

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Jeff Fusco						Registration Number, if PAC	
Full Name of Candidate Jeff Fusco							
Street Address 2117 Forest Oak Drive				Office Sought		District	
City Akron				State OH		Zip Code 44312	
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 type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election		1 ^M	1 ^D	0 ^D	7 ^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	\$	\$3,190.89
2. Total monetary contributions (From Form No. 31-A)	\$	\$16,340.00
3. Total other income (From Form No. 31-A-2)	\$	\$1,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$20,530.89
5. Total monetary expenditures (From Form No. 31-B)	\$	\$14,909.16
6. Balance on hand (the difference between lines 4 and 5)	\$	\$5,621.73
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)	\$	\$50.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$10,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
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.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JUL 26 PM 12:44

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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.

Nicole Sipe, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Nicole Sipe
Signature

07/26/2017
Date

Contribution pages **18**

Expenditure pages **9**

Other pages **3**

Total pages **30**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco									
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M 0	D 5	Y 03	Y 17	Amount \$11,355.00
Full Name of Contributor Contributions from form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M 0	D 6	Y 07	Y 17	Amount \$4,985.00
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco					
Full Name Jeff Fusco			Registration Number, if PAC		
Address 2117 Forest Oak Drive	Type* LN		M 0	D 3	Y 1817
City Akron	State OH	Zip Code 44312	Form (Cash, Check, etc.) check		Amount \$1,000.00
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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 Friends of Jeff Fusco							
To Whom Paid Expenditures from Form 31-F			M	D	Y	Amount	
			0	5	03	17	\$1,540.60
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid Expenditures from Form 31-F			M	D	Y	Amount	
			0	6	07	17	\$1,494.39
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco								
To Whom Paid Shamrock Cultural Charities				M	D	Y	Amount	
				0	2	2 3	1 7	\$50.00
Address 2000 Brown St		Purpose 2017 St. Patrick's Parade donation						
City Akron		State OH	Zip Code 44319	Check Number 1439				
To Whom Paid Victim Assistance				M	D	Y	Amount	
				0	2	2 8	1 7	\$110.00
Address 150 Furnace St		Purpose donation						
City Akron		State OH	Zip Code 44304	Check Number 1440				
To Whom Paid St. Paul AME Church				M	D	Y	Amount	
				0	2	2 8	1 7	\$100.00
Address 1250 S. Hawkins Ave		Purpose Donation						
City Akron		State OH	Zip Code 44320	Check Number 1441				
To Whom Paid Summit County Historical Society				M	D	Y	Amount	
				0	2	2 8	1 7	\$30.00
Address 550 Copley Road		Purpose Donation						
City Akron		State OH	Zip Code 44320	Check Number 1442				
To Whom Paid Summit County Democratic Party				M	D	Y	Amount	
				0	3	1 7	1 7	\$2,000.00
Address 438 Grant St.		Purpose Donation						
City Akron		State OH	Zip Code 44311	Check Number 1443				
To Whom Paid Boys and Girls Club				M	D	Y	Amount	
				0	3	2 1	1 7	\$100.00
Address 889 Jonathon Ave		Purpose Donation						
City Akron		State OH	Zip Code 44306	Check Number 1444				
To Whom Paid STVM2017 Showcase				M	D	Y	Amount	
				0	3	2 3	1 7	\$125.00
Address 15 N. Maple St		Purpose Donation						
City Akron		State OH	Zip Code 44302	Check Number 1445				
To Whom Paid VOID CHECK				M	D	Y	Amount	
Address		Purpose						
City		State OH	Zip Code	Check Number 1446				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Jeff Fusco							
To Whom Paid				M	D	Y	Amount
North Vikings Football Boosters				0	4	1 0 1 7	\$80.00
Address		Purpose					
985 Gorge Blvd		Donation					
City		State	Zip Code	Check Number			
Akron		OH	44310	1447			
To Whom Paid				M	D	Y	Amount
Summit County Progressive Democrats				0	4	1 1 1 7	\$50.00
Address		Purpose					
929 Eaton Ave		Donation					
City		State	Zip Code	Check Number			
Akron		OH	44303	counter withdraw			
To Whom Paid				M	D	Y	Amount
Summit County Progressive Democrats				0	4	2 2 1 7	\$250.00
Address		Purpose					
929 Eaton Ave		Donation					
City		State	Zip Code	Check Number			
Akron		OH	44303	1449			
To Whom Paid				M	D	Y	Amount
Staples				0	4	2 5 1 7	\$77.92
Address		Purpose					
4014 Medina Road		Ink cartridges					
City		State	Zip Code	Check Number			
Copley		OH	44333	1450			
To Whom Paid				M	D	Y	Amount
Fairlawn USPS				0	4	2 5 1 7	\$49.00
Address		Purpose					
2711 W. Market St.		Stamps					
City		State	Zip Code	Check Number			
Fairlawn		OH	44333	1451			
To Whom Paid				M	D	Y	Amount
West Akron Baseball League				0	4	2 6 1 7	\$150.00
Address		Purpose					
2329 Stockridge Rd		T-Ball Sponsor					
City		State	Zip Code	Check Number			
Akron		OH	44313	1452			
To Whom Paid				M	D	Y	Amount
Jeff Fusco				0	5	0 5 1 7	\$577.53
Address		Purpose					
2117 Forest Oak Dr		reimburse for palm cards from HotCards					
City		State	Zip Code	Check Number			
Akron		OH	44312	1453			
To Whom Paid				M	D	Y	Amount
County of Summit				0	5	0 5 1 7	\$50.00
Address		Purpose					
175 S. Main St., Ste. 700		Donation Let's Move Health Walk					
City		State	Zip Code	Check Number			
Akron		OH	44308	50.00			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					M	D	Y	Amount
Friends of Jeff Fusco					0	5	1	
To Whom Paid					0	5	1	
Kenmore Community Council					0	5	1	\$20.00
Address		Purpose						
P.O. Box 3954		Parade entry						
City		State	Zip Code	Check Number				
Akron		OH	44314	1455				
To Whom Paid					0	5	1	
Tri-County Labor Council					0	5	1	\$50.00
Address		Purpose						
720 Wolf Ledges Pkwy		Community Awards Dinner						
City		State	Zip Code	Check Number				
Akron		OH	44311	1456				
To Whom Paid					0	5	1	
Firestone Park Citizens Council					0	5	1	\$50.00
Address		Purpose						
1480 Girard Street		Donation						
City		State	Zip Code	Check Number				
Akron		OH	44301	1458				
To Whom Paid					0	5	1	
Helen Fusco					0	5	1	\$119.08
Address		Purpose						
2117 Forest Oak Drive		reimburse for t-shirts						
