

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee SUMMITPAC				Registration Number, if PAC County only			
Full Name of Candidate N/A							
Street Address 863 N. Cleveland Massillon Road				Office Sought N/A		District N/A	
City Akron				State OH		Zip Code 44333	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" 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 type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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	\$	\$6,526.32
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$6,526.32
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,600.00
6. Balance on hand (line 4 minus line 5)	\$	\$4,926.32
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.	\$	\$0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 AUG 31 PM 12:12
AKRON, OHIO
#1336 AVC

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.

STEVEN FANNIN, TREASURER

08/31/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 6

Total pages 8

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SUMMITPAC												
To Whom Paid ENI MULTIMEDIA LLC						M	D	Y	Amount			
						0	8	0	1	1	7	\$100.00
Address 2250 LYNWOOD DRIVE				Purpose WEBSITE UPKEEP FEE								
City STOW		State OH		Zip Code 44224		Check Number 142						
To Whom Paid COMMITTEE TO ELECT THOMAS 'BEBE' HEITIC						M	D	Y	Amount			
						0	8	2	1	1	7	\$500.00
Address N/A				Purpose DONATION TO CANDIDATE								
City N/A		State OH		Zip Code		Check Number 143						
To Whom Paid SUSAN HALE FOR MAYOR						M	D	Y	Amount			
						0	8	2	5	1	7	\$1,000.00
Address N/A				Purpose DONATION TO CANDIDATE								
City N/A		State OH		Zip Code		Check Number 144						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC						
Full Name of Contributor NONE SINCE LAST REPORTING PERIOD			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
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 SUMMITPAC					
Full Name NONE				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
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.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUMMITPAC				
Full Name of Contributor NONE	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D Y Fair Market Value
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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)]

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full				
SUMMITPAC				
Recipient Committee				
NONE				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				
Recipient Committee				
Address	Description of Item or Service	M	D	Y
City	State Zip Code			Fair Market Value
OH				

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee SUMMITPAC									
To Whom Owed NONE					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State OH	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State OH	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State OH	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ 0.00 (also record on cover page)

Independent Expenditures Made by a Campaign Committee, PAC, Political Contributing Entity, Political Party or Legislative Campaign Fund

Prescribed by Secretary of State 07/05

Name of Committee in Full SUMMITPAC							
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought			
To Whom Paid							
Address		Purpose		M	D	Y	Amount
City		State OH		Zip Code			