

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Dealer Investment Group, Inc.						Registration Number, if PAC		
Full Name of Candidate								
Street Address 688 Wolf Ledges Pkwy					Office Sought		District	
City AKRON					State OH		Zip Code 44311	
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	Annual Year 2017			
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual 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	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 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	\$	2201.98
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	6.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2207.98
5. Total monetary expenditures (From Form No. 31-B)	\$	3.00
6. Balance on hand (line 4 minus line 5)	\$	2204.98
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

**OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS**

#1691
 AKRON, OHIO
 2017 JUL 31 AM 10:33

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.

Susie J. Anderson Deputy Treasurer Susie J. Anderson 7/31/17
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Dealer Investment Group Inc.									
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
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 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			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
Dealer Investment Group, Inc.							
Huntington Bank							
3770 Massillon Rd.		OH	44685	05	11	17	\$6.00
Uniontown				Form (Cash, Check, etc.)			
Deposit							
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
				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, 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 Dealer Investment Group, Inc.							
To Whom Paid Huntington Bank				M	D	Y	Amount \$3.00
Address 3790 Massillon Rd.		Purpose Service Charge					
City Uniontown		State OH	Zip Code 44685	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			
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			