City		State	Zip Code	Check Number				
Akron		OH	44312	1459				
To Whom Paid					0	5	1	
Helen Fusco					0	5	1	\$78.59
Address		Purpose						
2117 Forest Oak Drive		Parade candy						
City		State	Zip Code	Check Number				
Akron		OH	44312	1480				
To Whom Paid					0	5	1	
One to One Creative Communications					0	5	1	\$115.00
Address		Purpose						
1352 Keystone Blvd		Magnetic signs						
City		State	Zip Code	Check Number				
Akron		OH	44320	1462				
To Whom Paid					0	5	1	
Richfield Chamber of Commerce					0	5	1	\$200.00
Address		Purpose						
4300 W. Streetsboro Rd		Golf Outing						
City		State	Zip Code	Check Number				
Richfield		OH	44286	1463				
To Whom Paid					0	5	1	
Paula Prentice Committee					0	5	1	\$100.00
Address		Purpose						
1235 Aldawood Hills Dr		Donation						
City		State	Zip Code	Check Number				
Akron		OH	44319	1464				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Friends of Jeff Fusco					
To Whom Paid		M	D	Y	Amount
VOIDED CHECK					
Address		Purpose			
City	State	Zip Code	Check Number		
	OH		1467		
To Whom Paid		M	D	Y	Amount
Akron NAACP		0 5	3 0	1 7	\$130.00
Address		Purpose			
230 W. Center St		Luncheon and ad			
City	State	Zip Code	Check Number		
Akron	OH	44302	1468		
To Whom Paid		M	D	Y	Amount
Burges & Burges Strategists		0 5	3 0	1 7	\$1,875.00
Address		Purpose			
26100 Lake Shore Blvd		Campaign consulting services			
City	State	Zip Code	Check Number		
Cleveland	OH	44132	1469		
To Whom Paid		M	D	Y	Amount
Staples		0 5	3 1	1 7	\$92.81
Address		Purpose			
4014 Medina Rd		Supplies			
City	State	Zip Code	Check Number		
Copley	OH	44333	1470		
To Whom Paid		M	D	Y	Amount
KeyBank		0 5	3 1	1 7	\$10.80
Address		Purpose			
145 Ghent Road		Service charge			
City	State	Zip Code	Check Number		
Fairlawn	OH	44333	none		
To Whom Paid		M	D	Y	Amount
New Millennium Baptist Church		0 6	0 6	1 7	\$100.00
Address		Purpose			
541 Brown St.		Donation			
City	State	Zip Code	Check Number		
Akron	OH	44305	1471		
To Whom Paid		M	D	Y	Amount
FOP#7		0 6	0 7	1 7	\$30.00
Address		Purpose			
2610 Ley Drive		Donation			
City	State	Zip Code	Check Number		
Akron	OH	44319	1472		
To Whom Paid		M	D	Y	Amount
One to One Creative Communications		0 6	0 8	1 7	\$1,085.00
Address		Purpose			
1352 Keystone Blvd		Nail files			
City	State	Zip Code	Check Number		
Akron	OH	44320	1474		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco						
To Whom Paid Ellet Amatuer Athletic Association			M	D	Y	Amount
			0	6	1 2	1 7 \$50.00
Address 2204 E. Market St		Purpose Donation				
City Akron		State OH	Zip Code 44312		Check Number 1475	
To Whom Paid Summit County Democratic Party			M	D	Y	Amount
			0	6	1 2	1 7 \$150.00
Address 438 Grant St		Purpose Donation				
City Akron		State OH	Zip Code 44311		Check Number 1476	
To Whom Paid Summit County Board of Elections			M	D	Y	Amount
			0	6	1 2	1 7 \$30.00
Address 470 Grant St		Purpose filing fees				
City Akron		State OH	Zip Code 44311		Check Number 1477	
To Whom Paid Summit County Board of Elections			M	D	Y	Amount
			0	6	1 2	1 7 \$50.00
Address 470 Grant St		Purpose filing fees				
City Akron		State OH	Zip Code 44311		Check Number 1478	
To Whom Paid Police Community Dialogue			M	D	Y	Amount
			0	6	1 6	1 7 \$40.00
Address 863 Bellevue		Purpose Ad for Scholarship Brunch				
City Akron		State OH	Zip Code 44307		Check Number 1479	
To Whom Paid Novex Systems			M	D	Y	Amount
			0	6	2 3	1 7 \$688.54
Address 6040 Hillcrest Dr		Purpose Lapel labels				
City Valley View		State OH	Zip Code 44125		Check Number 1480	
To Whom Paid Mark Schweitzer			M	D	Y	Amount
			0	6	2 3	1 7 \$325.00
Address 859 Bridge Road		Purpose campaign services				
City Akron		State OH	Zip Code 44312		Check Number 1481	
To Whom Paid Mogadore Festival Committee			M	D	Y	Amount
			0	6	2 3	1 7 \$100.00
Address 3836 Orchard St.		Purpose Donation				
City Mogadore		State OH	Zip Code 44260		Check Number 1482	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco							
To Whom Paid CANAPI				M	D	Y	Amount
				0	6	23	17
Address 759 W. Market St				Purpose Donation Pry Memorial			
City Akron		State OH	Zip Code 44303	Check Number 1483			
To Whom Paid Akron FOP 7 - Acct 753F				M	D	Y	Amount
				0	6	23	17
Address 213 S. High St., #405				Purpose Donation hole sponsor			
City Akron		State OH	Zip Code 44308	Check Number 1484			
To Whom Paid USW Local 2L				M	D	Y	Amount
				0	6	23	17
Address 501 Kelly Ave				Purpose Donation annual picnic			
City Akron		State OH	Zip Code 44306	Check Number 1485			
To Whom Paid Halloween Charity Ball				M	D	Y	Amount
				0	6	23	17
Address 3258 Cherie Cercle				Purpose Donation			
City Cuyahoga Falls		State OH	Zip Code 44223	Check Number 1486			
To Whom Paid Burges & Burges Strategists				M	D	Y	Amount
				0	6	30	17
Address 26100 Lake Shore blvd.				Purpose Campaign consulting services			
City Cleveland		State OH	Zip Code 44132	Check Number 1487			
To Whom Paid KeyBank				M	D	Y	Amount
				0	6	30	17
Address 145 Ghent Road				Purpose service charge			
City Fairlawn		State OH	Zip Code 44333	Check Number none			
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Jeff Fusco												
From Whom Received Jeff Fusco							Prior Amount \$5,000.00			Amt. Incurred this Period		
Address 2117 Forest Oak Dr										Outstanding Balance \$5,000.00		
City Akron		State OH		Zip Code 44312			Loans Received This Period Date Amount			Payments This Period 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		M	D	Y	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y		M	D	Y	
From Whom Received Jeff Fusco							Prior Amount \$2,000.00			Amt. Incurred this Period		
Address 2117 Forest Oak Dr										Outstanding Balance \$2,000.00		
City Akron		State OH		Zip Code 44312			Loans Received This Period Date Amount			Payments This Period 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		M	D	Y	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y		M	D	Y	
From Whom Received Jeff Fusco							Prior Amount \$2,000.00			Amt. Incurred this Period		
Address 2117 Forest Oak Dr										Outstanding Balance \$2,000.00		
City Akron		State OH		Zip Code 44312			Loans Received This Period Date Amount			Payments This Period 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		M	D	Y	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y		M	D	Y	

