

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CUYAHOGA FALLS DEMOCRATIC CLUB						Registration Number, if PAC				
Full Name of Candidate										
Street Address 2467 23 Rd Street					Office Sought		District			
City CUYAHOGA FALLS					State OH	Zip Code 44223				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July		August		September		Termination		Semiannual	
	Monthly		Monthly		Monthly				X	
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 0 6	D 3 0	Y 1 7

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	\$ 4,112.81
2. Total monetary contributions (From Form No. 31-A)	\$ 860.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 4,972.81
5. Total monetary expenditures (From Form No. 31-B)	\$ 539.39
6. Balance on hand (line 4 minus line 5)	\$ 4,433.42
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 100.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

#1043
 AKRON, OH
 2017 JUL 25 PM 2:01

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 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.

Meika Penta, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

7/22/17

Date

Contribution pages <u>5</u>

Expenditure pages <u>1</u>

Other pages <u>0</u>

Total pages <u>6</u>

Statement of Contributions Received

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Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor LESLIE FRANK				Registration Number, if PAC		
Street Address 49 ORRVILLE AVE		Employer/Occupation/Labor Organization* PROGRAM SPEC./SUMMIT DD			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor ANTHONY GOMEZ				Registration Number, if PAC		
Street Address 3070 9TH STREET		Employer/Occupation/Labor Organization* DEPUTY CLERK/CITY OF STOW MUNI CO			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor DENISE HORNING				Registration Number, if PAC		
Street Address 80 PADDISON AVENUE		Employer/Occupation/Labor Organization* PARALEGAL/BOVENINGTON LAW			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 0	Amount 25.00
Full Name of Contributor PATRICK HORNING				Registration Number, if PAC		
Street Address 80 PADDISON AVENUE		Employer/Occupation/Labor Organization* ACCOUNTANT/SELF EMPLOYED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 0	Amount 25.00
Full Name of Contributor DIANA COLAVECCHIO				Registration Number, if PAC		
Street Address 3414 HAGGARTY WAY		Employer/Occupation/Labor Organization* STOW CLERK OF COURT/ CITY OF STOW			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 1	Amount 25.00
Full Name of Contributor PAUL COLAVECCHIO				Registration Number, if PAC		
Street Address 3414 HAGGARTY WAY		Employer/Occupation/Labor Organization* CUY. FALLS CITY COUNCIL MEMBER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 1	Amount 25.00
Full Name of Contributor MEIKA PENTA				Registration Number, if PAC		
Street Address 2467 23RD STREET		Employer/Occupation/Labor Organization* VIVIAL/FINANCE REP			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 1	Amount 25.00
Full Name of Contributor MIKE PENTA				Registration Number, if PAC		
Street Address 2467 23RD STREET		Employer/Occupation/Labor Organization* LQ MANAGEMENT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 2	Y 1	Amount 25.00

* 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 Contributions Received

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Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor DON WALTERS				Registration Number, if PAC		
Street Address 3395 PENDLETON STREET		Employer/Occupation/Labor Organization* MAYOR OF CUYAHOGA FALLS			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 2	Y 1 6 1 7
						Amount 50.00
Full Name of Contributor MONICA EARLY				Registration Number, if PAC		
Street Address 3460 RIVER ROCK DRIVE		Employer/Occupation/Labor Organization* INSURANCE AGENT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 2	Y 1 6 1 7
						Amount 25.00
Full Name of Contributor MATT WEISS				Registration Number, if PAC		
Street Address 1774 23RD STREET		Employer/Occupation/Labor Organization* RIGHT BRAIN DESIGN GROUP			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 2	Y 1 6 1 7
						Amount 25.00
Full Name of Contributor STEPHANIE WEISS				Registration Number, if PAC		
Street Address 1774 23RD STREET		Employer/Occupation/Labor Organization* RN TRANSITION CARE COACH			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 2	Y 1 6 1 7
						Amount 25.00
Full Name of Contributor JAMES DAVIS				Registration Number, if PAC		
Street Address 626 JAMES AVENUE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 2	Y 2 0 1 7
						Amount 25.00
Full Name of Contributor KATHLEEN ARTHUR				Registration Number, if PAC		
Street Address 2187 W. BATH ROAD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44313	M 0	D 3	Y 1 0 1 7
						Amount 25.00
Full Name of Contributor DAVID ARTHUR				Registration Number, if PAC		
Street Address 2187 W. BATH ROAD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44313	M 0	D 3	Y 1 0 1 7
						Amount 25.00
Full Name of Contributor JERRY JAMES				Registration Number, if PAC		
Street Address 2209 LIBERTY STREET		Employer/Occupation/Labor Organization* CUY. FALLS CITY COUNCIL MEMBER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 3	Y 1 0 1 7
						Amount 25.00

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Statement of Contributions Received

