

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE TO ELECT GARY DEREMER</b>						Registration Number, if PAC			
Full Name of Candidate <b>GARY GLENN DEREMER</b>									
Street Address <b>3390 HENDON CIRCLE</b>					Office Sought <i>City Council</i>		District <i>CF-@large</i>		
City <b>CUYAHOGA FALLS</b>					State <b>OH</b>		Zip Code <b>44221</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	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
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 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	\$	\$822.15
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,735.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,557.15
5. Total monetary expenditures (From Form No. 31-B)	\$	\$255.38
6. Balance on hand (From Form No. 31-D)	\$	\$2,301.77
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$180.34
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$207.15
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.	\$	\$1,915.34

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 JUL 31 AM 10:28

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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.

PAMELA WINGATE/TREASURER *Pamela R Wingate* 07/29/2017  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 5

Expenditure pages 2

Other pages 2

Total pages 09

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT GARY DEREMER</b>						
To Whom Paid <b>SUMMIT COUNTY BOE</b>			M <b>6</b>	D <b>13</b>	Y <b>17</b>	Amount <b>\$20.00</b>
Address <b>470 GRANT ST</b>		Purpose <b>FILING TO RUN IN THE 2017 ELECTION</b>				
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>1017</b>			
To Whom Paid <b>SUMMIT COUNTY BOE</b>			M <b>6</b>	D <b>13</b>	Y <b>17</b>	Amount <b>\$25.00</b>
Address <b>470 GRANT ST</b>		Purpose <b>FILING TO RUN IN THE 2017 ELECTION</b>				
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>1018</b>			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE TO ELECT GARY DEREMER</b>													
From Whom Received <b>KATHY DEREMER</b>										Prior Amount <b>\$1,000.00</b>		Amt. Incurred this Period	
Address <b>2905 CEDAR HILL</b>												Outstanding Balance <b>\$1,000.00</b>	
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</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	\$	
		<b>07</b>	<b>25</b>	<b>2013</b>				<b>\$0.00</b>				<b>\$0.00</b>	
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$	
								<b>\$0.00</b>				<b>\$0.00</b>	
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$	
								<b>\$0.00</b>				<b>\$0.00</b>	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
		<b>OH</b>			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				
		<b>OH</b>			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 \$ \$1,000.00

<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 \$ \$1,000.00 (To Form No. 30-A)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>COMMITTEE TO ELECT GARY DEREMER</b>							
To Whom Owed <b>GARY GLENN DEREMER</b>				Prior Amount <b>\$93.74</b>		Amt. Incurred this Period	
Address <b>3390 HENDON CIRCLE</b>				Item or Purpose of Debt <b>TICKETS</b>		Outstanding Balance <b>\$93.74</b>	
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44221</b>		Payments This Period		
Date Debt was originally Incurred				Date		Amount	
		M	D	Y	M	D	Y
		<b>07</b>	<b>29</b>	<b>2013</b>	\$	<b>\$0.00</b>	
Registration Number, if PAC				M	D	Y	<b>\$0.00</b>
				M	D	Y	<b>\$0.00</b>
To Whom Owed <b>GARY GLENN DEREMER</b>				Prior Amount <b>\$50.46</b>		Amt. Incurred this Period	
Address <b>3390 HENDON CIRCLE</b>				Item or Purpose of Debt <b>SUPPLIES FOR SIGN EVENT</b>		Outstanding Balance <b>\$50.46</b>	
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44221</b>		Payments This Period		
Date Debt was originally Incurred				Date		Amount	
		M	D	Y	M	D	Y
		<b>10</b>	<b>05</b>	<b>2013</b>	\$	<b>\$0.00</b>	
Registration Number, if PAC				M	D	Y	<b>\$0.00</b>
				M	D	Y	<b>\$0.00</b>
To Whom Owed <b>GARY GLENN DEREMER</b>				Prior Amount <b>\$62.95</b>		Amt. Incurred this Period	
Address <b>3390 HENDON CIRCLE</b>				Item or Purpose of Debt <b>WALKING CARD CANVAS</b>		Outstanding Balance <b>\$62.95</b>	
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44221</b>		Payments This Period		
Date Debt was originally Incurred				Date		Amount	
		M	D	Y	M	D	Y
		<b>10</b>	<b>12</b>	<b>2013</b>	\$	<b>\$0.00</b>	
Registration Number, if PAC				M	D	Y	<b>\$0.00</b>
				M	D	Y	<b>\$0.00</b>

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 \$ \$207.15 (also record on cover page)