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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 \$ \$9,000.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

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

⁴ Total Outstanding Balance \$ \$9,000.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Jeff Fusco													
From Whom Received Jeff Fusco							Prior Amount \$9,000.00			Amt. Incurred this Period \$1,000.00			
Address 2117 Forest Oak Drive										Outstanding Balance \$10,000.00			
City Akron		State OH		Zip Code 44312		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred						03	18	17	\$1,000.00				
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			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
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			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred													
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).

- ¹ Total prior amount \$ \$9,000.00
- ² Total received this period \$ \$1,000.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$10,000.00 (To Form No. 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco				
Full Name of Contributor Robert M Gippin			Registration Number, if PAC	
Street Address 929 eaton Ave		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 4 1 7 \$100.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) check
Full Name of Contributor George Tonies			Registration Number, if PAC	
Street Address 277 Bluff St., Suite 300		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 5 1 7 \$300.00
City Akron		State OH	Zip Code 44304	Form (Cash, Check, etc.) check
Full Name of Contributor Arcadis U.S., INC. Political Action Comm. a Qualified Multi-Candidate Comm.			Registration Number, if PAC N/A	
Street Address 630 Plaza Drive, Suite 100		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 3 1 7 \$500.00
City Highlands Ranch		State CO	Zip Code 80129	Form (Cash, Check, etc.) check
Full Name of Contributor Vincent Ciraco			Registration Number, if PAC	
Street Address 968 Iredell St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 8 1 7 \$100.00
City Akron		State OH	Zip Code 44310	Form (Cash, Check, etc.) check
Full Name of Contributor Sean D'Arcy			Registration Number, if PAC	
Street Address 5700 Roosevelt St		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 1 7 1 7 \$500.00
City Bethesda		State MD	Zip Code 20817	Form (Cash, Check, etc.) check
Full Name of Contributor Local 219			Registration Number, if PAC PCE 7695	
Street Address 644 E. Tallmadge Ave		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 1 7 \$250.00
City Akron		State OH	Zip Code 44310	Form (Cash, Check, etc.) check
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	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

\$11,355.00

Total expenditures this event.

\$1,540.60

Page Total \$ 1,750.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco					
Full Name of Contributor Mr. Gary M. Rosen				Registration Number, if PAC	
Street Address 2279 Ridgewood Road		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 7	Amount \$100.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Philip Maynard				Registration Number, if PAC	
Street Address 1484 Camden Ridge Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 7	Amount \$250.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, etc.) check	
Full Name of Contributor Patrick J. D'Andrea				Registration Number, if PAC	
Street Address 697 W. Market Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 7	Amount \$250.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Jams N. Tormey				Registration Number, if PAC	
Street Address 220 S. Rose Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 9 1 7	Amount \$25.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Louis Bologna				Registration Number, if PAC	
Street Address 2285 Lancaster Road		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 7	Amount \$35.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen J. Kidder				Registration Number, if PAC	
Street Address 2692 Sulgrave Rd.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 7	Amount \$50.00
City Shaker Heights		State OH	Zip Code 44122	Form (Cash, Check, etc.) check	
Full Name of Contributor William Zavarello				Registration Number, if PAC	
Street Address 313 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 8 1 7	Amount \$1,000.00
City Akron		State OH	Zip Code 44308	Form (Cash, Check, etc.) chck	

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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

11,355.00

Total expenditures this event.

