   D   Y 0   9   0   4   1   6	Amount \$200.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, etc.) Check
Full Name of Contributor Joseph Paolini		Registration Number, if PAC	
Street Address 317 52nd St NW		Registration Number, if PAC	
Street Address 317 52nd St NW	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$600.00
City Canton	State OH	Zip Code 44709	Form (Cash, Check, etc.) Credit Card
Full Name of Contributor Richard Taylor		Registration Number, if PAC	
Street Address 3974 Greenfield Farms Dr.		Registration Number, if PAC	
Street Address 3974 Greenfield Farms Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Credit Card
Full Name of Contributor Justin Meranda		Registration Number, if PAC	
Street Address 2103 Queensbridge Dr.		Registration Number, if PAC	
Street Address 2103 Queensbridge Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$125.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Credit Card
Full Name of Contributor Patrick Rohr		Registration Number, if PAC	
Street Address 7051 Culver Blvd.		Registration Number, if PAC	
Street Address 7051 Culver Blvd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$250.00
City Mentor	State OH	Zip Code 44060	Form (Cash, Check, etc.) Credit Card
Full Name of Contributor Neal Booth		Registration Number, if PAC	
Street Address 688 Stoner Rd.		Registration Number, if PAC	
Street Address 688 Stoner Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   7   0   8   1   6	Amount \$25.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, etc.) Credit Card

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,425.00

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>					
Full Name of Contributor <b>James Bergdorf</b>				Registration Number, if PAC	
Street Address <b>1912 Eldridge Ave.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$25.00</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44301</b>	Form (Cash, Check, etc.) <b>Credit Card</b>	
Full Name of Contributor <b>Jeffrey Reale</b>				Registration Number, if PAC	
Street Address <b>3945 Greenridge Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   0   8   1   6</b>	Amount <b>\$125.00</b>
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc.) <b>Credit Card</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$150.00**



# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Citizens for Neugebauer											
To Whom Paid							M	D	Y	Amount	
Summit County Republican Party							1	2	17	15	\$150.00
Address				Purpose							
1750 Merriman Road, Suite 250				Christmas Party Tickets							
City			State	Zip Code		Check Number					
Akron			OH	44313		1019					
To Whom Paid							M	D	Y	Amount	
Gerard Neugebauer							1	2	09	15	\$24.56
Address				Purpose							
1393 Cherry Wood Way				Reimbursement for Facebook Ads							
City			State	Zip Code		Check Number					
Uniontown			OH	44685		1046					
To Whom Paid							M	D	Y	Amount	
Green All Sports Booster Club							1	2	15	16	\$150.00
Address				Purpose							
PO Box 416				Bulldog Bash Tickets							
City			State	Zip Code		Check Number					
Green			OH	44232		1020					
To Whom Paid							M	D	Y	Amount	
Summit County Republican Party							0	5	23	16	\$150.00
Address				Purpose							
1750 Merriman Road, Suite 250				Lincoln Day Dinner Tickets							
City			State	Zip Code		Check Number					
Akron			OH	44313		1021					
To Whom Paid							M	D	Y	Amount	
Green All Sports Booster Club							0	8	13	16	\$100.00
Address				Purpose							
PO Box 416				Hole Sponsorship							
City			State	Zip Code		Check Number					
Green			OH	44232		1023					
To Whom Paid							M	D	Y	Amount	
Breaking Barriers - Hope is Alive							0	8	21	16	\$100.00
Address				Purpose							
P.O. Box 534				Golf Sponsorship							
City			State	Zip Code		Check Number					
Uniontown			OH	44685		1024					
To Whom Paid							M	D	Y	Amount	
Kick for the Cure							0	9	09	16	\$100.00
Address				Purpose							
PO Box 433				Program Ad							
City			State	Zip Code		Check Number					
Green			OH	44232		1025					
To Whom Paid							M	D	Y	Amount	
Expenditures from Form 31-F										\$10,465.25	
Address				Purpose							
City			State	Zip Code		Check Number					
			OH								

