

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Gary Domanick							Registration Number, if PAC		
Full Name of Candidate Gary Domanick									
Street Address 4445 Hawkins Rd					Office Sought Village Council			District Richfield	
City Richfield					State O H		Zip Code 44286		
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		X 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		M D Y 1 1 0 7 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 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	100.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available from (lines 1-3)	\$	100.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	100.00
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		

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SUMMIT COUNTY
BOARD OF ELECTIONS

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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.

Bill Roemer Deputy Treasurer

Bill Roemer
Signature

7/27/17
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u> 1 </u>

Expenditure pages <u> 0 </u>

Other pages <u> 0 </u>

Total pages <u> 1 </u>

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Gary Domanick							
Full Name of Contributor Dan Emmett					Registration Number, if PAC		
Street Address 3031 W. Streetsboro Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Richfield		State O H	Zip Code 44286	M 0 5	D 0 5	Y 1 7	Amount 100.00
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
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)]