\$0.00

1540.60

Page Total \$ **\$1,710.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco					
Full Name of Contributor Jennifer Watson				Registration Number, if PAC	
Street Address 861 Chestnut Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$25.00
City Cuyahoga Falls		State OH	Zip Code 44221	Form (Cash, Check, etc.) check	
Full Name of Contributor Laurie Hoffman				Registration Number, if PAC	
Street Address 69 Westgay Drive, Apt B		Employer/Occupation/Labor Organization*		M D Y 0 5 0 2 1 7	Amount \$25.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Teresa Lloyd				Registration Number, if PAC	
Street Address 1808 Canfield Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$25.00
City Akron		State OH	Zip Code 44301	Form (Cash, Check, etc.) check	
Full Name of Contributor Nancy Frost				Registration Number, if PAC	
Street Address 2089nHackberry St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 1 7	Amount \$35.00
City Akron		State OH	Zip Code 44301	Form (Cash, Check, etc.) check	
Full Name of Contributor Christian Benzie				Registration Number, if PAC	
Street Address 487 Aqueduct St.		Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$35.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Camille P. Davis				Registration Number, if PAC	
Street Address 1659 Hampton Knoll Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$35.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Sandy Money penny				Registration Number, if PAC	
Street Address 537 Fulmer Ave.		Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$35.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, etc.) check	

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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

Page Total \$ **\$215.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Jeff Fusco							
Full Name of Contributor Sandra Baltis		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 497 E. Park Blvd.				0	5	0317	\$35.00
City Akron	State OH	Zip Code 44305	Form (Cash, Check, etc.) check				
C A Morris Shechter							
Street Address 4260 Bramble Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$35.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, etc.) check				
Cheryl Jones							
Street Address 16 Marion Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$35.00
City Mogadore	State OH	Zip Code 44260	Form (Cash, Check, etc.) check				
Barbara A. Benya							
Street Address 5786 Sonata Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$35.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, etc.) check				
Danny L. Gable							
Street Address 328 Hilbish Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$35.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, etc.) check				
Jon Poda							
Street Address 2798 Alexandrai Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$50.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) check				
Tim Crawford							
Street Address 4109 Cleveland Massillon Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$50.00
City Norton	State OH	Zip Code 44203	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

Total expenditures this event

\$0.00

Page Total \$ \$275.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC					
Friends of Jeff Fusco									
Full Name of Contributor Kevin G. Davis			Employer/Occupation/Labor Organization*			M	D	Y	Amount
Street Address 12 E. Exchange St						0	5	0317	\$50.00
City Akron		State OH	Zip Code 44308		Form (Cash, Check, etc.) check				
Full Name of Contributor Amy Fritz				Registration Number, if PAC					
Street Address 2234 Eastgate Commons Dr			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	4	2417	\$70.00
City Akron		State OH	Zip Code 44313		Form (Cash, Check, etc.) check				
Full Name of Contributor Janice Stottler				Registration Number, if PAC					
Street Address 635 Howe Road			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	5	0317	\$70.00
City Cuyahoga Falls		State OH	Zip Code 44221		Form (Cash, Check, etc.) check				
Full Name of Contributor Valerie McKittrick				Registration Number, if PAC					
Street Address 1490 Verndale Dr			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	5	0317	\$75.00
City Akron		State OH	Zip Code 44306		Form (Cash, Check, etc.) check				
Full Name of Contributor Raymond Bertolini				Registration Number, if PAC					
Street Address 2070 Wright Rd			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	4	1817	\$100.00
City Akron		State OH	Zip Code 44320		Form (Cash, Check, etc.) check				
Full Name of Contributor Friends of Perez Committee				Registration Number, if PAC					
Street Address 509 36th Street NW			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	4	2617	\$100.00
City Canton		State OH	Zip Code 44709		Form (Cash, Check, etc.) check				
Full Name of Contributor Annal D. Vyas				Registration Number, if PAC					
Street Address 4410 Eastwicke Blvd			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						0	5	0317	\$100.00
City Stow		State OH	Zip Code 44224		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

Total expenditures this event

\$0.00

Page Total \$ 565.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco					Registration Number, if PAC			
Full Name of Contributor Dean A. Young			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 507 Canton Road					0	5	0317	\$100.00
City Akron		State OH	Zip Code 44312		Form (Cash, Check, etc.) check			
Full Name of Contributor Jerry E. Feeman					Registration Number, if PAC			
Street Address 1068 Ledgebrook Drive			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Tallmadge			State OH	Zip Code 44278	0	5	0317	\$100.00
				Form (Cash, Check, etc.) check				
Full Name of Contributor Marsha L. Fusco					Registration Number, if PAC			
Street Address 550 Crossings Circle			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Tallmadge			State OH	Zip Code 44278	0	5	0317	\$100.00
				Form (Cash, Check, etc.) check				
Full Name of Contributor Charles J Dandrea					Registration Number, if PAC			
Street Address 405 Sackett Ave			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron			State OH	Zip Code 44313	0	5	0317	\$100.00
				Form (Cash, Check, etc.) check				
Full Name of Contributor Pete Nischt					Registration Number, if PAC			
Street Address 1951 Wiltshire Rd			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron			State OH	Zip Code 44313	0	5	0317	\$100.00
				Form (Cash, Check, etc.) check				
Full Name of Contributor William Melver					Registration Number, if PAC			
Street Address 177 Oakdale Ave.			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron			State OH	Zip Code 44302	0	5	0317	\$100.00
				Form (Cash, Check, etc.) check				
Full Name of Contributor George Jumbert					Registration Number, if PAC			
Street Address 329 Lakepoint Dr			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron			State OH	Zip Code 44333	0	5	0317	\$100.00
				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

