

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Keep Judge Larson							Registration Number, if PAC		
Full Name of Candidate Gerald K. Larson									
Street Address 3241 Stanley Road					Office Sought Judge			District	
City Fairlawn					State OH		Zip Code 44333		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2017
	July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y 1 1 0 3 1 5	

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	\$ 6,425.93
2. Total monetary contributions (From Form No. 31-A)	\$ 6,375.00
3. Total other income (From Form No. 31-A-2)	\$ 100.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,900.93
5. Total monetary expenditures (From Form No. 31-B)	\$ 12,850.93
6. Balance on hand (line 4 minus line 5)	\$ 50.00
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)	\$ 76,604.01
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	\$

4684

BOARD OF ELECTIONS
AKRON, OHIO

2017 JAN 31 PM 2:39

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Kellie Groza, Treasurer

Kellie Groza

1-30-2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 7

Expenditure pages 4

Other pages 3

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Keep Judge Larson						
Full Name of Contributor Funds from Event of 1/26/2016					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount \$3,475.00
Full Name of Contributor Laura Wallerstein					Registration Number, if PAC	
Street Address 100 Wallhaven Drive		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44313	M 1	D 0	Y 1 5	Amount \$100.00
Full Name of Contributor Crystal D. Burnett					Registration Number, if PAC	
Street Address 86 Goodhue Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44313	M 1	D 0	Y 2 5 1 5	Amount \$50.00
Full Name of Contributor Bradley Wojno					Registration Number, if PAC	
Street Address 1600 Gondola Park Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Venice	State FL	Zip Code 34292	M 1	D 0	Y 1 9 1 5	Amount \$50.00
Full Name of Contributor KNR Property Management, LLC					Registration Number, if PAC	
Street Address 3412 W. Market Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44333	M 1	D 0	Y 1 9 1 5	Amount \$2,500.00
Full Name of Contributor Jeanne M. White					Registration Number, if PAC	
Street Address 3766 Fishcreek Road, #252		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Stow	State OH	Zip Code 44224	M 1	D 0	Y 3 1 1 5	Amount \$150.00
Full Name of Contributor Paula Prentice Committee					Registration Number, if PAC	
Street Address 4235 Aldawood Hills Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Akron	State OH	Zip Code 44319	M 1	D 0	Y 2 4 1 5	Amount \$50.00
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

