

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee SUMMITPAC						Registration Number, if PAC COUNTY ONLY					
Full Name of Candidate N/A											
Street Address 863 N. CLEVELAND MASSILLON ROAD						Office Sought N/A			District N/A		
City AKRON						State OH		Zip Code 44333			
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 checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0	7	3	1	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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(II) for details.

1. Amount brought forward from last report	\$	\$3,259.86
2. Total monetary contributions (From Form No. 31-A)	\$	\$14,625.32
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$17,885.18
5. Total monetary expenditures (From Form No. 31-B)	\$	\$8,099.00
6. Balance on hand (line 4 minus line 5)	\$	\$6,526.32
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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.	\$	\$0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JUL 31 AM 11:28

AKRON, OHIO

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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.

STEVEN FANNIN, TREASURER

07/31/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages **5**

Expenditure pages **2**

Other pages **36**

Total pages **43**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
SUMMITPAC											
To Whom Paid							M	D	Y	Amount	
CONCENTRIC DIRECT LLC							0	1	13	17	\$3,000.00
Address				Purpose							
2056 E 4th St. Suite 602				Hired Concentric Direct for Executive Director Services							
City		State		Zip Code		Check Number					
Cleveland		OH		44115		132					
To Whom Paid							M	D	Y	Amount	
CONCENTRIC DIRECT LLC							0	2	07	17	\$899.00
Address				Purpose							
2056 E 4TH ST SUITE 602				Purchase of donor and fundraising list of information							
City		State		Zip Code		Check Number					
CLEVELAND		OH		44115		133					
To Whom Paid							M	D	Y	Amount	
ENI Multimedia LLC							0	2	07	17	\$100.00
Address				Purpose							
2250 LYNWOOD DRIVE				WEBSITE UPKEEP FEE							
City		State		Zip Code		Check Number					
STOW		OH		44224		134					
To Whom Paid							M	D	Y	Amount	
ENI MULTIMEDIA LLC							0	2	07	17	\$100.00
Address				Purpose							
2250 LYNWOOD DRIVE				WEBSITE UPKEEP							
City		State		Zip Code		Check Number					
STOW		OH		44224		135					
To Whom Paid							M	D	Y	Amount	
ENI MULTIMEDIA LLC							0	2	07	17	\$100.00
Address				Purpose							
2250 LYNWOOD DRIVE				WEBSITE UPKEEP							
City		State		Zip Code		Check Number					
STOW		OH		44224		136					
To Whom Paid							M	D	Y	Amount	
ENI MULTIMEDIA LLC							0	3	01	17	\$100.00
Address				Purpose							
2250 LYNWOOD AVENUE				WEBSITE UPKEEP							
City		State		Zip Code		Check Number					
STOW		OH		44224		137					
To Whom Paid							M	D	Y	Amount	
CONCENTRIC DIRECT LLC							0	4	18	17	\$3,700.00
Address				Purpose							
2056 E 4TH ST SUITE 602				FOR EXECUTIVE DIRECTOR SERVICES							
City		State		Zip Code		Check Number					
CLEVELAND		OH		44115		138					
To Whom Paid							M	D	Y	Amount	
ENI MULTIMEDIA LLC							0	4	18	17	\$100.00
Address				Purpose							
2250 LYNWOOD DRIVE				WEBSITE UPKEEP							
City		State		Zip Code		Check Number					
STOW		OH		44224		139					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SUMMITPAC												
To Whom Paid THE HILTON INNS AND SUITES AKRON/FAIRLAWN						M	D	Y	Amount			
						0	5	0	1	1	7	\$761.08
Address 3180 W. MARKET STREET				Purpose RENTAL FEE FOR FUNDRAISER								
City AKRON		State OH		Zip Code 44333		Check Number 180						
To Whom Paid ENI MULTIMEDIA LLC						M	D	Y	Amount			
						0	5	0	1	1	7	\$100.00
Address 2250 LYNWOOD AVENUE				Purpose WEBSITE UPKEEP								
City STOW		State OH		Zip Code 44224		Check Number 179						
To Whom Paid AMY SCHWANN						M	D	Y	Amount			
						0	5	2	3	1	7	\$26.69
Address 142 WESTOVER DRIVE				Purpose EXPENSED COST OF NAME TAGS FOR BOARD MEMBERS								
City AKRON		State OH		Zip Code 44313		Check Number 141						
To Whom Paid AMY SCHWANN						M	D	Y	Amount			
						0	5	2	3	1	7	\$232.29
Address 142 WESTOVER DRIVE				Purpose EXPENSED COST OF SIGN AND PROMOTIONAL MATERIAL								
City AKRON		State OH		Zip Code 44313		Check Number 140						
To Whom Paid ENI MULTIMEDIA LLC						M	D	Y	Amount			
						0	6	0	1	1	7	\$100.00
Address 2250 LYNWOOD AVENUE				Purpose WEBSITE UPKEEP								
City AKRON		State OH		Zip Code 44224		Check Number 181						
To Whom Paid						M	D	Y	Amount			
Address												
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State OH		Zip Code		Check Number						