Total expenditures this event

\$0.00

Page Total \$ 700.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco					Registration Number, if PAC				
Full Name of Contributor Peter B Zeigler			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address 1050 Austin Ave					0	5	0317	\$100.00	
City Akron		State OH	Zip Code 44306		Form (Cash, Check, etc.) check				
Full Name of Contributor Mr. J.Q. Adams					Registration Number, if PAC				
Street Address 2065 Quayle Dr			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron			State OH	Zip Code 44312		0	5	0317	\$100.00
				Form (Cash, Check, etc.) check					
Full Name of Contributor Paula S. Prentice					Registration Number, if PAC				
Street Address 4235 Aldawood Hills Dr			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron			State OH	Zip Code 44319		0	5	0317	\$100.00
				Form (Cash, Check, etc.) check					
Full Name of Contributor Federated Democratic Women of Summit County					Registration Number, if PAC				
Street Address 82 Cedar Woods Drive			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls			State OH	Zip Code 44223		0	4	2617	\$100.00
				Form (Cash, Check, etc.) check					
Full Name of Contributor Jacqueline Ludle					Registration Number, if PAC				
Street Address 1024 Berwin St.			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron			State OH	Zip Code 44310		0	5	0317	\$135.00
				Form (Cash, Check, etc.) check					
Full Name of Contributor Stephen Q. Fusco					Registration Number, if PAC				
Street Address 1143 Tait Road			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron			State OH	Zip Code 44319		0	5	0317	\$200.00
				Form (Cash, Check, etc.) check					
Full Name of Contributor Manuel Nemer					Registration Number, if PAC				
Street Address 3317 Morewood Road			Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Fairlawn			State OH	Zip Code 44333		0	5	0317	\$200.00
				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

Total expenditures this event

\$0.00

Page Total \$ 935.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Frinds of Jeff Fusco							
Full Name of Contributor Debra R. Valatka				Registration Number, if PAC			
Street Address 4600 Timothy Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$250.00
City Green	State OH	Zip Code 44319		Form (Cash, Check, etc.) check			
Full Name of Contributor Frank Kunstel				Registration Number, if PAC			
Street Address 131 Seaborn Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2517	\$300.00
City Willowick	State OH	Zip Code 44095		Form (Cash, Check, etc.) check			
Full Name of Contributor Nagib Salaheddine				Registration Number, if PAC			
Street Address 339 S. Miller Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0317	\$300.00
City Akron	State OH	Zip Code 44333		Form (Cash, Check, etc.) check			
Full Name of Contributor Glen Stephens				Registration Number, if PAC			
Street Address 133 N. Summit St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0217	\$500.00
City Akron	State OH	Zip Code 44304		Form (Cash, Check, etc.) check			
Full Name of Contributor David Worhatch				Registration Number, if PAC			
Street Address 4920 Darrow Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2717	\$500.00
City Stow	State OH	Zip Code 44224		Form (Cash, Check, etc.) check			
Full Name of Contributor Sheet Metal Works Local 33 Akron District COPE Comm.				Registration Number, if PAC			
Street Address 1890 Venture Cir SE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2617	\$500.00
City Massillon	State OH	Zip Code 44646		Form (Cash, Check, etc.) check			
Full Name of Contributor Paul N. Thomarios				Registration Number, if PAC			
Street Address One Canal Square Plaza, Suite 500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2217	\$1,000.00
City Akron	State OH	Zip Code 44308		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

Total expenditures this event.

\$0.00

Page Total \$ 3,350.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Jeff Fusco			
Full Name of Contributor Tri County Building Trades PCE		Registration Number, if PAC	
Street Address 272 W. Market St.	Employer/Occupation/Labor Organization*	M D Y 0 4 2 5 1 7	Amount \$500.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check
Full Name of Contributor Thomas Bevan		Registration Number, if PAC	
Street Address 530 Meadowridge Way		Registration Number, if PAC	
Street Address 530 Meadowridge Way	Employer/Occupation/Labor Organization*	M D Y 0 5 0 3 1 7	Amount \$1,000.00
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, etc.) check
Full Name of Contributor Sharon Connor		Registration Number, if PAC	
Street Address 867 Morningview		Registration Number, if PAC	
Street Address 867 Morningview	Employer/Occupation/Labor Organization*	M D Y 0 5 0 3 1 7	Amount \$100.00
City Akron	State OH	Zip Code 44305	Form (Cash, Check, etc.) cash
Full Name of Contributor Alisha Brinson		Registration Number, if PAC	
Street Address 292 Greensfield		Registration Number, if PAC	
Street Address 292 Greensfield	Employer/Occupation/Labor Organization*	M D Y 0 5 0 3 1 7	Amount \$20.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, etc.) cash
Full Name of Contributor Margaret Clafin		Registration Number, if PAC	
Street Address 1951 Tudor St		Registration Number, if PAC	
Street Address 1951 Tudor St	Employer/Occupation/Labor Organization*	M D Y 0 5 0 3 1 7	Amount \$35.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) cash
Full Name of Contributor Gregory Kurtz		Registration Number, if PAC	
Street Address 6355 Evergreen Drive		Registration Number, if PAC	
Street Address 6355 Evergreen Drive	Employer/Occupation/Labor Organization*	M D Y 0 5 0 1 1 7	Amount \$100.00
City Independence	State OH	Zip Code 44131	Form (Cash, Check, etc.) check
Full Name of Contributor Daniel M. Rice		Registration Number, if PAC	
Street Address 1622 Grant Ave		Registration Number, if PAC	
Street Address 1622 Grant Ave	Employer/Occupation/Labor Organization*	M D Y 0 5 0 2 1 7	Amount \$100.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) check

