

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee John A. Donofrio Campaign Committee						Registration Number, if PAC				
Full Name of Candidate John A. Donofrio										
Street Address 1474 Wade Park Avenue				Office Sought County Council At Large		District Summit				
City Akron				State OH		Zip Code 44310				
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	<input type="checkbox"/>	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 (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 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	\$	\$99.77
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$500.00
4. Total funds available (Sum of lines 1, 2, 3)	\$	\$599.77
5. Total income to post-primary (From Form No. 31-B)	\$	\$80.00
6. Balance on hand (and minus fines)	\$	\$519.77
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)	\$	\$1,500.00
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

2017 JUL 31 PM 2:04
AKRON, OHIO
#1177 Ave

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.

Michael Migden, Treasurer

Michael Migden
Signature

07/28/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0 _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full John A. Donofrio Campaign Committee						Registration Number, if PAC	
Full Name John A. Donofrio				Registration Number, if PAC			
Address 67 Sand Run Road		Type* LN		M 0	D 6	Y 1317	Amount \$500.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) Check			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	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, 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							
John A. Donofrio Campaign Committee							
To Whom Paid				M	D	Y	Amount
KeyBank				0	1	3 1 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
KeyBank				0	2	2 8 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
KeyBank				0	3	3 1 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
KeyBank				0	4	2 8 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
KeyBank				0	5	3 1 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
KeyBank				0	6	3 0 1 7	\$5.00
Address		Purpose					
219 South Main Street		Service Charge					
City		State	Zip Code	Check Number			
Akron		OH	44308				
To Whom Paid				M	D	Y	Amount
OPEN M				0	6	3 0 1 7	\$50.00
Address		Purpose					
941 Princeton Street		Donation					
City		State	Zip Code	Check Number			
Akron		OH	44311	1051			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee John A. Donofrio Campaign Committee													
From Whom Received John A. Donofrio										Prior Amount \$1,000.00		Amt. Incurred this Period \$500.00	
Address 67 Sand Run Road												Outstanding Balance \$1,500.00	
City Akron		State OH		Zip Code 44313		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	\$
0 9 2 9 1 5					0 6 1 3 1 7				\$500.00				
Registration Number, if PAC										M	D	Y	
Employer/Occupation/Labor Organization*										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			
		OH				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	
Employer/Occupation/Labor Organization*										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			
		OH				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	
Employer/Occupation/Labor Organization*										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).

¹ Total prior amount \$ \$1,000.00

² Total received this period \$ \$500.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$1,500.00 (To Form No. 30-A)