* 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						Registration Number, if PAC	
Keep Judge Larson							
Full Name						Registration Number, if PAC	
Gerlad K. Larson							
Address		Type*	M	D	Y	Amount	
1256 Heather Lane		L N				1 0 1 4 1 6	100.00
City		State	Zip Code		Form(Cash,Check,etc)		
Akron		O H	44313		Check		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC	
Address		Type*	M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Keep Judge Larson												
To Whom Paid						M	D	Y	Amount			
PNC Bank						1	1	0	2	1	5	\$35.00
Address			Purpose									
1 Cascade Plaza			Service Fee									
City		State	Zip Code		Check Number							
Akron		OH	44308		n/a							
To Whom Paid						M	D	Y	Amount			
Triad Communications						1	0	2	6	1	5	\$233.49
Address			Purpose									
2006 4th Street			Invoice 17682									
City		State	Zip Code		Check Number							
Cuyahoga Falls		OH	44221		1065							
To Whom Paid						M	D	Y	Amount			
Triad Communications						1	0	2	0	1	5	\$900.00
Address			Purpose									
2006 4th Street			Invoice 17754									
City		State	Zip Code		Check Number							
Cuyahoga Falls		OH	44221		1066							
To Whom Paid						M	D	Y	Amount			
Triad Communications						1	0	2	0	1	5	\$590.86
Address			Purpose									
2006 4th Street			Invoice 1770									
City		State	Zip Code		Check Number							
Cuyahoga Falls		OH	44221		1067							
To Whom Paid						M	D	Y	Amount			
Triad Communications									\$1,500.00			
Address			Purpose									
2006 4th Street			Balance of engagement fee invoice 17752									
City		State	Zip Code		Check Number							
Cuyahoga Falls		OH	44221		1068							
To Whom Paid						M	D	Y	Amount			
Jerry K. Larson						1	1	0	6	1	5	\$3,000.00
Address			Purpose									
1256 Heather Lane			Loan repayment									
City		State	Zip Code		Check Number							
Akron		OH	44313		1072							
To Whom Paid						M	D	Y	Amount			
PNC Bank						1	2	0	1	1	5	\$3.00
Address			Purpose									
1 Cascade Plaza			Bank Fee									
City		State	Zip Code		Check Number							
Akron		OH	44308		n/a							
To Whom Paid						M	D	Y	Amount			
PNC Bank						0	1	0	4	1		\$3.00
Address			Purpose									
1 Cascade Plaza			Bank Fee									
City		State	Zip Code		Check Number							
Akron		OH	44308		n/a							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Keep Judge Larson											
To Whom Paid					M	D	Y	Amount			
USPS					0	1	1	4	1	6	\$245.00
Address		Purpose									
675 Wolf Ledges Pkwy, #101		Postage - retire the debt event									
City		State		Zip Code		Check Number					
Akron		OH		44309		1073					
To Whom Paid					M	D	Y	Amount			
FOPA #6					0	1	2	9	1	6	\$100.00
Address		Purpose									
2610 Ley Drive		Reverse Raffle									
City		State		Zip Code		Check Number					
Akron		OH		44301		1076					
To Whom Paid					M	D	Y	Amount			
PNC Bank					0	2	0	1	1	6	\$3.00
Address		Purpose									
1 Cascade Plaza		Bank Fee									
City		State		Zip Code		Check Number					
Akron		OH		44308		n/a					
To Whom Paid					M	D	Y	Amount			
PNC Bank					0	3	0	1	1	6	\$3.00
Address		Purpose									
1 Cascade Plaza		Bank fee									
City		State		Zip Code		Check Number					
Akron		OH		44308		n/a					
To Whom Paid					M	D	Y	Amount			
Triad Communications					0	3	1	6	1	6	\$217.77
Address		Purpose									
2006 4th Street		Website fees									
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		1078					
To Whom Paid					M	D	Y	Amount			
PNC Bank					0	4	0	1	1	6	\$3.00
Address		Purpose									
1 Cascade Plaza		Bank fee									
City		State		Zip Code		Check Number					
Akron		OH		44308		n/a					
To Whom Paid					M	D	Y	Amount			
PNC Bank					0	5	0	2	1	6	\$3.00
Address		Purpose									
1 Cascade Plaza		Bank fee									
City		State		Zip Code		Check Number					
		OH		44308		n/a					
To Whom Paid					M	D	Y	Amount			
PNC Bank					0	6	0	1	1	6	\$3.00
Address		Purpose									
1 Cascade Plaza		Bank fee									
City		State		Zip Code		Check Number					
Akron		OH		44308		n/a					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Keep Judge Larson								
To Whom Paid Jerry K. Larson					M	D	Y	Amount
					0	6	1716	\$4,995.99
Address 1256 Heather Lane				Purpose Loan Repayment				
City Akron		State OH	Zip Code 44313	Check Number 1081				
To Whom Paid Steven P. Schmidt					M	D	Y	Amount
					8	23	16	50.00
Address 1023 Rambling Way				Purpose Reimburse over duration				
City Akron		State OH	Zip Code 44333	Check Number 1082				
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						
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						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Keep Judge Larson									
From Whom Received Gerald K. Larson						Prior Amount 84,500.00		Amt. Incurred this Period 100.00	
Address 1256 Heather Lane						Outstanding Balance 76,604.01			
City Akron		State OH	Zip Code 44313		Loans Received This Period				
					Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	Amount
0 2 0 1 00									
Registration Number, if PAC						M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address						Outstanding Balance			
City		State	Zip Code		Loans Received This Period				
					Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	Amount
Registration Number, if PAC						M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address						Outstanding Balance			
City		State	Zip Code		Loans Received This Period				
					Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	Amount
Registration Number, if PAC						M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y