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Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$1,855.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco				
Full Name of Contributor Robert M Gippin			Registration Number, if PAC	
Street Address 929 eaton Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 0 4 1 7	Amount \$100.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor George Tonies			Registration Number, if PAC	
Street Address 277 Bluff St., Suite 300	Employer/Occupation/Labor Organization*		M D Y 0 5 0 5 1 7	Amount \$300.00
City Akron	State OH	Zip Code 44304	Form (Cash, Check, etc.) check	
Full Name of Contributor Arcadis U.S., INC. Political Action Comm. a Qualified Multi-Candidate Comm.			Registration Number, if PAC N/A	
Street Address 630 Plaza Drive, Suite 100	Employer/Occupation/Labor Organization*		M D Y 0 5 0 3 1 7	Amount \$500.00
City Highlands Ranch	State CO	Zip Code 80129	Form (Cash, Check, etc.) check	
Full Name of Contributor Vincent Ciraco			Registration Number, if PAC	
Street Address 968 Iredell St.	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 7	Amount \$100.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, etc.) check	
Full Name of Contributor Sean D'Arcy			Registration Number, if PAC	
Street Address 5700 Roosevelt St	Employer/Occupation/Labor Organization*		M D Y 0 5 1 7 1 7	Amount \$500.00
City Bethesda	State MD	Zip Code 20817	Form (Cash, Check, etc.) check	
Full Name of Contributor Local 219			Registration Number, if PAC PCE 7695	
Street Address 644 E. Tallmadge Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 1 7	Amount \$250.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	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

Total expenditures this event.

\$0.00

Page Total \$ **\$1,750.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco							
To Whom Paid Michael Wheeler				M	D	Y	Amount
				0	4	1	1
				1	7	\$246.01	
Address 3663 Hawthorne		Purpose Reimburse for postage for mailer					
City Richfield	State OH	Zip Code 44286	Check Number 1448				
To Whom Paid Novex Systems				M	D	Y	Amount
				0	5	0	5
				1	7	\$591.40	
Address 6040 Hillcrest Drive		Purpose Letterhead, printing services for May 3 fundraiser					
City Valley View	State OH	Zip Code 44125	Check Number 1457				
To Whom Paid Helen Fusco				M	D	Y	Amount
				0	5	0	5
				1	7	\$703.19	
Address 2117 Forest Oak Drive		Purpose Reimburse for food & beverages for 5/3/2017 fundraiser					
City Akron	State OH	Zip Code 44312	Check Number 1461				
To Whom Paid				M	D	Y	Amount
Address							
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				State	Zip Code	Check Number	
				OH			

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.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Friends of Jeff Fusco						
Full Name of Contributor			Registration Number, if PAC			
Janice Oakley						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
925 Canyon View Road, #203			0	6	0717	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Sagamore Hills	OH	44067	check			
Full Name of Contributor			Registration Number, if PAC			
Kaitlin Bailey						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2127 Pilgrim Way			0	6	0717	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44313	check			
Full Name of Contributor			Registration Number, if PAC			
Sandra Ballis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
497 E. Park Blvd.			0	6	0717	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44305	check			
Full Name of Contributor			Registration Number, if PAC			
Dorothy J. Pratt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5912 Woodward Dr			0	6	0717	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
New Franklin	OH	44319	check			
Full Name of Contributor			Registration Number, if PAC			
Mr. Richard H Lang						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
291 Green Glen Spur			0	6	0717	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	check			
Full Name of Contributor			Registration Number, if PAC			
Robert McCarty						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
611 Woodbrook Road			0	6	0717	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls	OH	44223	check			
Full Name of Contributor			Registration Number, if PAC			
KRP & Associates LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
509 36th St., NW			0	6	0117	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Canton	OH	44709	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

Total expenditures this event

\$0.00

Page Total \$ 165.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Jeff Fusco			
Full Name of Contributor		Registration Number, if PAC	
Rudd J. Bare II			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3040 Oxbow Rd		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Richfield	OH	44286	check
Full Name of Contributor		Registration Number, if PAC	
Margaret Scott			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3776 Fairway Park Dr., #101		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Copley	OH	44321	check
Full Name of Contributor		Registration Number, if PAC	
Mykal Mills			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1481 Hilton Dr		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44313	check
Full Name of Contributor		Registration Number, if PAC	
Paula Sauter			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
412 Foursome Avenue		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44313	check
Full Name of Contributor		Registration Number, if PAC	
Cheryl Jones			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
16 Marion Avenue		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Mogadore	OH	44260	check
Full Name of Contributor		Registration Number, if PAC	
Barbara Benya			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5786 Sonata Dr		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Clinton	OH	44216	check
Full Name of Contributor		Registration Number, if PAC	
Christian Benzie			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
487 Aqueduct St		0 6 07 17	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	44303	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 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

