

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|--|-----------------|---|-------------------|--|-----------------------------|--|--------------------------|---------------|---------------|---------------|
| Full Name of Committee Stow Republican Club PAC | | | | | | Registration Number, if PAC | | | | | |
| Full Name of Candidate | | | | | | | | | | | |
| Street Address 1316 Ritchie Rd | | | | | | Office Sought | | | District | | |
| City Stow | | | | | | State O H | | Zip Code 44224 | | | |
| Type of Report (place X to the left of report type) | | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | | July Monthly | | August Monthly | | September Monthly | | Termination | | X 2017 | |
| 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 1 | D 1 | Y 0 | Y 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 | \$ 1,691.05 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 680.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 0.00 |
| 4. Total funds available from all lines 1-3 | \$ 2,371.05 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 0.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ 2,371.05 |
| 7. Value of in-kind contributions received (From Form No. 31-J-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 | |

2017 JUL 27 AM 10:30
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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.

Rodney G. Armstrong (Treasurer)

Rodney G. Armstrong, Jr.
Signature

7/26/17
Date

Contribution pages **5**

Expenditure pages **0**

Other pages **0**

Total pages **5**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|--|-----------------------|---|---------------|-----------------------------|---|------------------------|
| Name of Committee in Full Stow Republican Club PAC | | | | | | | |
| Full Name of Contributor KEN SPAHR | | | | | Registration Number, if PAC | | |
| Street Address 3700 BUCKWORTH CT. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City STOW | | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 |
| Full Name of Contributor BRIAN LOWDERMILK | | | | | Registration Number, if PAC | | |
| Street Address 2536 SAMIRA RD. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City STOW | | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 |
| Full Name of Contributor ALEX BRYAN | | | | | Registration Number, if PAC | | |
| Street Address 4674 TRILLIUM DR. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City STOW | | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 |
| Full Name of Contributor MARY MUMPER | | | | | Registration Number, if PAC | | |
| Street Address 4242 HILE RD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City STOW | | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 15.00 |
| Full Name of Contributor BILL ROEMER | | | | | Registration Number, if PAC | | |
| Street Address 3616 SOUTHERN RD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City RICHFIELD | | State O H | Zip Code 44286 | M 0 | D 2 | Y 28 | Amount 15.00 |
| Full Name of Contributor ADAM MILLER | | | | | Registration Number, if PAC | | |
| Street Address 100 ALUMEDA AVE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | M 0 | D 2 | Y 28 | Amount 20.00 |
| Full Name of Contributor JIM IONA | | | | | Registration Number, if PAC | | |
| Street Address 330 HIWOOD AVE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City MUNROE FALLS | | State O H | Zip Code 44262 | M 0 | D 2 | Y 28 | Amount 15.00 |
| Full Name of Contributor MICHELLE TINGLEY | | | | | Registration Number, if PAC | | |
| Street Address 2445 WRENS DR. S. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City STOW | | State O H | Zip Code 44221 | M 0 | D 2 | Y 28 | Amount 15.00 |

* 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

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|---------------------------|-------|---|---|-----------------------------|--------------------------|--------|----|
| 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 | |
| Stow Republican Club PAC | | | | | | | |
| STEVE MURPHY | | | | | | | |
| 2561 ASHDALE DR | | | | | CASH | | |
| TWINSBURG | O H | 44087 | 0 | 2 | 2 | 8 | 17 |
| LINDA ANDERSON | | | | | | | |
| 4079 HUMMINGBIRD TR | | | | | CASH | | |
| STOW | O H | 44224 | 0 | 2 | 2 | 8 | 17 |
| BOB ADASKA | | | | | | | |
| 645 TREESIDE DR | | | | | CASH | | |
| STOW | O H | 44224 | 0 | 2 | 2 | 8 | 17 |
| DEBRA COSTA | | | | | | | |
| 1876-B HIGBY DR | | | | | CASH | | |
| STOW | O H | 44224 | 0 | 2 | 2 | 8 | 17 |
| DEB CARROLL | | | | | | | |
| 313 TIMBER RIDGE | | | | | CASH | | |
| CUYAHOGA FALLS | O H | 44223 | 0 | 2 | 2 | 8 | 17 |
| DAVE COLLIN | | | | | | | |
| 620 OAKVIEW | | | | | CASH | | |
| MACEDONIA | O H | 44056 | 0 | 2 | 2 | 8 | 17 |
| JOHN WYSMIERSKI | | | | | | | |
| 3993 BAUMBERGER RD | | | | | CASH | | |
| STOW | O H | 44224 | 0 | 2 | 2 | 8 | 17 |
| DON BETTIO | | | | | | | |
| 4155 OSAGE ST | | | | | CHECK | | |
| STOW | O H | 44224 | 0 | 2 | 2 | 8 | 17 |