Independent Expenditures Made by Individuals, Partnerships or Other Entities*

Prescribed by Secretary of State 07/05

Name of Individual, Partnership or Other Entity None											
Street Address											
City				State OH		Zip Code					
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	
	<input type="checkbox"/>	M	<input type="checkbox"/>	D	<input type="checkbox"/>	Y	<input type="checkbox"/>	Pre-Special	<input type="checkbox"/>	Post-Special	<input type="checkbox"/>

Candidate or Ballot Issue None				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought				
To Whom Paid										
Address				Purpose		M	D	Y	Amount	
City				State OH		Zip Code				
Candidate or Ballot Issue None				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought				
To Whom Paid										
Address				Purpose		M	D	Y	Amount	
City				State OH		Zip Code				
Candidate or Ballot Issue None				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought				
To Whom Paid										
Address				Purpose		M	D	Y	Amount	
City				State OH		Zip Code				

*Other Entities do not include corporations, labor organizations, campaign committees, legislative campaign funds, PACs, political contributing entities (PCEs) or political parties.

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Signature Date

Print Name (and Title, if applicable)

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMIT PAC							
Full Name of Contributor Steven Albrecht						Registration Number, if PAC N/A	
Street Address 208 Overwood Road			Employer/Occupation/Labor Organization* Albrecht, Inc.			Form (Cash, Check, etc.) check	
City Akron		State OH	Zip Code 44313		M 0	D 1	Y 17
							Amount \$12,500.00
Full Name of Contributor John Ballard						Registration Number, if PAC N/A	
Street Address 175 Overwood Road			Employer/Occupation/Labor Organization* Self employed			Form (Cash, Check, etc.) check	
City Akron		State OH	Zip Code 44313		M 1	D 0	Y 17
							Amount \$1,000.00
Full Name of Contributor Gayle M. Herrington						Registration Number, if PAC N/A	
Street Address 343 W. Bramble Circle			Employer/Occupation/Labor Organization* self			Form (Cash, Check, etc.) check	
City Copley		State OH	Zip Code 44321		M 0	D 4	Y 17
							Amount \$50.00
Full Name of Contributor Michael J. Berry						Registration Number, if PAC N/A	
Street Address 5245 Towbridge Drive			Employer/Occupation/Labor Organization* self			Form (Cash, Check, etc.) check	
City Hudson		State OH	Zip Code 44236		M 0	D 4	Y 17
							Amount \$50.16
Full Name of Contributor John R. Sans						Registration Number, if PAC N/A	
Street Address 355 Storer Avenue			Employer/Occupation/Labor Organization* BASF			Form (Cash, Check, etc.) check	
City Akron		State OH	Zip Code 44302		M 0	D 4	Y 17
							Amount \$25.00
Full Name of Contributor Jeffry Ashley						Registration Number, if PAC N/A	
Street Address 4367 Hammontree Circle			Employer/Occupation/Labor Organization* State Farm			Form (Cash, Check, etc.) online	
City Stow		State OH	Zip Code 44224		M 0	D 4	Y 17
							Amount \$25.00
Full Name of Contributor Stephan Linek						Registration Number, if PAC N/A	
Street Address PO Box 74			Employer/Occupation/Labor Organization* self			Form (Cash, Check, etc.) online	
City Bath		State OH	Zip Code 44219		M 0	D 4	Y 17
							Amount \$25.00
Full Name of Contributor Timothy H. Sisler						Registration Number, if PAC N/A	
Street Address 3516 Torrey Pines Drive			Employer/Occupation/Labor Organization* self			Form (Cash, Check, etc.) check	
City Fairlawn		State OH	Zip Code 44333		M 0	D 4	Y 17
							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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC							
Full Name of Contributor DAPHNE J STURKEY						Registration Number, if PAC N/A	
Street Address 1844 SACKETT HILLS DRIVE			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor CATHY CONLON						Registration Number, if PAC N/A	
Street Address 369 SANDHURST ROAD			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CASH	
City AKRON		State OH	Zip Code 44333	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor ALEX PARLOTT						Registration Number, if PAC N/A	
Street Address 710 DELAWARE AVENUE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) ONLINE	
City AKRON		State OH	Zip Code 44303	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor DONALD ROBART						Registration Number, if PAC N/A	
Street Address 1745 CALVERT DRIVE			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS		State OH	Zip Code 44223	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor JUDITH GERDES						Registration Number, if PAC N/A	
Street Address 1009 BARKER DRIVE			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH	
City FAIRLAWN		State OH	Zip Code 44333	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor DONALD VARIAN JR						Registration Number, if PAC N/A	
Street Address 4700 GRANGER ROAD			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor CALEB ANDERSON						Registration Number, if PAC N/A	
Street Address 148 ANNE DALE AVENUE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CASH	
City AKRON		State OH	Zip Code 44304	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor KRISTEN MONROE						Registration Number, if PAC N/A	
Street Address 780 LAUREN LANE			Employer/Occupation/Labor Organization* THE MEDCALF MONROE AGENCY			Form (Cash, Check, etc.) ONLINE	
City TALLMADGE		State OH	Zip Code 44278	M 0	D 4	Y 2	Amount \$25.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC							
Full Name of Contributor EDDIE SIPPLEN					Registration Number, if PAC N/A		
Street Address 1320 SHANABROOK DRIVE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CASH	