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Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor LISA KONIC					Registration Number, if PAC		
Street Address 412 LINCOLN AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor LORI CURRIE					Registration Number, if PAC		
Street Address 3301 ELMWOOD STREET		Employer/Occupation/Labor Organization* CHIEF DEPUTY/STOW MUNI COURT			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor SHELLEY GOODRICH					Registration Number, if PAC		
Street Address 2765 CEDAR HILL ROAD		Employer/Occupation/Labor Organization* TAX ADMINISTRATOR/CITY OF CF			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor RICHARD SEAGER					Registration Number, if PAC		
Street Address 3141 HIGHLAND DRIVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City SILVER LAKE VILLAGE	State O H	Zip Code 44224	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor KAREN SCHOFIELD					Registration Number, if PAC		
Street Address 2306 NORTHAVEN BLVD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor ROBERT MCCARTY					Registration Number, if PAC		
Street Address 611 WOODBROOK DRIVE		Employer/Occupation/Labor Organization* ATTY/SC JUVENILE COURT			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 3	Y 1	Amount 25.00	
Full Name of Contributor NATALIE SCOTT					Registration Number, if PAC		
Street Address 2886 REVERE DRIVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY PROS OFFICE			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 5	Y 1	Amount 10.00	
Full Name of Contributor BARBARA ROUDEBUSH					Registration Number, if PAC		
Street Address 71 MONROE AVENUE		Employer/Occupation/Labor Organization* DOG GROMMER/SELF EMPLOYED			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 5	Y 1	Amount 25.00	

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Statement of Contributions Received

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Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor BRADLEY LEBOEUF					Registration Number, if PAC		
Street Address 2340 19TH STREET			Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 5	Y 0 2 1 7	Amount 25.00
Full Name of Contributor MARIE HARVEY					Registration Number, if PAC		
Street Address 1323 CHESTNUT BLVD			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 5	Y 0 8 1 7	Amount 25.00
Full Name of Contributor STEVEN DEAK					Registration Number, if PAC		
Street Address 1831 BEACON HILL CIRCLE APT 14			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 5	Y 1 8 1 7	Amount 50.00
Full Name of Contributor JANET CIOTOLA					Registration Number, if PAC		
Street Address 163 RAVENSHOLLOW DRIVE			Employer/Occupation/Labor Organization* DEPUTY LAW DIRECTOR/CITY OF CF			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 5	Y 1 8 1 7	Amount 25.00
Full Name of Contributor STEFANIE DEDDO-EVANS					Registration Number, if PAC		
Street Address 1539 MERILINE STREET			Employer/Occupation/Labor Organization* ARTIST/SELF EMPLOYED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 5	Y 1 8 1 7	Amount 50.00
Full Name of Contributor MICHELLE BAKER					Registration Number, if PAC		
Street Address 518 NOTRE DAME AVENUE			Employer/Occupation/Labor Organization* DEPUTY CLERK/STOW MUNI COURT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 5	Y 1 8 1 7	Amount 25.00
Full Name of Contributor MICHAEL BRILLHART					Registration Number, if PAC		
Street Address 3455 HAGGARTY WAY			Employer/Occupation/Labor Organization* COTTAGE MUFFLER AND BRAKE			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 5	Y 1 8 1 7	Amount 25.00
Full Name of Contributor JOHN SCHMIDT					Registration Number, if PAC		
Street Address 1460 CURTIS AVENUE			Employer/Occupation/Labor Organization* SUMMIT COUNTY COUNCIL MEMBER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 5	Y 2 2 1 7	Amount 25.00

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB												
To Whom Paid SULLY'S TOOL AND PARTY RENTAL						M	D	Y	Amount			
						0	2	1	5	1	7	22.41
Address 3337 FORTUNA DRIVE			Purpose FOLDING CHAIR RENTAL									
City AKRON		State O	H	Zip Code 44312		Check Number DEBIT						
To Whom Paid STEVE DEAK						M	D	Y	Amount			
						0	5	1	8	1	7	111.98
Address 1831 BEACON HILL CIRCLE APT 14			Purpose REIMBURSEMENT FOR WEBSITE									
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Check Number 436						
To Whom Paid SUMMIT COUNT DEMOCRATIC PARTY						M	D	Y	Amount			
						0	6	1	5	1	7	300.00
Address 438 GRANT STREET			Purpose TWO TICKETS FOR FDR DINNER FOR N. SCOTT									
City AKRON		State O	H	Zip Code 44311		Check Number 438						
To Whom Paid PARKS AND REC OFFICE						M	D	Y	Amount			
						0	6	1	9	1	7	105.00
Address 2310 2ND STREET			Purpose RESERVATION FOR LIONS PARK LODGE									
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Check Number DEBIT						
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								

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB				
Full Name of Contributor MIKE PENTA		Employer, Occupation, Labor Organization * LQ MANAGEMENT		Registration Number, if PAC
Street Address 2467 23 RD STREET		Description of Item or Service FOLDING CHAIRS		M D Y Fair Market Value 0 3 1 5 1 7 100.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Received at Fundraising Event? YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? YES NO

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