

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of William B. Judge</b>						Registration Number, if PAC				
Full Name of Candidate <b>William B. Judge</b>										
Street Address <b>180 East Cassell Ave</b>					Office Sought <b>Mayor</b>		District <b>Barberton</b>			
City <b>Barberton</b>					State <b>O H</b>	Zip Code <b>44203</b>				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <b>X 2016</b>	
	July		August		September		Termination			Semiannual
	Monthly		Monthly		Monthly					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 6,778.06
2. Total monetary contributions (From Form No. 31-A)	\$ 13,146.01
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1-3)	\$ 19,924.07
5. Total monetary expenditures (From Form No. 31-B)	\$ 8,595.75
6. Balance on hand (Total minus line 5)	\$ 11,328.32
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-G)	\$ 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	\$

2017 JAN 18 AM 11:27  
 SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO  
 # 483 Avc

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

**William B. Judge** \_\_\_\_\_ *William B. Judge* \_\_\_\_\_ 1-17-2017 \_\_\_\_\_  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 8

Expenditure pages 3

Other pages 15

Total pages 26

# Statement of Contributions Received

Prescribed by Secretary of State 3/03

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>Jennifer Gole</b>				Registration Number, if PAC		
Street Address <b>261 Whaley Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Peninsula</b>	State <b>O H</b>	Zip Code <b>44264</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Contributions from 31-E</b>				Registration Number, if PAC <b>X</b>		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>13,046.01</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of William B. Judge									
To Whom Paid					M	D	Y	Amount	
Mayors Association Summit/Portage					0	7	29	16	500.00
Address			Purpose						
One Cascade Plaza, Suite 141			Golf Outing Sponsor						
City		State	Zip Code	Check Number					
Akron		O   H	44308	1238					
To Whom Paid					M	D	Y	X	Amount
Committee to Elect Breaux for Judge					0	9	08	16	75.00
Address			Purpose						
1668 Merriman Rd #35			Campaign Donation						
City		State	Zip Code	Check Number					
Akron		O   H	44313	1242					
To Whom Paid					M	D	Y	Amount	
Elect Ilene Shapiro					0	9	08	16	1,000.00
Address			Purpose						
1188 Shadyside Lane			Campaign Donation						
City		State	Zip Code	Check Number					
Tallmadge		O   H	44278	1241					
To Whom Paid					M	D	Y	Amount	
Summit County Democrats					0	9	15	16	500.00
Address			Purpose						
438 Grant St			Contribution						
City		State	Zip Code	Check Number					
Akron		O   H	44311	1243					
To Whom Paid					M	D	Y	Amount	
Magic City Dems					0	9	22	16	350.00
Address			Purpose						
225 Stanley Ave			Fall Dinner Sponsor						
City		State	Zip Code	Check Number					
Barberton		O   H	44203	1244					
To Whom Paid					M	D	Y	Amount	
Cable for Judge					0	9	26	16	500.00
Address			Purpose						
2435 Call Rd			Campaign Donation						
City		State	Zip Code	Check Number					
Stow		O   H	44224	1245					
To Whom Paid					M	D	Y	Amount	
Friends of Greta Johnson					1	0	05	16	200.00
Address			Purpose						
2220 Cambridge Ct			Campaign Donation						
City		State	Zip Code	Check Number					
Akron		O   H	44319	1246					
To Whom Paid					M	D	Y	Amount	
Friends of Kristen M. Scalise					1	0	05	16	200.00
Address			Purpose						
3842 Dogwood St			Campaign Donation						
City		State	Zip Code	Check Number					
Uniontown		O   H	44685	1247					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of William B. Judge</b>								
To Whom Paid <b>Friends of Sandra Kurt</b>					M	D	Y	Amount
					1	0	6	100.00
Address <b>140 Mayfield Ave</b>		Purpose <b>Campaign Donation</b>						
City <b>Akron</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44313</b>		Check Number <b>1248</b>			
To Whom Paid <b>Salvation Army</b>					M	D	Y	X
					1	0	6	200.00
Address <b>560 Wooster Rd W</b>		Purpose <b>Breakfast Sponsor</b>						
City <b>Barberton</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>		Check Number <b>1249</b>			
To Whom Paid <b>Barberton FOP #13</b>					M	D	Y	Amount
					1	1	2	100.00
Address <b>20 21st</b>		Purpose <b>Donation</b>						
City <b>Barberton</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>		Check Number <b>1252</b>			
To Whom Paid <b>Total Expenditures from 31-F</b>					M	D	Y	Amount
								4,870.75
Address		Purpose						
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code		Check Number			

## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>James Garrison</b>			Registration Number, if PAC			
Street Address <b>5290 Locust Hill LN</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>E Scott Sondles</b>			Registration Number, if PAC			
Street Address <b>4862 Waterstone Way</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Carmel</b>	State <b>I   N</b>	Zip Code <b>46033</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Craig Richards</b>			Registration Number, if PAC			
Street Address <b>1 Merrywood Lane</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Vienna</b>	State <b>W   V</b>	Zip Code <b>26105</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Rodney D. Holbert</b>			Registration Number, if PAC			
Street Address <b>2935 Elizabeth Pike</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Mineral Wells</b>	State <b>W   V</b>	Zip Code <b>26150</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>George Daily</b>			Registration Number, if PAC			
Street Address <b>8460 Morris Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	600.00
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Ronald R. Schultz</b>			Registration Number, if PAC			
Street Address <b>9485 Cape Wrath Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Thomas Mignery</b>			Registration Number, if PAC			
Street Address <b>8250 Skelton Ct</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	250.00
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</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

Total expenditures this event

Page Total \$ 2,100.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of William B. Judge						
Full Name of Contributor			Registration Number, if PAC			
Joy Malek Oldfield						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 Kimberly Rd			0	7	2	175.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44313	Check			
Full Name of Contributor			Registration Number, if PAC			
Scott Perfater						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1266 Arden Oaks Dr			0	7	2	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Ocoee	F   L	34761	Check			
Full Name of Contributor			Registration Number, if PAC			
Roberta Cameruca						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2567 Brandon Rd			0	7	2	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
James Stonkus						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
969 Mesa Verde Dr			0	7	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Barberton	O   H	44203	Check			
Full Name of Contributor			Registration Number, if PAC			
Elizabeth Daugherty						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1061 Riverwoods Dr			0	8	0	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44313	Check			
Full Name of Contributor			Registration Number, if PAC			
FirstEnergy Political Action Committee			C00140855			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
76 S. Main St			0	8	0	110.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44308	Check			
Full Name of Contributor			Registration Number, if PAC			
Elizabeth Ehler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4891 Stonehaven Dr			0	8	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Upper Arlington	O   H	43220	Check			

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

Total expenditures this event

Page Total \$ 1,285.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>Welty Building Company LTD</b>			Registration Number, if PAC			
Street Address <b>3421 Ridgewood Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>220.00</b>
City <b>Fairlawn</b>	State <b>O   H</b>	Zip Code <b>44333</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>John Capitoni</b>			Registration Number, if PAC			
Street Address <b>2855 6th St</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>110.00</b>
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Shank</b>			Registration Number, if PAC			
Street Address <b>956 E Riddle Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>110.00</b>
City <b>Ravenna</b>	State <b>O   H</b>	Zip Code <b>44266</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Michael Vinay</b>			Registration Number, if PAC			
Street Address <b>1493 Wilsonway Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>150.00</b>
City <b>Barberton</b>	State <b>O   H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Charles Vaughan</b>			Registration Number, if PAC			
Street Address <b>1581 Hawthorn St</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>110.00</b>
City <b>Mogadore</b>	State <b>O   H</b>	Zip Code <b>44260</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Michael Bogo</b>			Registration Number, if PAC			
Street Address <b>1080 Susan Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>8</b>	<b>0</b>	<b>110.00</b>
City <b>Ravenna</b>	State <b>O   H</b>	Zip Code <b>44266</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Medical Mutual of Ohio PAC</b>			Registration Number, if PAC <b>CP130</b>			
Street Address <b>2060 East Nineth Street</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>7</b>	<b>0</b>	<b>440.00</b>
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44115</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

Total expenditures this event

Page Total \$ 1,250.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 1/05

Name of Committee in Full <b>Friends of William B. Judge</b>							
Full Name of Contributor <b>Adelina Angeloff</b>				Registration Number, if PAC			
Street Address <b>756 E Ford Ave</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	0	150.00
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Environmental Design Group</b>				Registration Number, if PAC			
Street Address <b>450 Grant St</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	0	375.00
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44311</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Dustin</b>				Registration Number, if PAC			
Street Address <b>10 Deerfield Dr</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	0	590.00
City <b>Chagrin Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44022</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Clifford M. Connelly</b>				Registration Number, if PAC			
Street Address <b>6041 Twitchell Rd</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	0	440.00
City <b>Andover</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44003</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Friends of Russ Pry</b>				Registration Number, if PAC			
Street Address <b>554 Weber Ave</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	0	590.00
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44303</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Lisa Devenport</b>				Registration Number, if PAC			
Street Address <b>808 Mesa Verde Dr</b>	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	7	1	500.00
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Laborers International Union of North America Local 894</b>				Registration Number, if PAC <b>LA236</b>			
Street Address <b>720 Wolf Ledges PKWY</b>	Employer/Occupation/Labor Organization* <b>Local 894</b>			M	D	Y	Amount
				0	7	1	220.00
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44311</b>		Form(Cash,Check,etc) <b>Check</b>			

