

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Tallmadge Democratic Club</b>							Registration Number, if PAC		
Full Name of Candidate									
Street Address <b>1178 Grovewood Dr.</b>					Office Sought			District	
City <b>Tallmadge</b>					State <b>O H</b>		Zip Code <b>44278</b>		
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 <b>XX</b>
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 <b>0 7</b>	D <b>2 5</b>	Y <b>1 7</b>	

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(II) for details

1. Amount brought forward from last report	\$	2,511.86
2. Total monetary contributions (From Form No. 31-A)	\$	3,661.51
3. Total other income (From Form No. 31-A-1)	\$	0.00
4. Total funds available (Sum of lines 1, 2, & 3)	\$	6,173.37
5. Total monetary expenditures (From Form No. 31-B)	\$	1,123.05
6. Balance on hand (line 4 minus line 5)	\$	5,050.32
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)	\$	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 11:18

LEONARD S. STELLINGSMA  
AKRON, OHIO

# 1168 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

**David G. Kline, Treasurer**

*David G. Kline*

07/25/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages	<u>2</u>
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Expenditure pages	<u>1</u>
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Other pages	<u>7</u>
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Total pages	<u>12</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Tallmadge Democratic Club</b>						
Full Name of Contributor <b>"Contributions From Form 31-E"</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	5	0	3
			1	7		3,101.51
Full Name of Contributor <b>Karen S. Morgan</b>				Registration Number, if PAC		
Street Address <b>598 Dunbar Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Robert D. Maguire</b>				Registration Number, if PAC		
Street Address <b>305 Oak Grove Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Andrea M. Kidder</b>				Registration Number, if PAC		
Street Address <b>191 High Point Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Kimberly F. Ray</b>				Registration Number, if PAC		
Street Address <b>378 Chreal Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>250.00</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

\* 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 <b>Tallmadge Democratic Club</b>							
Full Name of Contributor <b>Megan E. Raber</b>					Registration Number, if PAC		
Street Address <b>449 Victoria Park Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Mollie A. Gilbride</b>					Registration Number, if PAC		
Street Address <b>756 Craig Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Carol E. Kilway</b>					Registration Number, if PAC		
Street Address <b>427 Melony Ln.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Lisa M. Zeno Carano</b>					Registration Number, if PAC		
Street Address <b>125 Ernest Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Tallmadge</b>	State <b>O   H</b>	Zip Code <b>44278</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>1   7</b>	Amount <b>100.00</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	

\* 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>Tallmadge Democratic Club</b>												
To Whom Paid <b>"Expenditures from form 31-F"</b>						M	D	Y	Amount			
						0	5	0	3	1	7	973.05
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid <b>Summit County Democratic Party</b>						M	D	Y	Amount			
						0	6	1	5	1	7	150.00
Address <b>438 Grant St.</b>				Purpose <b>FDR</b>								
City <b>Akron</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44311</b>		Check Number <b>1099</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						

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>Tallmadge Democratic Club</b>						
Full Name of Contributor				Registration Number, if PAC		
Mary E. Tricaso						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
577 Dunbar Rd.			0	4	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Andrea M. Kidder						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
191 High Point Cr.			0	4	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Michael J. Carano						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
573 Narragansett Dr.			0	5	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Elect Ilene Shapiro						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
295 Wyant Rd.			0	5	0	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44313	check			
Full Name of Contributor				Registration Number, if PAC		
Donald C. Cooper						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
456 Middlestone Way			0	4	2	60.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O   H	44223	check			
Full Name of Contributor				Registration Number, if PAC		
Matthew Shomo						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1104 Ledgebrook Dr.			0	5	0	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Tamara Hardgrove-Shomo						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1104 Ledgebrook Dr.			0	5	0	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event  
3,101.51