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Neugebauer</b>							
To Whom Paid <b>Square, Inc.</b>				M	D	Y	Amount
				0	7	1 1 1 6	\$34.11
Address <b>1455 Market Street, Suite 600</b>		Purpose <b>Transaction Fees</b>					
City <b>San Francisco</b>		State <b>CA</b>	Zip Code <b>94103</b>	Check Number <b>1050</b>			
To Whom Paid <b>Loan Payments Made from Form 31-C</b>				M	D	Y	Amount
				1	2	3 1 1 6	\$5,500.00
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number <b>1050</b>			
To Whom Paid <b>Debt Payments Made from Form 31-N</b>				M	D	Y	Amount
				1	2	3 1 1 6	\$1,483.65
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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Neugebauer</b>							
To Whom Paid <b>35 Brix</b>				M	D	Y	Amount
				0	7	0	\$200.00
Address <b>3875 Massillon Road</b>		Purpose <b>Gift Cards for Prizes</b>					
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Check Number <b>1022</b>			
To Whom Paid <b>Don Dixon</b>				M	D	Y	Amount
				0	7	1	\$886.48
Address <b>3966 Greenfield Farms</b>		Purpose <b>Reimbursement for BJs, Dicks, Foxy, HoleinOne, 35 Brix Prizes</b>					
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Check Number <b>1044</b>			
To Whom Paid <b>Vision Graphics &amp; Printing</b>				M	D	Y	Amount
				0	7	1	\$467.57
Address <b>3545 Copley Road</b>		Purpose <b>Signage</b>					
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>	Check Number <b>1049</b>			
To Whom Paid <b>Raintree Country Club, Inc.</b>				M	D	Y	Amount
				0	7	0	\$8,400.00
Address <b>4350 Mayfair Rd</b>		Purpose <b>Dinner and Golf</b>					
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	Check Number <b>1045</b>			
To Whom Paid <b>Dennis Murphy</b>				M	D	Y	Amount
				0	7	1	\$511.20
Address <b>PO Box 640814</b>		Purpose <b>Reimbursement to Salesman for Custom Golf Balls from ProForma</b>					
City <b>Cincinnati</b>		State <b>OH</b>	Zip Code <b>45264</b>	Check Number <b>1048</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					

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.

\$10,465.25
Page Total \$ _____

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Neugebauer</b>			
Full Name of Contributor <b>Staci Schweikert</b>		Employer, Occupation, Labor Organization*	
Street Address <b>1261 Steese Rd</b>		Description of Item or Service <b>Square Card Reader and Charger</b>	
City <b>Uniontown</b>		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Kerry Janke</b>		Employer, Occupation, Labor Organization*	
Street Address <b>2882 Steelwood Cir</b>		Description of Item or Service <b>Discounted Gift Cards for Prizes</b>	
City <b>Akron</b>		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>Angelo Zimbardi</b>		Employer, Occupation, Labor Organization*	
Street Address <b>3565 Avanti Ln</b>		Description of Item or Service <b>Pizza Certificates for Prizes</b>	
City <b>Uniontown</b>		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor <b>John Rainieri</b>		Employer, Occupation, Labor Organization*	
Street Address <b>2530 Country Club Dr.</b>		Description of Item or Service <b>Rounds of Golf</b>	
City <b>Uniontown</b>		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		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)]

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Neugebauer</b>										
From Whom Received <b>Gerard M. Neugebauer</b>						Prior Amount <b>\$5,500.00</b>		Amt. Incurred this Period <b>\$0.00</b>		
Address <b>1393 Cherry Wood Way</b>								Outstanding Balance <b>\$0.00</b>		
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>		Loans Received This Period			Payments This Period		
					Date			Date		
					Amount			Amount		
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
<b>0 9 2 1 1 1</b>					<b>\$0.00</b>			<b>1 2 3 1 1 6</b>		
Registration Number, if PAC						M	D	Y	M	D
Employer/Occupation/Labor Organization*						M	D	Y	M	D
From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City		State	Zip Code		Loans Received This Period			Payments This Period		
		<b>OH</b>			Date			Date		
					Amount			Amount		
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
Registration Number, if PAC						M	D	Y	M	D
Employer/Occupation/Labor Organization*						M	D	Y	M	D
From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City		State	Zip Code		Loans Received This Period			Payments This Period		
		<b>OH</b>			Date			Date		
					Amount			Amount		
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
Registration Number, if PAC						M	D	Y	M	D
Employer/Occupation/Labor Organization*						M	D	Y	M	D

\* 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 \$ 5,500.00

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

<sup>3</sup> Total payments this period \$ 5,500.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Citizens for Neugebauer</b>																		
To Whom Owed <b>Gerard Neugebauer</b>					Prior Amount <b>\$1,483.65</b>			Amt. Incurred this Period <b>\$0.00</b>										
Address <b>1393 Cherry Wood Way</b>					Item or Purpose of Debt <b>Postage/Mailing</b>			Outstanding Balance <b>\$0.00</b>										
City <b>Uniontown</b>		Sta te <b>OH</b>	Zip Code <b>44685</b>		Payments This Period													
					Date			Amount										
Date Debt was originally Incurred					M	D	Y	\$										
					1	0	3	1	1	1	1	2	3	1	1	6	<b>\$1,483.65</b>	
Registration Number, if PAC					M	D	Y											
					M	D	Y											
To Whom Owed					Prior Amount			Amt. Incurred this Period										
Address					Item or Purpose of Debt			Outstanding Balance										
City		Sta te	Zip Code		Payments This Period													
					Date			Amount										
Date Debt was originally Incurred					M	D	Y	\$										
					M	D	Y											
Registration Number, if PAC					M	D	Y											
					M	D	Y											
To Whom Owed					Prior Amount			Amt. Incurred this Period										
Address					Item or Purpose of Debt			Outstanding Balance										
City		Sta te	Zip Code		Payments This Period													
					Date			Amount										
Date Debt was originally Incurred					M	D	Y	\$										
					M	D	Y											
Registration Number, if PAC					M	D	Y											
					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 \$ 1,483.65 (also record on Form 31-B)

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