

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

2017 JUL 1
 #1102 AVC
 CUYAHOGA COUNTY
 BOARD OF ELECTIONS

Full Name of Committee Support Summit DD						Registration Number, if PAC				
Full Name of Candidate										
Street Address 2355 Second St					Office Sought		District			
City Cuyahoga Falls					State O H		Zip Code 44221			
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		Semiannual 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	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(H) for details.

1. Amount brought forward from last report	\$ 177,456.23
2. Total monetary contributions (From Form No. 31-A)	\$ 28,750.00
3. Total other income (From Form No. 31-A-2)	\$ 80.03
4. Total funds available (sum of lines 1, 2, 3)	\$ 206,286.26
5. Total monetary expenditures (From Form No. 31-B)	\$ 10,742.64
6. Balance on hand (line 4 minus line 5)	\$ 195,543.62
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	\$

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

Mira Pozna, Treasurer _____ Signature _____ Date **7/14/17**

Contribution pages <u>3</u>	Expenditure pages <u>3</u>	Other pages <u>1</u>	Total pages <u>8</u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD						
Full Name of Contributor Koininia Homes, Inc.				Registration Number, if PAC		
Street Address 6161 Oak Tree Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Independence	State O H	Zip Code 44131	M 0	D 6	Y 2 1 1 7	Amount 700.00
Full Name of Contributor Ardmore, Inc.				Registration Number, if PAC		
Street Address 981 E. Market St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44305	M 0	D 6	Y 2 1 1 7	Amount 1,300.00
Full Name of Contributor Weaver Industries				Registration Number, if PAC		
Street Address 520 S Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44311	M 0	D 6	Y 2 1 1 7	Amount 2,500.00
Full Name of Contributor Viaquest, Inc.				Registration Number, if PAC		
Street Address 525 Metro Place N, Ste 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bublin	State O H	Zip Code 43017	M 0	D 6	Y 2 1 1 7	Amount 7,000.00
Full Name of Contributor Sattler Machine Products, Inc.				Registration Number, if PAC		
Street Address 405 Snoe Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44319	M 0	D 6	Y 0 9 1 7	Amount 200.00
Full Name of Contributor United Disability Services				Registration Number, if PAC		
Street Address 701 South Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44311	M 0	D 6	Y 2 1 1 7	Amount 3,500.00
Full Name of Contributor Doyle Medical				Registration Number, if PAC		
Street Address 1397 Commerce Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Stow	State O H	Zip Code 44224	M 0	D 6	Y 0 9 1 7	Amount 200.00
Full Name of Contributor Personal Research & Development Co. DBA PRADCO				Registration Number, if PAC		
Street Address 178 E Washington St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chagrin Falls	State O H	Zip Code 44022	M 0	D 6	Y 2 3 1 7	Amount 700.00

* 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)]

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Name of Committee in Full Support Summit DD						
Full Name of Contributor Wichert Insurance Services Inc				Registration Number, if PAC		
Street Address 1200 Graham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44224	M 0	D 6	Y 2 0 1 6	Amount 2,800.00
Full Name of Contributor Marcia Erickson				Registration Number, if PAC		
Street Address 17412 Schenely Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Cleveland	State O H	Zip Code	M 0	D 5	Y 2 5 1 7	Amount 200.00
Full Name of Contributor Charlotte Morris				Registration Number, if PAC		
Street Address 640 W Market St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Akron	State O H	Zip Code 44303	M 0	D 5	Y 3 0 1 7	Amount 600.00
Full Name of Contributor Midwest Health Services, Inc.				Registration Number, if PAC		
Street Address 107 Tommy Henrich Dr NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Massillon	State O H	Zip Code 44647	M 0	D 6	Y 1 2 1 7	Amount 3,500.00
Full Name of Contributor Rosemary Hydu				Registration Number, if PAC		
Street Address 9956 Fay Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Wadsworth	State O H	Zip Code	M 0	D 6	Y 1 6 1 7	Amount 600.00
Full Name of Contributor Suzanne Campana				Registration Number, if PAC		
Street Address 4291 Gladden Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Medina	State O H	Zip Code 44256	M 0	D 6	Y 1 6 1 7	Amount 600.00
Full Name of Contributor Russell DuPlain				Registration Number, if PAC		
Street Address 3356 Suffolk Downs		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Stow	State O H	Zip Code 44224	M 0	D 6	Y 1 6 1 7	Amount 600.00
Full Name of Contributor Jennifer Bako				Registration Number, if PAC		
Street Address 570 E Waterloo Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Akron	State O H	Zip Code 44319	M 0	D 6	Y 1 9 1 7	Amount 200.00

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Statement of Contributions Received

