

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE-JUDICIAL</b>						Registration Number, if PAC	
Full Name of Candidate							
Street Address <b>438 GRANT ST</b>				Office Sought		District	
City <b>AKRON</b>				State <b>OH</b>		Zip Code <b>44311</b>	
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	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Semiannual 2017		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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.

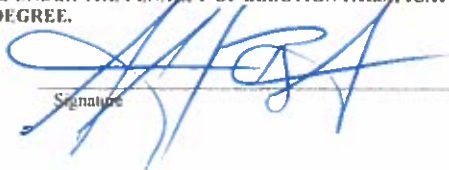
1. Amount brought forward from last report	\$	\$185.13
2. Total monetary contributions (From Form No. 31-A)	\$	\$10,400.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$10,585.13
5. Total monetary expenditures (From Form No. 31-B)	\$	\$687.50
6. Balance on hand (line 4 minus line 5)	\$	\$9,897.63
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)	\$	\$24,500.00
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.	\$	

# 1026 BAR  
AKRON, OH IO  
2017 JUL 20 AM 10:32

**OFFICIAL COPY  
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.

Christopher Grimm, Treasurer



07/11/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 3

Expenditure pages 2

Other pages 2

Total pages 7

Pg 2

**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

SUBSTITUTE FORM 31-A

20-Apr Arcadis U.S. PAC	Check	\$ 500.00
Funds from Form 31-A	Event date 6/22/2017	\$ 9,900.00
		<hr/>
		\$ 10,400.00

**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

SUBSTITUTE FORM 31-A

22-Jun Anita Davis	Check	\$	100.00
22-Jun Edward Clupper III	Check	\$	100.00
22-Jun Kimberly Rice	Check	\$	100.00
22-Jun Jack Manos	Check	\$	100.00
22-Jun Terri Burns	Check	\$	100.00
22-Jun Stephanie Carothers	Check	\$	100.00
22-Jun Christine Higham	Check	\$	200.00
22-Jun Robert McDowell Jr.	Check	\$	100.00
22-Jun Sharon Robinson	Check	\$	100.00
22-Jun Danielle Burnette	Check	\$	100.00
22-Jun Heastyher Yannayon	Check	\$	100.00
22-Jun David Nott	Check	\$	100.00
22-Jun Vonda Johnson	Check	\$	100.00
22-Jun Brian Clark	Check	\$	100.00
22-Jun John Kinsey	Check	\$	100.00
22-Jun David Gerraghty	Check	\$	100.00
22-Jun Deniela Williams	Check	\$	100.00
22-Jun Frances Ladd	Check	\$	100.00
22-Jun Robert Hollis	Check	\$	100.00
22-Jun Frank Comunale	Check	\$	100.00
22-Jun Lisa McGonigal	Check	\$	100.00
22-Jun Holly Miller	Check	\$	100.00
22-Jun Lori Pesci	Check	\$	100.00
22-Jun Lisa Martino	Check	\$	100.00
22-Jun Carol Chimera	Check	\$	100.00
22-Jun Dean Fullerton	Check	\$	100.00
22-Jun David Kish	Check	\$	100.00
22-Jun John Rutecki	Check	\$	100.00
22-Jun Stephen Zimmerman	Check	\$	100.00
22-Jun Ross Nicholson	Check	\$	100.00
22-Jun Joan Goff	Check	\$	100.00
22-Jun Jason Halloran	Check	\$	100.00
22-Jun Friends of Bravo	Check	\$	150.00
22-Jun Heather Licata	Check	\$	150.00
22-Jun Debra Matz	Check	\$	150.00
22-Jun Leonard Foster	Check	\$	100.00
22-Jun Kelli Head	Check	\$	100.00
22-Jun Robert Gippin	Check	\$	600.00
22-Jun Mark Manning	Check	\$	300.00
22-Jun Shelly Goodrich	Check	\$	150.00
22-Jun Sandra Laurenson	Check	\$	150.00
22-Jun Linda Omobien	Check	\$	150.00
22-Jun John Moore	Check	\$	150.00

Total this page \$ 5,450.00

**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

Pg 4

SUBSTITUTE FORM 31-A

22-Jun Committee to elect Marilyn Keith	Check	\$	150.00
22-Jun Josie McCowin	Check	\$	25.00
22-Jun Matthew Dickinson	Check	\$	150.00
22-Jun Dale White	Check	\$	150.00
22-Jun David Petty	Check	\$	800.00
22-Jun Karen Fritschel	Check	\$	150.00
22-Jun Lisa Mansfield	Check	\$	150.00
22-Jun Kaitlin Baily	Check	\$	150.00
22-Jun Valorie McKitrick	Check	\$	300.00
22-Jun Bryan Hoffman	Check	\$	150.00
22-Jun Sharon Weitenhof	Check	\$	150.00
22-Jun Joshua Cavalier	Check	\$	150.00
22-Jun Sara Kline	Check	\$	125.00
22-Jun Larry Diemand	Check	\$	150.00
22-Jun Sara Leedmasn	Check	\$	150.00
22-Jun John Cavalier	Check	\$	150.00
22-Jun Tavia Galonski	Check	\$	150.00
22-Jun Richard Hazlett	Check	\$	150.00
22-Jun Alan Canfora	Check	\$	150.00
22-Jun Jacob Ochsenhirt	Check	\$	50.00
22-Jun Diane Sheridan	Check	\$	150.00
22-Jun Denise Randle	Check	\$	200.00
22-Jun Mary Jones	Check	\$	250.00
22-Jun John Freund	Check	\$	300.00
			<hr/>
	Total this page		\$ 4,450.00
	Total fundraiser event		\$ 9,900.00

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMITR COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL</b>														
From Whom Received <b>WAYNE JONES</b>							Prior Amount <b>\$24,500.00</b>			Amt. Incurred this Period				
Address <b>1407 SAND RUN RD</b>										Outstanding Balance <b>\$24,500.00</b>				
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M D		Y		M D Y		\$		M D Y		\$		
1 0		2 7		1 2										
Registration Number, if PAC							M D Y				M D Y			
Employer/Occupation/Labor Organization*							M D Y				M D Y			
From Whom Received							Prior Amount			Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period				Payments This Period				
		OH				Date		Amount		Date		Amount		
Date Loan was originally Incurred		M D		Y		M D Y		\$		M D Y		\$		
Registration Number, if PAC							M D Y				M D Y			
Employer/Occupation/Labor Organization*							M D Y				M D Y			
From Whom Received							Prior Amount			Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period				Payments This Period				
		OH				Date		Amount		Date		Amount		
Date Loan was originally Incurred		M D		Y		M D Y		\$		M D Y		\$		
Registration Number, if PAC							M D Y				M D Y			
Employer/Occupation/Labor Organization*							M D Y				M D Y			

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$24,500.00

<sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \$24,500.00 (To Form No. 30-A)

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Summit County Democratic Executive Committee - Judicial									
To Whom Paid						M	D	Y	Amount
Expenditures from form 31-F									\$687.50
Address			Purpose						
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									
To Whom Paid						M	D	Y	Amount
Address									
Purpose									
City		State	Zip Code		Check Number				
OH									

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL</b>												
To Whom Paid <b>GREYSTONE HALL</b>						M	D	Y	Amount			
						0	6	2	8	1	7	\$687.50
Address <b>103 S. HIGH ST</b>				Purpose <b>HALL RENTAL</b>								
City <b>AKRON</b>				State <b>OH</b>	Zip Code <b>44308</b>		Check Number <b>748</b>					
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						

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.