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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>South Summit Democratic Club</b>							Registration Number, if PAC			
Full Name of Candidate										
Street Address <b>235 Lake Front Dr</b>					Office Sought			District		
City <b>Akron</b>					State <b>OH</b>		Zip Code <b>44319</b>			
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	<b>X</b>	<b>2017</b>	
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(F) for details.

1. Amount brought forward from last report	\$	<b>24.88</b>
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>24.88</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	
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	\$	

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 JUL 31 AM 11:14

AKRON, OHIO

#1166 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

**Catherine A Stoyoff, Treasurer**

*Catherine A Stoyoff*

**7/30/17**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>South Summit Democratic Club</b>							
Full Name of Contributor <b>Tavia Galonski</b>					Registration Number, if PAC		
Street Address <b>1137 Allendale Ave</b>		Employer/Occupation/Labor Organization* <b>State of Ohio</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44306</b>	M <b>0</b>	D <b>4</b>	Y <b>1   9   1   7</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Robert McCarty</b>					Registration Number, if PAC		
Street Address <b>611 Woodbrook</b>		Employer/Occupation/Labor Organization* <b>Summit County</b>			Form (Cash, Check, etc.) <b>Check #9796</b>		
City <b>Cuyahoga Falls</b>	State <b>O   H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>4</b>	Y <b>1   9   1   7</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Terry Avant</b>					Registration Number, if PAC		
Street Address <b>1066 Belleview Ave</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Barberton</b>	State <b>O   H</b>	Zip Code <b>44203</b>	M <b>0</b>	D <b>4</b>	Y <b>1   9   1   7</b>	Amount <b>20.00</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 <b>South Summit Democratic Club</b>												
To Whom Paid <b>The Huntington National Bank</b>						M	D	Y	Amount			
						0	6	1	5	1	7	3.00
Address <b>PO Box 1558 EA1W37</b>				Purpose <b>Statement Charge</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43216-1558</b>		Check Number <b>Debit</b>						
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						