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT GARY DEREMER</b>							
Full Name of Contributor <b>KATHY DEREMER</b>		Employer, Occupation, Labor Organization* <b>RETIRED</b>		Registration Number, if PAC			
Street Address <b>2905 CEDAR HILL</b>		Description of Item or Service <b>SUPPLIES/PAPER PRODUCTS FOR FUNDRAISER 6/8</b>		M <b>6</b>	D <b>8</b>	Y <b>17</b>	Fair Market Value <b>\$36.17</b>
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor <b>KATHY DEREMER</b>		Employer, Occupation, Labor Organization* <b>RETIRED</b>		Registration Number, if PAC			
Street Address <b>2905 CEDAR HILL</b>		Description of Item or Service <b>BEVERAGES FOR FUNDRAISER 6/8</b>		M <b>6</b>	D <b>8</b>	Y <b>17</b>	Fair Market Value <b>\$54.36</b>
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor <b>KATHY DEREMER</b>		Employer, Occupation, Labor Organization* <b>RETIRED</b>		Registration Number, if PAC			
Street Address <b>2905 CEDAR HILL</b>		Description of Item or Service <b>FOOD FOR FUNDRAISER 6/8</b>		M <b>6</b>	D <b>8</b>	Y <b>17</b>	Fair Market Value <b>\$89.81</b>
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>	Received at Fundraising Event? <input checked="" 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 <b>SUPPLIES/PAPER PRODUCTS FUNDRAISER 6/8</b>		M	D	Y	Fair Market Value
City		State <input type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
<b>COMMITTEE TO ELECT GARY DEREMER</b>					
Full Name of Contributor				Registration Number, if PAC	
Michael Proccacio					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
736 Franklin Ave	mortgage lender		6	8	17
City	State	Zip Code	Amount		
C.F.	OH	44221	100.00		
Form (Cash, Check, etc.)					
check					
Full Name of Contributor				Registration Number, if PAC	
Kathy Hartz					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3395 Purdue			6	8	17
City	State	Zip Code	Amount		
C.F.	OH	44221	25.00		
Form (Cash, Check, etc.)					
CASH					
Full Name of Contributor				Registration Number, if PAC	
Bob Ward					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3344 Purdue			6	8	17
City	State	Zip Code	Amount		
C.F.	OH	44221	25.00		
Form (Cash, Check, etc.)					
CASH					
Full Name of Contributor				Registration Number, if PAC	
Nancy Plemmons					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
18592 Edwards Rd			6	8	17
City	State	Zip Code	Amount		
Doulestown	OH	44230	20.00		
Form (Cash, Check, etc.)					
CASH					
Full Name of Contributor				Registration Number, if PAC	
John Pivarski					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
213 Lindsey			6	8	17
City	State	Zip Code	Amount		
Monroe Falls	OH	44262	25.00		
Form (Cash, Check, etc.)					
check					
Full Name of Contributor				Registration Number, if PAC	
Russ Balch's					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2316 Riverfront Park			6	8	17
City	State	Zip Code	Amount		
C.F.	OH	44221	50.00		
Form (Cash, Check, etc.)					
check					
Full Name of Contributor				Registration Number, if PAC	
Greg Ward					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1228 Sackot Ave			6	8	17
City	State	Zip Code	Amount		
C.F.	OH	44223	50.00		
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  

\$0.00
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Total expenditures this event  

\$0.00
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295.00

Page Total \$ 0.00
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<b>COMMITTEE TO ELECT GARY DEREMER</b>			
Full Name of Contributor		Registration Number, if PAC	
Anthony Gomez			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3070 9th St	Stow Courts	6   8   17	50.00
City	State	Zip Code	Form (Cash, Check, etc.)
C.f.	OH	44221	check
Full Name of Contributor		Registration Number, if PAC	
Meika Penta			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
2447 23rd St	vivial	6   8   17	25.00
City	State	Zip Code	Form (Cash, Check, etc.)
C.f.	OH	44223	check
Full Name of Contributor		Registration Number, if PAC	
Diana Calvechio			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3414 Haggardy	City of Stow	6   8   17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)
C.f.	OH	44223	check
Full Name of Contributor		Registration Number, if PAC	
Mary Nichols Rhodes			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
739 Lincoln	ward 4	6   8   17	25.00
City	State	Zip Code	Form (Cash, Check, etc.)
C.f.	OH	44221	check
Full Name of Contributor		Registration Number, if PAC	
CRISTEN STANLEY			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3381 Hendon Cir	CF city schools	6   8   17	40.00
City	State	Zip Code	Form (Cash, Check, etc.)
C.f.	OH	44221	CASH
Full Name of Contributor		Registration Number, if PAC	
megan mooreland			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1492 W. Exchange	City of CF	6   8   17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)
ARvon	OH	44313	check
Full Name of Contributor		Registration Number, if PAC	
Greg Lehrer			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
2900 Vincent Rd	realtor	6   8   17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Silver lake	OH	44224	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

\$0.00

Total expenditures this event.