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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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ **84,500.00**
- 2 Total received this period \$ **100.00** (To Form No. 31-A-2)
- 3 Total Payments this Period \$ **7,995.99** (also record on Form 31-B)
- 4 Total Outstanding Balance \$ **76,604.01** (To Form No. 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Keep Judge Larson						
Full Name of Contributor				Registration Number, if PAC		
John Greven						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
137 South Main Street, Suite 300				0	1	2
City		State	Zip Code	6	1	6
Akron		OH	44308	Amount		
				\$50.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
A. William Zavarello Company, LPA						
Street Address				Registration Number, if PAC		
313 S. High Street						
City		State	Zip Code	M	D	Y
Akron		OH	44308	0	1	2
				6	1	6
				Amount		
				\$250.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
Stacy McGowan						
Street Address				Registration Number, if PAC		
670 Crossing Circle						
City		State	Zip Code	M	D	Y
Tallmadge		OH	44278	0	1	2
				6	1	6
				Amount		
				\$75.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
Joseph F. Gorman						
Street Address				Registration Number, if PAC		
54 E. Mill Street						
City		State	Zip Code	M	D	Y
Akron		OH	44308	0	1	2
				6	1	6
				Amount		
				\$200.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
Brian M. Pierce						
Street Address				Registration Number, if PAC		
54 E. Mill Street						
City		State	Zip Code	M	D	Y
Akron		OH	44308	0	1	2
				6	1	6
				Amount		
				\$100.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
Christina F. Londrico						
Street Address				Registration Number, if PAC		
3145 W. Streetsboro Road						
City		State	Zip Code	M	D	Y
Richfield		OH	44286	0	1	2
				6	1	6
				Amount		
				\$100.00		
Form (Cash, Check, etc.)						
check						
Full Name of Contributor						
Linda Malek						
Street Address				Registration Number, if PAC		
2926 State Road, Suite 211						
City		State	Zip Code	M	D	Y
Cuyahoga Falls		OH	44223	0	1	2
				6	1	6
				Amount		
				\$75.00		
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
\$3,975.00

Total expenditures this event.
605.95

Page Total \$ 850.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Keep Judge Larson							
Full Name of Contributor			Registration Number, if PAC				
William Whitaker							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
190 N. Union Street, Suite 301				0	1	2616	\$75.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44304		check	
Full Name of Contributor			Registration Number, if PAC				
Donald R. Hicks							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 423				0	1	2616	\$75.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44308		check	
Full Name of Contributor			Registration Number, if PAC				
Alan M. Medvick							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
23 S. Main Street, 3rd Floor				0	1	2616	\$100.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44308		check	
Full Name of Contributor			Registration Number, if PAC				
Marilyn Sue Larson, Trustee							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
275 N. Portage Path, 8A		Aunt		0	1	2616	\$100.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44303		check	
Full Name of Contributor			Registration Number, if PAC				
George L. Farris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
362 S. Main Street				0	1	2616	\$100.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44311		check	
Full Name of Contributor			Registration Number, if PAC				
Andrea Whitaker							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
17007 Dorchester				0	1	2616	\$75.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Cleveland		OH		44119		check	
Full Name of Contributor			Registration Number, if PAC				
Edmund M. Sawan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
362 S. Main Street				0	1	2616	\$75.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Akron		OH		44311		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
\$ 3,175.00

Total expenditures this event
\$ 605.95

Page Total \$ 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 Keep Judge Larson						
Full Name of Contributor Jason Wallace				Registration Number, if PAC		
Street Address 19540 Riverview Avenue		Employer/Occupation/Labor Organization*		M	D	Y
City Rocky River		State OH	Zip Code 44116	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor Charles Atwies						
Street Address 2950 Cedar Hill Road				Registration Number, if PAC		
City Cuyahoga Falls		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44223	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Jeffrey N. James						
Street Address 137 S. Main Street, Suite 206				Registration Number, if PAC		
City Akron		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44308	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$120.00
Full Name of Contributor Jane Bond						
Street Address 80 Devon Lane, Apt. 103				Registration Number, if PAC		
City Akron		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44313	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$75.00
Full Name of Contributor Mary L. George						
Street Address 326 Oak Crest Drive				Registration Number, if PAC		
City Copley		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44321	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Frederick J. George						
Street Address 40 Gloucester Court, Apt. 2C				Registration Number, if PAC		
City Akron		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44313	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Monica Mix						
Street Address 3344 Millwood Lane				Registration Number, if PAC		
City Uniontown		Employer/Occupation/Labor Organization*		M	D	Y
		State OH	Zip Code 44685	0	1	6
				2	6	1
				6	1	6
				Form (Cash, Check, etc.) check		Amount \$100.00

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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

Total expenditures this event.