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Name of Committee in Full Support Summit DD						
Full Name of Contributor REM-Ohio				Registration Number, if PAC		
Street Address 791 White Pond Dr., Suite B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Akron	State O H	Zip Code 44320	M 0	D 6	Y 2 3 1 7	Amount 3,500.00
Full Name of Contributor CaptureFit				Registration Number, if PAC		
Street Address 347 Hickory Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Berea	State O H	Zip Code 44017	M 0	D 6	Y 3 0 1 7	Amount 50.00
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
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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Support Summit DD						
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 1	Y 3 1 1 7	Amount 14.07
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 2	Y 2 8 1 7	Amount 12.70
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 3	Y 3 1 1 7	Amount 13.82
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 4	Y 3 0 1 7	Amount 13.00
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 5	Y 3 1 1 7	Amount 13.42
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name The Huntington National Bank			Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 6	Y 3 0 1 6	Amount 13.02
City Stow	State O H	44224	Form(Cash,Check,etc) Cash			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State		Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
	Type*		M	D	Y	Amount
City	State		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, place the letters 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 Support Summit DD							
To Whom Paid Yarwood Accounting, Inc.				M	D	Y	Amount
				0	5	1	400.00
Address 113 E Homestead St		Purpose Tax services					
City Medina		State OH	Zip Code 44256	Check Number 1075			
To Whom Paid USPS				M	D	Y	Amount
				0	5	1	110.00
Address North Ave		Purpose PO Box rental fee					
City Monroe Falls		State OH	Zip Code 44262	Check Number 1074			
To Whom Paid Billie Jo David				M	D	Y	Amount
				0	5	2	299.00
Address 812 Horseshoe Way		Purpose Reimb for website registration software					
City Avon Lake		State OH	Zip Code 44012	Check Number 1076			
To Whom Paid PayPal				M	D	Y	Amount
				0	5	2	6.10
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose		State CA	Zip Code 95131	Check Number Credit Card			
To Whom Paid PayPal				M	D	Y	Amount
				0	5	3	17.70
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose		State CA	Zip Code 95131	Check Number Credit Card			
To Whom Paid PayPal				M	D	Y	Amount
				0	6	1	101.80
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose		State CA	Zip Code 95131	Check Number Credit Card			
To Whom Paid PayPal				M	D	Y	Amount
				0	6	1	17.70
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose		State CA	Zip Code 95131	Check Number Credit Card			
To Whom Paid PayPal				M	D	Y	Amount
				0	6	1	17.70

Statement of Expenditures

Prescribed by Secretary of State 2.01

Name of Committee in Full Support Summit DD						
To Whom Paid PayPal			M	D	Y	Amount
			0	6	1	17.70
Address 2211 N First Street		Purpose Credit Card fees				
City San Jose	State C	A	Zip Code 95131	Check Number Credit Card		
To Whom Paid PayPal			M	D	Y	Amount
			0	6	1	6.10
Address 2211 N First Street		Purpose Credit Card fees				
City San Jose	State C	A	Zip Code 95131	Check Number Credit Card		
To Whom Paid PayPal			M	D	Y	Amount
			0	6	2	101.80
Address 2211 N First Street		Purpose Credit Card fees				
City San Jose	State C	A	Zip Code 95131	Check Number Credit Card		
To Whom Paid PayPal			M	D	Y	Amount
			0	6	3	1.75
Address 2211 N First Street		Purpose Credit Card fees				
City San Jose	State C	A	Zip Code 95131	Check Number Credit Card		
To Whom Paid GoDaddy.com, LLC			M	D	Y	Amount
			0	5	2	20.17
Address 14455 North Hayden Road		Purpose .ORG Domain Name Renewal				
City Scottsdale	State A	Z	Zip Code 85260	Check Number Credit Card		
To Whom Paid Pandora			M	D	Y	Amount
			0	1	1	190.32
Address 25601 Network Place		Purpose Credit Card fees				
City Chicago	State I	L	Zip Code 60673-1256	Check Number 1069		
To Whom Paid Center for Marketing & Opinion Research, LLC			M	D	Y	Amount
			0	6	2	6,900.00
Address 441 Wolf Ledges Parkway, Suite 103		Purpose Credit Card fees				
City Akron	State O	H	Zip Code 44311	Check Number 1072		
To Whom Paid Mira Pozna			M	D	Y	Amount
			0	3	2	9.80
Address 859 Southbridge Blvd.		Purpose Reimbursement for postage				
City Brunswick	State O	H	Zip Code 44212	Check Number 1073		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Support Summit DD							
To Whom Paid Go Media, Inc.				M	D	Y	Amount
				0	6	1	2,500.00
Address 4507 Lorain Ave.		Purpose Credit Card fees					
City Cleveland		State O	H	Zip Code 44102	Check Number 1077		
To Whom Paid Ohio Secretary of State				M	D	Y	Amount
				0	6	2	25.00
Address 180 E Broad St.		Purpose Trade name renewal					
City Columbus		State O	H	Zip Code 43215	Check Number withdrawl		
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