City AKRON		State OH	Zip Code 44313	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor HARRIET C. CHAPMAN					Registration Number, if PAC N/A		
Street Address 320 HAMPSHIRE ROAD			Employer/Occupation/Labor Organization* KPMG			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor OHIO CHRISTIAN ALLIANCE					Registration Number, if PAC N/A		
Street Address PO BOX 3076			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44309	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor TOM WALTERMIRE					Registration Number, if PAC N/A		
Street Address 6 LAKE FRONT DRIVE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) ONLINE	
City GREEN		State OH	Zip Code 44319	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor ANTHONY SALEM					Registration Number, if PAC N/A		
Street Address 3565 ROBERT BURNS DRIVE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City RICHFIELD		State OH	Zip Code 44286	M 0	D 4	Y 2	Amount \$25.00
Full Name of Contributor GAYLE HERRINGTON					Registration Number, if PAC N/A		
Street Address 343 W. BRAMBLE CIRCLE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City COPLEY		State OH	Zip Code 44321	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor MICHAEL BERRY					Registration Number, if PAC N/A		
Street Address 5245 TOWBRIDGE DRIVE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City HUDSON		State OH	Zip Code 44236	M 0	D 4	Y 2	Amount \$50.16
Full Name of Contributor FREDERIC ALBRECHT					Registration Number, if PAC N/A		
Street Address 381 E. FAIRLAWN BLVD.			Employer/Occupation/Labor Organization* ALBRECHT INC.			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 0	D 5	Y 0	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC							
Full Name of Contributor CARLY STOCKBURGER						Registration Number, if PAC N/A	
Street Address 1882 COVENTRY STREET			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) ONLINE	
City AKRON		State OH	Zip Code 44301		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor SUSAN HALE						Registration Number, if PAC N/A	
Street Address 707 N. HIDDENVALLEY STREET			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CASH	
City AKRON		State OH	Zip Code 44223		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor TOM HALE						Registration Number, if PAC N/A	
Street Address 707 N. HIDDENVALLEY STREET			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH	
City AKRON		State OH	Zip Code 44223		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor DANIEL KOHLER						Registration Number, if PAC N/A	
Street Address 1026 ROBINWOOD HILLS DRIVE			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) ONLINE	
City AKRON		State OH	Zip Code 44333		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor CARLTON RAMSEY						Registration Number, if PAC N/A	
Street Address 203 17TH STREET NW			Employer/Occupation/Labor Organization* THIRD FEDERAL BANK			Form (Cash, Check, etc.) CASH	
City BARBERTON		State OH	Zip Code 44203		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor ROB MALONE						Registration Number, if PAC N/A	
Street Address 687 SUNNYSIDE AVENUE			Employer/Occupation/Labor Organization* BUCKINGHAM, DOOLITTLE & BURROUGHS			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44303		M 0	D 4	Y 2617
							Amount \$25.00
Full Name of Contributor DONALD BROTT						Registration Number, if PAC N/A	
Street Address 1876 RABER ROAD			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN		State OH	Zip Code 44685		M 0	D 4	Y 2617
							Amount \$100.00
Full Name of Contributor ROBERT L KEENER						Registration Number, if PAC N/A	
Street Address 400 W FAIRLAWN BLVD			Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313		M 0	D 4	Y 2617
							Amount \$25.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC								
Full Name of Contributor ETHEL SEIBERLING FOX					Registration Number, if PAC N/A			
Street Address 600 LAYFAYETTE CIRCLE			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44303	M 0	D 4	Y 2	Amount \$100.00	
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						
Full Name of Contributor								
Street Address					Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount	
		OH						

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full SUMMITPAC						
Full Name NONE				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					

* 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.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC				
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full				
SUMMITPAC				
Recipient Committee				
NONE				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			
Recipient Committee				
Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code			
	OH			

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee SUMMITPAC							
To Whom Owed NONE				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te OH	Zip Code		Payments This Period		
					Date	Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y \$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed NONE				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te OH	Zip Code		Payments This Period		
					Date	Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y \$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed NONE				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te OH	Zip Code		Payments This Period		
					Date	Amount	
Date Debt was originally Incurred		M	D	Y	M	D	Y \$
Registration Number, if PAC				M	D	Y	
				M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$0.00 (also record on cover page)

Independent Expenditures Made by a Campaign Committee, PAC, Political Contributing Entity, Political Party or Legislative Campaign Fund

Prescribed by Secretary of State 07/05

Name of Committee in Full SUMMITPAC							
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			