\$ 3,475.00

\$ 605.95

Page Total \$ **\$745.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Keep Judge Larson			
Full Name of Contributor		Registration Number, if PAC	
Sarah Katirji			
Street Address	Employer/Occupation/Labor Organization*	M	D
1498 Hampton Knoll Drive		0	1
City	State	2	6
Akron	OH	1	6
Zip Code		Amount	
44313		\$75.00	
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Gingo Law Office			
Street Address	Employer/Occupation/Labor Organization*	M	D
12290 Waterfall Avenue, NW		0	1
City	State	2	6
Uniontown	OH	1	6
Zip Code		Amount	
44685		\$50.00	
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
John C. Washington			
Street Address	Employer/Occupation/Labor Organization*	M	D
843 Garenstone Circle		0	1
City	State	2	6
Tallmadge	OH	1	6
Zip Code		Amount	
44278		\$75.00	
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Mark A. Glinski			
Street Address	Employer/Occupation/Labor Organization*	M	D
4549 Wood Street		0	1
City	State	2	6
Willoughby	OH	1	6
Zip Code		Amount	
44094		\$30.00	
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Wayne Jones			
Street Address	Employer/Occupation/Labor Organization*	M	D
790 Castle Blvd.		0	1
City	State	2	6
Akron	OH	1	6
Zip Code		Amount	
44313		\$100.00	
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Shubhra N. Agarwal			
Street Address	Employer/Occupation/Labor Organization*	M	D
3136 Preakness Drive		0	1
City	State	2	6
Stow	OH	1	6
Zip Code		Amount	
44224		\$75.00	
Form (Cash, Check, etc.)			
checkMiche			
Full Name of Contributor		Registration Number, if PAC	
Michelle L. Banbury			
Street Address	Employer/Occupation/Labor Organization*	M	D
2124 Stonehenge Circle		0	1
City	State	2	6
Akron	OH	1	6
Zip Code		Amount	
44319		\$50.00	
Form (Cash, Check, etc.)			
check			

* 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)]

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

3475.00

Total expenditures this event.

\$605.95

Page Total \$ 455.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Keep Judge Larson							
Full Name of Contributor				Registration Number, if PAC			
Sean Cooper							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
132 Dellenberger Avenue				0	1	2616	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44312	check			
Full Name of Contributor				Registration Number, if PAC			
Maureen Hulbert							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2200 Ravenna Street				0	1	2616	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hudson		OH	44236	check			
Full Name of Contributor				Registration Number, if PAC			
Martin H. Belsky							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
344 A. Village Pointe Drive				0	1	2616	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	check			
Full Name of Contributor				Registration Number, if PAC			
Charles Olminsky							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. Box 812				0	1	2616	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44309	check			
Full Name of Contributor				Registration Number, if PAC			
Dianne Lynn Caporale							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3668 Sheland Trail				0	1	2616	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Richfield		OH	44286	check			
Full Name of Contributor				Registration Number, if PAC			
David Lombardi							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S. Main Street, Suite 800				0	1	2616	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	check			
Full Name of Contributor				Registration Number, if PAC			
John Snoderly							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1031 Curtis Avenue				0	1	2616	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls		OH	44221	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

\$ 3,475.00

Total expenditures this event.

\$ 605.95

Page Total \$ 800.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Keep Judge Larson									
Full Name of Contributor Nolan R. Schnaekel				Registration Number, if PAC					
Street Address 3241 Stanley Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City Fairlawn		State OH	Zip Code 44333	0	1	2	6		
				Form (Cash, Check, etc.) cash		\$25.00			
Full Name of Contributor 0									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
				Form (Cash, Check, etc.)					
Full Name of Contributor									
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 also 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
\$ 3,775.00

Total expenditures this event.
605.95

Page Total \$ 25.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Keep Judge Larson						
To Whom Paid Printers Club			M	D	Y	Amount \$150.00
Address 53 East Exchange Street		Purpose Watch party-Bar bill				
City Akron	State OH	Zip Code 44308	Check Number 1070			
To Whom Paid Kellie Groza			M	D	Y	Amount \$141.38
Address 3241 Stanely Road		Purpose Watch party-food reimbursement				
City Fairlawn	State OH	Zip Code	Check Number 1069			
To Whom Paid Kellie Groza			M	D	Y	Amount \$64.49
Address 3241 Stanely Road		Purpose Watch party-food reimbursement				
City Fairlawn	State OH	Zip Code 44333	Check Number 1071			
To Whom Paid BRICCO			M	D	Y	Amount \$505.95
Address 1 West Exchange Street		Purpose Retire the debt event-Food/bar bill				
City Akron	State OH	Zip Code 44308	Check Number 1074			
To Whom Paid Kellie Groza			M	D	Y	Amount \$100.00
Address 3241 Stanley Road		Purpose Retire the debt party-Cake				
City Fairlawn	State OH	Zip Code 44333	Check Number 1075			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			

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.