Total expenditures this event

\$0.00

\$0.00

Page Total \$ **\$245.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Jeff Fusco			
Full Name of Contributor Charles H Victor		Registration Number, if PAC	
Street Address 786 Fairwood Dr	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$35.00
City Tallmadge	State Zip Code OH 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor David Kevin Horner		Registration Number, if PAC	
Street Address 554 Weber Ave		Registration Number, if PAC	
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$35.00
City Akron	State Zip Code OH 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Peter B Zeigler		Registration Number, if PAC	
Street Address 1050 Austin Ave		Registration Number, if PAC	
Street Address 1050 Austin Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$35.00
City Akron	State Zip Code OH 44306	Form (Cash, Check, etc.) check	
Full Name of Contributor Ken Williams		Registration Number, if PAC	
Street Address 2697 Pitcher Plant Ct		Registration Number, if PAC	
Street Address 2697 Pitcher Plant Ct	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$50.00
City Uniontown	State Zip Code OH 44685	Form (Cash, Check, etc.) check	
Full Name of Contributor Sara Fusco Oberhauser		Registration Number, if PAC	
Street Address 2265 Canterbury Circle		Registration Number, if PAC	
Street Address 2265 Canterbury Circle	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$50.00
City Akron	State Zip Code OH 44319	Form (Cash, Check, etc.) check	
Full Name of Contributor Donald L. Plusquellic		Registration Number, if PAC	
Street Address 1 Canal Square Plz, Ste 1402		Registration Number, if PAC	
Street Address 1 Canal Square Plz, Ste 1402	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$50.00
City Akron	State Zip Code OH 44308	Form (Cash, Check, etc.) check	
Full Name of Contributor Renay Muehlheim		Registration Number, if PAC	
Street Address 547 Patterson Ave		Registration Number, if PAC	
Street Address 547 Patterson Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 0 7 1 7	Amount \$50.00
City Akron	State Zip Code OH 44310	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 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

Total expenditures this event
\$0.00

Page Total \$ **\$305.00**

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

Prescribed by Secretary of State 03.05

Name of Committee in Full							
Friends of Jeff Fusco							
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	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	check			
Full Name of Contributor				Registration Number, if PAC			
William N. Melver							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
177 Oakdale Ave				0	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44302	check			
Full Name of Contributor				Registration Number, if PAC			
Jennifer Watson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
861 Chestnut Blvd				0	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls		OH	44221	check			
Full Name of Contributor				Registration Number, if PAC			
Catherine Stoyhoff							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
235 Lake Front Sr				0	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44319	check			
Full Name of Contributor				Registration Number, if PAC			
Ellen Nischt							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1951 Wiltshire Rd				0	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	check			
Full Name of Contributor				Registration Number, if PAC			
Charles J Dandrea							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
405 Sackett Ave				0	6	0717	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	check			
Full Name of Contributor				Registration Number, if PAC			
Valerie J McKitrick							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1490 Vermdale Dr				0	6	0717	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44306	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

Total expenditures this event.

\$0.00

Page Total \$ **\$375.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Jeff Fusco			
Full Name of Contributor Jacqueline Ludle		Registration Number, if PAC	
Street Address 1204 Berwin St	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$75.00
City Akron	State OH Zip Code 44310	Form (Cash, Check, etc.) check	
Full Name of Contributor John Valle		Registration Number, if PAC	
Street Address 425 Sackett Ave		Registration Number, if PAC	
Street Address 425 Sackett Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$100.00
City Akron	State OH Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Fed. Democratic Women of Summit County		Registration Number, if PAC	
Street Address 82 Cedar Woods Dr		Registration Number, if PAC	
Street Address 82 Cedar Woods Dr	Employer/Occupation/Labor Organization*	M D Y 0 5 26 17	Amount \$100.00
City Cuyahoga Falls	State OH Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Elect Marilyn Keilh		Registration Number, if PAC	
Street Address 585 Winslow Ave		Registration Number, if PAC	
Street Address 585 Winslow Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$100.00
City Akron	State OH Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen Buschko		Registration Number, if PAC	
Street Address 282 Somerset Road		Registration Number, if PAC	
Street Address 282 Somerset Road	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$100.00
City Akron	State OH Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Tammy Kalail		Registration Number, if PAC	
Street Address 955 eaton Ave		Registration Number, if PAC	
Street Address 955 eaton Ave	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$100.00
City Akron	State OH Zip Code 44303	Form (Cash, Check, etc.) check	
Full Name of Contributor Julie Ann Sweet		Registration Number, if PAC	
Street Address 1612 Summit Lake Blvd		Registration Number, if PAC	
Street Address 1612 Summit Lake Blvd	Employer/Occupation/Labor Organization*	M D Y 0 6 07 17	Amount \$100.00
City Akron	State OH Zip Code 44314	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

Total expenditures this event.
\$0.00

Page Total \$ **\$675.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Jeff Fusco							
Full Name of Contributor Anthony Paparella		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2170 S Short Hills Dr				0	6	0717	\$100.00
City Akron	State OH	Zip Code 44333		Form (Cash, Check, etc.) check			
Full Name of Contributor Joel D. Bailey				Registration Number, if PAC			
Street Address 2127 Pilgrim Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0717	\$100.00
City Akron	State OH	Zip Code 44313		Form (Cash, Check, etc.) check			
Full Name of Contributor Marsha Fusco				Registration Number, if PAC			
Street Address 550 Crossings Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0717	\$100.00
City Tallmadge	State OH	Zip Code 44278		Form (Cash, Check, etc.) check			
Full Name of Contributor Annal Vyas				Registration Number, if PAC			
Street Address 451 W. Market St., Apt. 3		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0717	\$100.00
City Akron	State OH	Zip Code 44304		Form (Cash, Check, etc.) check			
Full Name of Contributor Frank Williams Jr				Registration Number, if PAC			
Street Address 2195 Delaware Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0717	\$100.00
City Akron	State OH	Zip Code 44312		Form (Cash, Check, etc.) check			
Full Name of Contributor John C. Blicke				Registration Number, if PAC			
Street Address 388 S. Main Street, Ste. 401a		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2617	\$250.00
City Akron	State OH	Zip Code 44311		Form (Cash, Check, etc.) check			
Full Name of Contributor Nagib Salaheddine				Registration Number, if PAC			
Street Address 339 S. Miller road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0717	\$300.00
City Akron	State OH	Zip Code 44333		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