* 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 Stow Republican Club PAC | | | | | | | |
| Full Name of Contributor WILLIAM GORDON DEAN | | | | | Registration Number, if PAC | | |
| Street Address 1308 GOLDFINCH TRL | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 25.00 | |
| Full Name of Contributor VAUGHN LICHTENFELS | | | | | Registration Number, if PAC | | |
| Street Address 3737 SANFORD DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 15.00 | |
| Full Name of Contributor DAVID TOWNSEND | | | | | Registration Number, if PAC | | |
| Street Address 3289 SUFFOLK DOWNS | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 | |
| Full Name of Contributor LARRY KINNAN | | | | | Registration Number, if PAC | | |
| Street Address 2962 RIDGELINE RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 | |
| Full Name of Contributor REBECCA ARMSTRONG | | | | | Registration Number, if PAC | | |
| Street Address 2821 10TH STREET | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City CUYAHOGA FALLS | State O H | Zip Code 44221 | M 0 | D 2 | Y 28 | Amount 20.00 | |
| Full Name of Contributor KEVIN COOK | | | | | Registration Number, if PAC | | |
| Street Address 201 HAMPSHIRE RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City AKRON | State O H | Zip Code 44313 | M 0 | D 2 | Y 28 | Amount 15.00 | |
| Full Name of Contributor RUSSELL IONA | | | | | Registration Number, if PAC | | |
| Street Address 675 DOMINIC DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City CUYAHOGA FALLS | State O H | Zip Code 44223 | M 0 | D 2 | Y 28 | Amount 15.00 | |
| Full Name of Contributor LINDSAY KUHN BLAIR | | | | | Registration Number, if PAC | | |
| Street Address 5317 EAST BLVD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City CANTON | State O H | Zip Code 44718 | M 0 | D 2 | Y 28 | Amount 15.00 | |

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Statement of Contributions Received

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| | | | | | | | |
|--|-----------------------|---|---------------|---------------|--|------------------------|--|
| Name of Committee in Full Stow Republican Club PAC | | | | | | | |
| Full Name of Contributor DAVID DREW | | | | | Registration Number, if PAC | | |
| Street Address 5397 PARK VISTA CT | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 15.00 | |
| Full Name of Contributor CHARLES R. AULT SR. | | | | | Registration Number, if PAC | | |
| Street Address 2076 STONE BRIDGE CROSSING | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 | |
| Full Name of Contributor KATHY ARMSTRONG | | | | | Registration Number, if PAC | | |
| Street Address 1316 RITCHIE RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 2 | Y 28 | Amount 20.00 | |
| Full Name of Contributor BARRY HOWDYSELL | | | | | Registration Number, if PAC | | |
| Street Address 1203 LEXINGTON AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City AKRON | State O H | Zip Code 44310 | M 0 | D 3 | Y 07 | Amount 20.00 | |
| Full Name of Contributor JOANNE GROSS | | | | | Registration Number, if PAC | | |
| Street Address 4651 GRAFORD LANE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 3 | Y 07 | Amount 15.00 | |
| Full Name of Contributor SONJA GIUFFRIDA | | | | | Registration Number, if PAC | | |
| Street Address 2539 CELIA DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 3 | Y 07 | Amount 20.00 | |
| Full Name of Contributor MIKE RASOR | | | | | Registration Number, if PAC | | |
| Street Address 4312 EAGLE AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 3 | Y 07 | Amount 20.00 | |
| Full Name of Contributor JOHN MIHELICK | | | | | Registration Number, if PAC | | |
| Street Address 2292 LYNWOOD DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 | D 3 | Y 07 | Amount 20.00 | |

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| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|---|------------------------|--|
| Name of Committee in Full Stow Republican Club PAC | | | | | | | |
| Full Name of Contributor ANDREA BARNES | | | | | Registration Number, if PAC | | |
| Street Address 3363 BARNES SANDELWOOD LN | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City CUYAHOGA FALLS | State O H | Zip Code 44223 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor MATT LYNCH | | | | | Registration Number, if PAC | | |
| Street Address 17392 SUGAR HILL TR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City CHAGRIN FALLS | State O H | Zip Code 44023 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor BERNIE SCHEIDLER | | | | | Registration Number, if PAC | | |
| Street Address 3705 BUCKWORTH CT | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor JESSICA WRIGHT | | | | | Registration Number, if PAC | | |
| Street Address 3073 BAILEY RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City CUYAHOGA FALLS | State O H | Zip Code 44221 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor KRISTINA ROEGNER | | | | | Registration Number, if PAC | | |
| Street Address 1556 HINES HILL RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City HUDSON | State O H | Zip Code 44236 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor WAYNE DARLINGTON | | | | | Registration Number, if PAC | | |
| Street Address 995 EASTLINE AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City AKRON | State O H | Zip Code 44305 | M 0 3 | D 2 7 | Y 1 7 | Amount 15.00 | |
| Full Name of Contributor GARY PASKY | | | | | Registration Number, if PAC | | |
| Street Address 4175 MARIBEND DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | | |
| City STOW | State O H | Zip Code 44224 | M 0 5 | D 0 3 | Y 1 7 | Amount 15.00 | |
| 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 | |

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