Total expenditures this event  
973.05

Page Total \$ 570.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC			
Tallmadge Democratic Club					
Full Name of Contributor Robert M. O'Bryan		Registration Number, if PAC			
Street Address 8321 Water St.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 50.00
City Garrettsville	State OH	Zip Code 44231	Form(Cash,Check,etc) cash		
Full Name of Contributor John D. Rutecki		Registration Number, if PAC			
Street Address 567 Naragansett Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		
Full Name of Contributor Megan A. Raber		Registration Number, if PAC			
Street Address 449 Victoria Park Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 100.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		
Full Name of Contributor Thomas A. Teodosio		Registration Number, if PAC			
Street Address 469 Belmont Park Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 80.00
City Munroe Falls	State OH	Zip Code 44262	Form(Cash,Check,etc) check		
Full Name of Contributor Christopher B. Grimm		Registration Number, if PAC			
Street Address 508 Green Meadow Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		
Full Name of Contributor Carol A. Kilway		Registration Number, if PAC			
Street Address 427 Melony Ln.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 100.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		
Full Name of Contributor David C. Bodemer		Registration Number, if PAC			
Street Address 169 Barnes Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 03	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event  
3,101.51

Total expenditures this event  
973.05

Page Total \$ 480.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC			
Tallmadge Democratic Club					
Full Name of Contributor Robert A. McCarty		Registration Number, if PAC			
Street Address 611 Woodbrook Rd.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 30.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form(Cash,Check,etc) check		
Full Name of Contributor James H. Harris		Registration Number, if PAC			
Street Address 1073 Hillcrest Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 30.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check		
Full Name of Contributor Janice K. Stottler		Registration Number, if PAC			
Street Address 635 Howe Rd.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form(Cash,Check,etc) check		
Full Name of Contributor Thomas Pascarella		Registration Number, if PAC			
Street Address 1400 River Trail Dr.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 50.00
City Kent	State OH	Zip Code 44240	Form(Cash,Check,etc) cash		
Full Name of Contributor Brand Caipen		Registration Number, if PAC			
Street Address 144 Northwood Ln.	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) cash		
Full Name of Contributor Fred Mendeole		Registration Number, if PAC			
Street Address 485 Cathage	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 50.00
City Kent	State OH	Zip Code 44240	Form(Cash,Check,etc) cash		
Full Name of Contributor John Scavelli		Registration Number, if PAC			
Street Address 4203 21st St. NW	Employer/Occupation/Labor Organization*	M 0	D 5	Y 17	Amount 30.00
City Canton	State OH	Zip Code 44708	Form(Cash,Check,etc) cash		

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Fill in the boxes below only on the last page for this event  
Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event	Page Total \$
3,101.51	973.05	<u>290.00</u>

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Tallmadge Democratic Club</b>							
Full Name of Contributor <b>Richard M. Schwenning</b>				Registration Number, if PAC			
Street Address <b>397 31st. SW</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>30.00</b>
City <b>Barberton</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	Form(Cash,Check,etc) <b>cash</b>			
Full Name of Contributor <b>Michael J. Carano</b>							
Street Address <b>573 Narragansett Dr.</b>				M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>2</b>	<b>100.00</b>
City <b>Tallmadge</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44278</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Jill M. Stritch</b>							
Street Address <b>776 Premiera Dr.</b>				M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>2</b>	<b>30.00</b>
City <b>Tallmadge</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44278</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>"Contributions \$25 or Less"</b>							
Street Address				M	D	Y	Amount
				<b>0</b>	<b>5</b>	<b>0</b>	<b>311.51</b>
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event  
**3 101.51**