Total expenditures this event

\$0.00

\$0.00

Page Total \$ **\$1,050.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco				
Full Name of Contributor Teamsters Ohio Drive			Registration Number, if PAC C00008078	
Street Address 6511 Eastland Rd., Suite 140		Employer/Occupation/Labor Organization*		M D Y Amount 0 5 1 2 1 7 \$750.00
City Brook Park		State OH	Zip Code 44142	Form (Cash, Check, etc.) check
Full Name of Contributor Jake Ochsenhirt			Registration Number, if PAC	
Street Address 812 Mayfair Road		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 0 7 1 7 \$35.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) cash
Full Name of Contributor Tom Smith			Registration Number, if PAC	
Street Address 536 Amberwood		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 0 7 1 7 \$40.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) cash
Full Name of Contributor Linda Fink			Registration Number, if PAC	
Street Address 285 Skyview Dr		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 0 7 1 7 \$20.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, etc.) cash
Full Name of Contributor Alisha Brinson			Registration Number, if PAC	
Street Address 292 Greensfield Lane		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 0 7 1 7 \$20.00
City Copley		State OH	Zip Code 44321	Form (Cash, Check, etc.) cash
Full Name of Contributor Sandy Money Penny			Registration Number, if PAC	
Street Address 3984 Idelle		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 1 0 1 7 \$50.00
City Mogadore		State OH	Zip Code 44260	Form (Cash, Check, etc.) check
Full Name of Contributor America 2.0 PAC			Registration Number, if PAC FEC C00417584	
Street Address P.O.Box 83142		Employer/Occupation/Labor Organization*		M D Y Amount 0 6 0 5 1 7 \$100.00
City Gaithersburg		State MD	Zip Code 20883	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

Total expenditures this event

\$0.00

Page Total \$ 1,015.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Fusco				
Full Name of Contributor Carpenters Local 285 PCE			Registration Number, if PAC	
Street Address 47 Alice Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 0 2 1 7	Amount \$500.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, etc.) check	
Full Name of Contributor Eileen Jackson			Registration Number, if PAC	
Street Address 547 Lansing Road	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 7	Amount \$35.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, etc.) check	
Full Name of Contributor Local No 219			Registration Number, if PAC PCE 7695	
Street Address 644 E. Tallmadge Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 5 1 7	Amount \$100.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, etc.) check	
Full Name of Contributor IBEW PAC Voluntary Fund			Registration Number, if PAC	
Street Address 900 Seventh Street, N.W.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 1 7	Amount \$500.00
City Washington	State DC	Zip Code 20001	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	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 OH	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 OH	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

Total expenditures this event.

\$4,985.00

\$1,494.39

Page Total \$ **\$1,135.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco												
To Whom Paid Michael Wheeler						M	D	Y	Amount			
						0	4	1	1	7	\$246.01	
Address 3663 Hawthorne				Purpose Reimburse for postage for mailer 5/3/17								
City Richfield		State OH	Zip Code 44286	Check Number 1448								
To Whom Paid Novex Systems						M	D	Y	Amount			
						0	5	0	5	1	7	\$591.40
Address 6040 Hillcrest Dr.				Purpose Letterhead, printing services for May 3 fundraiser								
City Valley View		State OH	Zip Code 44125	Check Number 1457								
To Whom Paid Helen Fusco						M	D	Y	Amount			
						0	5	0	5	1	7	\$703.19
Address 2117 Forest Oak Dr				Purpose Reimburse-Food & Beverages, etc for 5/3/2017 FR								
City Akron		State OH	Zip Code 44312	Check Number 1461								
To Whom Paid						M	D	Y	Amount			
Address												
City						OH						
To Whom Paid						M	D	Y	Amount			
Address												
City						OH						
To Whom Paid						M	D	Y	Amount			
Address												
City						OH						
To Whom Paid						M	D	Y	Amount			
Address												
City						OH						

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.

\$1,540.60
Page Total \$ _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco									
To Whom Paid Miller's Presort						M	D	Y	Amount
						0	5	17	\$522.26
Address 1147 Sweitzer Ave			Purpose Postage for 6/7/17 Fusco FR						
City Akron		State OH	Zip Code 44301	Check Number 1465					
To Whom Paid One to Ine Creative Communications						M	D	Y	Amount
						0	5	17	\$542.00
Address 1352 Keystone Blvd			Purpose mailer invitations for 6/7/17/ Fusco FR						
City Akron		State OH	Zip Code 44320	Check Number 1466					
To Whom Paid Just A Dream Entertainment (Rialto Theater)						M	D	Y	Amount
						0	6	17	\$263.13
Address 1000 Kenmore Blvd			Purpose Beverages						
City Akron		State OH	Zip Code 44314	Check Number 1473					
To Whom Paid Pierre Brooklyn Pizza						M	D	Y	Amount
						0	6	17	\$167.00
Address 964 Kenmore Blvd			Purpose Food						
City Akron		State OH	Zip Code 44314	Check Number EFT					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
		OH							

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.

\$1,494.39
Page Total \$ _____

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeff Fusco					
Recipient Committee Summit County Progressive Democrats					
Address 929 Eaton Ave	Description of Item or Service Gift Card	M 0	D 4	Y 1 1	Fair Market Value \$50.00
City Akron	State OH	Zip Code 44303			
Recipient Committee					
Address					
Description of Item or Service					
M D Y Fair Market Value					
City State Zip Code					
OH					
Recipient Committee					
Address					
Description of Item or Service					
M D Y Fair Market Value					
City State Zip Code					
OH					
Recipient Committee					
Address					
Description of Item or Service					
M D Y Fair Market Value					
City State Zip Code					
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Recipient Committee					
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Description of Item or Service					
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City State Zip Code					
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Recipient Committee					
Address					
Description of Item or Service					
M D Y Fair Market Value					
City State Zip Code					
OH					
Recipient Committee					
Address					
Description of Item or Service					
M D Y Fair Market Value					
City State Zip Code					
OH					

\$50.00
 Page Total \$ _____