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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

Total expenditures this event

Page Total \$ 2,865.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>Thomas Schnee</b>			Registration Number, if PAC			
Street Address <b>669 Austin Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	590.00
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Julie Wichert</b>			Registration Number, if PAC			
Street Address <b>1200 Graham Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	400.00
City <b>Cuyahoga Falls</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44224</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>John Frola</b>			Registration Number, if PAC			
Street Address <b>3197 N Jackson BLVD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	1,000.00
City <b>Uniontown</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44685</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tim Ryan for Congress</b>			Registration Number, if PAC			
Street Address <b>337 Vienna Ave, Suite 1</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	150.00
City <b>Niles</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44446</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Timothy Surgen</b>			Registration Number, if PAC			
Street Address <b>610 Riverbend BLVD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	590.00
City <b>Kent</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44240</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Christopher Randles</b>			Registration Number, if PAC			
Street Address <b>149 Hillside Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	440.00
City <b>Wadsworth</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44281</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Liddle Real Estate LLC</b>			Registration Number, if PAC			
Street Address <b>1096 S Azalea BLVD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	16	590.00
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R.C. 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,760.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>Lisa Okolish Miller for Law Director</b>			Registration Number, if PAC			
Street Address <b>799 N Azalea BLVD</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>7</b>	<b>2</b>	<b>150.00</b>
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Ruth Klee</b>			Registration Number, if PAC			
Street Address <b>3740 Alberta Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>7</b>	<b>0</b>	<b>150.00</b>
City <b>Norton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>David Neumeyer</b>			Registration Number, if PAC			
Street Address <b>2806 S. Cleveland Massillon Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>7</b>	<b>0</b>	<b>150.00</b>
City <b>Norton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Crystal Bowers</b>			Registration Number, if PAC			
Street Address <b>378 S. Van Buren Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>7</b>	<b>0</b>	<b>590.00</b>
City <b>Barberton</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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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

Page Total \$ 1,040.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of William B. Judge</b>						
Full Name of Contributor <b>Frank Stams</b>			Registration Number, if PAC			
Street Address <b>3290 Forrest Meadow</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>100.00</b>
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44223</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Eric McKinney</b>			Registration Number, if PAC			
Street Address <b>1009 Robinson Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>100.00</b>
City <b>Barberton</b>	State <b>O   H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Dillon Bright</b>			Registration Number, if PAC			
Street Address <b>493 Aquaduct St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>100.00</b>
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44303</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Brian James</b>			Registration Number, if PAC			
Street Address <b>89 Oakwood St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>100.00</b>
City <b>Barberton</b>	State <b>O   H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Ron Goudy</b>			Registration Number, if PAC			
Street Address <b>1635 King Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>100.00</b>
City <b>Uniontown</b>	State <b>O   H</b>	Zip Code <b>44685</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Contributions \$25.00 or less</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>04</b>	Amount <b>246.01</b>
City	State	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	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

Total expenditures this event

Page Total \$ 746.01

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of William B. Judge</b>						
To Whom Paid <b>Good Park Golf Course</b>			M	D	Y	Amount <b>1,800.00</b>
Address <b>530 Nome Ave</b>			Purpose <b>Golf Outing</b>			
City <b>Akron</b>		State <b>O H</b>	Zip Code <b>44320</b>		Check Number <b>1239</b>	
To Whom Paid <b>The Upper Deck</b>			M	D	Y	Amount <b>1,575.00</b>
Address <b>357 W Turkeyfoot Lake Rd</b>			Purpose <b>Golf Outing Refresments</b>			
City <b>Akron</b>		State <b>O H</b>	Zip Code <b>44319</b>		Check Number <b>1240</b>	
To Whom Paid <b>Edgar's Restaurant Inc</b>			M	D	Y	Amount <b>1,260.90</b>
Address <b>530 Nome Ave</b>			Purpose <b>Golf Outing Refresments</b>			
City <b>Akron</b>		State <b>O H</b>	Zip Code <b>44320</b>		Check Number <b>1266</b>	
To Whom Paid <b>Fastsigns</b>			M	D	Y	Amount <b>234.85</b>
Address <b>1783 Brittain Rd</b>			Purpose <b>Golf Outing Signs</b>			
City <b>Akron</b>		State <b>O H</b>	Zip Code <b>44310</b>		Check Number <b>1250</b>	
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code		Check Number	
		<b>O H</b>				
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code		Check Number	
		<b>O H</b>				
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	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.