

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Darrow For Council		Registration Number, if PAC			
Full Name of Candidate Rita Darrow					
Street Address 7450 Woodview Drive			Office Sought County Council		District #1
City Macedonia			State OH	Zip Code 44056	
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	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"/> 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	

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	\$	55.93
2. Total monetary contributions (From Form No. 31-A)	\$	250.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	305.93
5. Total monetary expenditures (From Form No. 31-B)	\$	390.01
6. Balance on hand (line 4 minus line 5)	\$	(37.92)
7. Value of in-kind contributions received (From Form No. 31-J)	\$.
8. Value of in-kind contributions provided (From Form No. 31-K)	\$.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	305.50
11. Outstanding loans owed to committee (From Form No. 31-R)	\$.
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 PM 1:03

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.

Rita S. Darrow Rita S. Darrow 7/31/2017
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contributions pages 1

Expenditures pages 2

Other pages 0

Total pages 4

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Darrow For Council			
Full Name of Contributor JOHN CISEK		Registration Number, if PAC	
Street Address 1087 Villa Lago Dr.	Employer/Occupation/Labor Organization*	M D Y 09 29 17	Amount 250⁰⁰
City Macedonia	State OH	Zip Code 44056	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)

* 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)]

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

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Total expenditures this event.

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Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full DARROW FOR COUNCIL							
To Whom Paid	Fifth Third Bank			M	D	Y	Amount
Address				Purpose			
				SERVICE CHARGES			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	Debit Acct				
To Whom Paid	OFFICE MAX			M	D	Y	Amount
Address				Purpose			
				INK FOR PRINTER - COPT REGISTERED VOTERS			
City	State	Zip Code	Check Number				
			TRCARD				
To Whom Paid	Fifth Third Bank			M	D	Y	Amount
Address				Purpose			
				SERVICE CHARGES			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	Debit Acct				
To Whom Paid	NORDONIA HILLS AFTER PROM FUNDRAISER			M	D	Y	Amount
Address				Purpose			
				FUNDRAISER SENIOR CLASS 2017			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	#1048				
To Whom Paid	Fifth Third Bank			M	D	Y	Amount
Address				Purpose			
				SERVICE CHARGES			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	Debit Acct				
To Whom Paid	Fifth Third Bank			M	D	Y	Amount
Address				Purpose			
9450 Woodview				SERVICE CHARGES			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	Debit Acct				
To Whom Paid	Margaret Scott for Judge			M	D	Y	Amount
Address				Purpose			
				FUND RAISER "SCOTT FOR JUDGE"			
City	State	Zip Code	Check Number				
Akron	OH		1049				
To Whom Paid	Fifth Third Bank			M	D	Y	Amount
Address				Purpose			
				SERVICE CHARGES			
City	State	Zip Code	Check Number				
Macedonia	OH	44056	Debit Acct				

390.01

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Darrow For Council							
To Whom Paid Fifth Third Bank				M	D	Y	Amount 11.00
Address		Purpose SERVICE Charge					
City Macedonia	State OH	Zip Code 44056	Check Number Debit Acct				
To Whom Paid Fifth Third Bank				M	D	Y	Amount 11.00
Address		Purpose SERVICE Charge					
City Macedonia	State OH	Zip Code 44056	Check Number Debit Acct				
To Whom Paid KIM GRINER (FUND RAISER)				M	D	Y	Amount 100.00
Address		Purpose THE PAY 100.00 CASH DONATION Per Auditor					
City Sagamore Hills	State OH	Zip Code 44067	Check Number 1050				
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				