Total expenditures this event  
**973.05**

Page Total \$ **471.51**



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tallmadge Democratic Club							
Full Name of Contributor Craig B. Sisak		Registration Number, if PAC					
Street Address 750 Lauren Lane		Employer/Occupation/Labor Organization*		0	5	0	50.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							
Full Name of Contributor Edie L. Zeno		Registration Number, if PAC					
Street Address 214 Nutwood Dr.		Employer/Occupation/Labor Organization*		0	5	0	30.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							
Full Name of Contributor Karen Morgan		Registration Number, if PAC					
Street Address 598 Dunbar Rd.		Employer/Occupation/Labor Organization*		0	5	0	30.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							
Full Name of Contributor Lisa M. Zeno Carano		Registration Number, if PAC					
Street Address 125 Enest Dr.		Employer/Occupation/Labor Organization*		0	5	0	100.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							
Full Name of Contributor Christine M. Higham		Registration Number, if PAC					
Street Address 1188 Shadyside Lane		Employer/Occupation/Labor Organization*		0	5	0	150.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							
Full Name of Contributor Friends Of Kristen M. Scalise		Registration Number, if PAC					
Street Address 3842 Dogwood St. NW		Employer/Occupation/Labor Organization*		0	5	0	30.00
City Uniontown		State OH	Zip Code 44240				
Form(Cash,Check,etc) check							
Full Name of Contributor Jeffrey S. Rettberg		Registration Number, if PAC					
Street Address 207 Indian Hills Dr.		Employer/Occupation/Labor Organization*		0	5	0	30.00
City Tallmadge		State OH	Zip Code 44278				
Form(Cash,Check,etc) check							

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event  
3,101.51

Total expenditures this event  
973.05

Page Total \$ 420.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>Tallmadge Democratic Club</b>						
Full Name of Contributor				Registration Number, if PAC		
Linda S. Poinar						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
444 S. Ridgecliff St.			0	5	03	17
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Barbara E. Devarmin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
488 N. Munroe Rd.			0	5	03	17
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Charles H. Victor						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 Fairwood Dr.			0	4	24	17
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
Santina P. Ziegler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
907 Premiera Dr.			0	5	03	17
City	State	Zip Code	Form(Cash,Check,etc)			
Tallmadge	O   H	44278	check			
Full Name of Contributor				Registration Number, if PAC		
David Kevin Horner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
554 Weber Ave.			0	5	03	17
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44303	check			
Full Name of Contributor				Registration Number, if PAC		
Donald C. Cooper						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
456 Middlestone Way			0	4	23	17
City	State	Zip Code	Form(Cash,Check,etc)			
Cudahoga Falls	O   H	44223	cash			
Full Name of Contributor				Registration Number, if PAC		
Sandra J. Kurt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
140 Mayfield Ave.			0	5	03	17
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O   H	44313	check			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  
3,101.51

Total expenditures this event  
973.05

Page Total \$ 550.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tallmadge Democratic Club							
Full Name of Contributor Rite j. Weinberg				Registration Number, if PAC			
Street Address 1373 Bryden Dr.	Employer/Occupation/Labor Organization*			0	5	0	30.00
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) check				
Full Name of Contributor Jerry Feeman				Registration Number, if PAC			
Street Address 1068 Ledgebrook Dr	Employer/Occupation/Labor Organization*			0	5	0	50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Stephen Shanafelt				Registration Number, if PAC			
Street Address 1089 Stonegate Tr.	Employer/Occupation/Labor Organization*			0	5	0	30.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Jill Stritch				Registration Number, if PAC			
Street Address 776 Premiera Dr.	Employer/Occupation/Labor Organization*			0	5	0	30.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) cash				
Full Name of Contributor Mollie A. Gilbride				Registration Number, if PAC			
Street Address 756 Craig Dr.	Employer/Occupation/Labor Organization*			0	5	0	100.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor David Kline				Registration Number, if PAC			
Street Address 1178 Grovewood Dr.	Employer/Occupation/Labor Organization*			0	5	0	50.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) cash				
Full Name of Contributor Paul E. Zindle				Registration Number, if PAC			
Street Address 675 Wolf Ledges Pkwy	Employer/Occupation/Labor Organization*			0	5	0	30.00
City Akron	State OH	Zip Code 44309	Form(Cash,Check,etc) check				

\* 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(D)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,101.51

Total expenditures this event

973.05

Page Total \$ 320.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full											
Tallmadge Democratic Club											
To Whom Paid					M	D	Y	Amount			
Ei Tren Grill					0	5	0	3	1	7	973.05
Address			Purpose								
70 East Ave.			food								
City		State	Zip Code		Check Number						
Tallmadge		O	H		44278		1098				
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						

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.