\$0.00

440.00

Page Total \$ 0.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<b>COMMITTEE TO ELECT GARY DEREMER</b>			
Full Name of Contributor			Registration Number, if PAC
LARRY JOHNSTON			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
520 Meredith Ln	Retired	6   8   17	75.00
City	State   Zip Code	Form (Cash, Check, etc.)	
Cuy. falls	OH   44223	CASH	
Full Name of Contributor			Registration Number, if PAC
Dawn Durgala			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3383 Hendon Cir	nevach care	6   8   17	50.00
City	State   Zip Code	Form (Cash, Check, etc.)	
Cuy. falls	OH   44221	3363	
Full Name of Contributor			Registration Number, if PAC
Jennifer Hester			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3302 Purdue St	medical mutual	6   8   17	250.00
City	State   Zip Code	Form (Cash, Check, etc.)	
Cuy. falls	OH   44221	CHECK	
Full Name of Contributor			Registration Number, if PAC
Andy Padruitt			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1460 Curtis Ave	self	6   8   17	100.00
City	State   Zip Code	Form (Cash, Check, etc.)	
Cuy. falls	OH   44221	CASH	
Full Name of Contributor			Registration Number, if PAC
Debbie Zaccardi			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
531 Grove Ave	Equites health	6   8   17	25.00
City	State   Zip Code	Form (Cash, Check, etc.)	
C.F.	OH   44221	CASH	
Full Name of Contributor			Registration Number, if PAC
Don Walters			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3395 Pendleton	Mayor	6   8   17	100.00
City	State   Zip Code	Form (Cash, Check, etc.)	
C.F.	OH   44221	1391	
Full Name of Contributor			Registration Number, if PAC
Steve Meitus			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
537 Kathryn Ave	Amer. Airlines	6   8   17	25.00
City	State   Zip Code	Form (Cash, Check, etc.)	
C.F.	OH   44221	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

\$0.00

Total expenditures this event.

\$0.00

625.00

Page Total \$ 0.00



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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<b>COMMITTEE TO ELECT GARY DEREMER</b>			
Full Name of Contributor <u>Bryan Hoffman</u>		Registration Number, if PAC	
Street Address <u>3466 Squires bend</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>6   8   17</u>	Amount <u>25.00</u>
City <u>C.f.</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Laborers Intl. Union of N. America</u>		Registration Number, if PAC	
Street Address <u>720 Wolf ledges PKwy</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>6   8   17</u>	Amount <u>250.00</u>
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44311</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Ed Denholm</u>		Registration Number, if PAC	
Street Address <u>528 Portage Trail</u>	Employer/Occupation/Labor Organization* <u>Dentist</u>	M   D   Y <u>6   8   17</u>	Amount <u>50.00</u>
City <u>C.f.</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Local #219 PCE 7695</u>		Registration Number, if PAC	
Street Address <u>644 E. Tallmadge Ave</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>6   8   17</u>	Amount <u>50.00</u>
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44310</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State <u>OH</u>	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 <u>OH</u>	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 <u>OH</u>	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

**\$0.00**

1735.00

Total expenditures this event.

**\$0.00**

210.38

375.00

Page Total \$ **\$0.00**

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT GARY DEREMER</b>						
To Whom Paid <b>CMRA</b>			M <b>6</b>	D <b>15</b>	Y <b>17</b>	Amount <b>\$100.00</b>
Address <b>190 VAN DOREN</b>		Purpose <b>FUNDRAISER RENTAL 6/8</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44221</b>		Check Number <b>1019</b>	
To Whom Paid <b>THE INK WELL</b>			M <b>5</b>	D <b>26</b>	Y <b>17</b>	Amount <b>\$47.00</b>
Address <b>1538 HOME AVE</b>		Purpose <b>FLYERS FOR FUNDRAISER 6/8</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44310</b>		Check Number <b>1015</b>	
To Whom Paid <b>MINUTE MAN PRESS</b>			M <b>6</b>	D <b>30</b>	Y <b>17</b>	Amount <b>\$63.38</b>
Address <b>3515 HUDSON DRIVE SUITE 800</b>		Purpose <b>FLYERS FOR FUNDRAISER 8/2</b>				
City <b>STOW</b>		State <b>OH</b>	Zip Code <b>44224</b>		Check Number <b>1009</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	

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.

**\$210.38**  
Page Total \$ \_\_\_\_\_