



Committee Name Elect James Ahlstrom		Office Sought City Council		District Ward 1	
Street Address 3267 Myersville RD		City Uniontown	State OH	Zip 44685	
Candidate Name OR PAC Registration Number James Ahlstrom		Treasurer Name James Ahlstrom		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year 2017
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	587.13
2. Total monetary contributions (From Forms 31-A and 31-E)	3005.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1,2, and 3)	3592.13
5. Total monetary expenditures (From Forms 31-B and 31-F)	2526.06
6. Balance on hand (line 4 minus line 5)	1066.07
7. Value of in-kind contributions received (From Form 31-J-1)	550.00
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 OCT 26 AM 9:54

#1533 AVR

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

[Handwritten Signature]

10/26/2017

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages
3

Expenditure Pages
1

Other Pages
1

Total Pages
6



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Contributor					Registration Number, if PAC				
Elect James Ahlstrom									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2881 Morewood RD									
City	State	Zip Code	Date (MM/DD/YYYY)	Amount					
Fairlawn	OH	44333	08/23/2017	35-					
Full Name of Contributor					Registration Number, if PAC				
Caitlin Tulodzieski									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
9380 Pleasant Valley Ave									
City	State	Zip Code	Date (MM/DD/YYYY)	Amount					
N. Canton	OH	44720	08/23/2017	50-					
Full Name of Contributor					Registration Number, if PAC				
Keith DUDA									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
12587 Class Ave NW									
City	State	Zip Code	Date (MM/DD/YYYY)	Amount					
Uniontown	OH	44685	08/23/2017	100-					
Full Name of Contributor					Registration Number, if PAC				
Amanda Baum									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3325 Molly Dr									
City	State	Zip Code	Date (MM/DD/YYYY)	Amount					
Akron	OH	44312	08/23/2017	20-					
Full Name of Contributor					Registration Number, if PAC				
William Kittinger									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
66 S Miller RD						344			
City	State	Zip Code	Date (MM/DD/YYYY)	Amount					
Fairlawn	OH	44333	08/23/2017	500					

*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 Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Elect James Ahlstrom				
Full Name of Contributor Carmine TORIO			Registration Number, if PAC	
Street Address 167 W. Glenridge RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 5166
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 08/23/2017	Amount 100
Full Name of Contributor Timothy Freeman			Registration Number, if PAC	
Street Address 4839 Stalnaker Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 3181
City N. Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 08/23/2017	Amount 100
Full Name of Contributor Dennis Thomas			Registration Number, if PAC	
Street Address 1692 Keans		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 585874
City N. Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 08/28/2017	Amount 100
Full Name of Contributor Roderick Linton Bellance LLC			Registration Number, if PAC	
Street Address 50. S Main St. 10th Fl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 45089
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 08/23/2017	Amount 200
Full Name of Contributor Christopher Maggiore			Registration Number, if PAC	
Street Address 4788 Nables Pond Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 2626
City Canton	State OH	Zip Code 44718	Date (MM/DD/YYYY) 08/30/2017	Amount 1000

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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Elect James Arlstrom				
Full Name of Contributor Fred + Jacqueline Kugel			Registration Number, if PAC	
Street Address 388 Alicante Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 4595
City Davenport	State OH	Zip Code 33837	Date (MM/DD/YYYY) 09/03/2017	Amount 500-
Full Name of Contributor Andrew + Penny Ragan			Registration Number, if PAC	
Street Address 3111 Bear Hollow		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 2030
City Uniontown	State OH	Zip Code 41685	Date (MM/DD/YYYY) 10/20/2017	Amount 200-
Full Name of Contributor Ryan P McHugh			Registration Number, if PAC C00542530	
Street Address PO Box 732		Employer/Occupation/Labor Organization* Conservative First		Form (Cash, Check, etc.)
City Rockwell	State OH TX	Zip Code 75087	Date (MM/DD/YYYY) 09/21/2017	Amount 100-
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Elect James Anstrom			
To Whom Paid TKM		Date (MM/DD/YYYY) 05/24/2017	Amount 266.88
Street Address 760 Killian		Purpose Postcards	
City Akron	State OH	Zip Code 44319	Check Number
To Whom Paid TKM		Date (MM/DD/YYYY) 08/31/2017	Amount 1708-
Street Address 760 Killian		Purpose Yard Signs	
City Akron	State OH	Zip Code 44319	Check Number
To Whom Paid TKM		Date (MM/DD/YYYY) 10/25/2017	Amount 500
Street Address 760 Killian		Purpose Markers	
City Akron	State OH	Zip Code 44319	Check Number CC
To Whom Paid LOWES		Date (MM/DD/YYYY) 10/01/2017	Amount 5118
Street Address 940 Interstak Park		Purpose Tips / S Home	
City Akron	State OH	Zip Code 44312	Check Number CC
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ _____



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>Elect James Aulstron</i>				
Full Name of Contributor <i>Legends Sports Pub Grill</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>18410 Town Park Blvd</i>		Description of Item or Service <i>FOOD</i>		Date (MM/DD/YYYY) <i>08/23/2017</i>
City <i>Uniontown</i>		State <i>OH</i>	Zip Code <i>44685</i>	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <i>Lexus of Akron/Canton</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>1000 Intistale</i>		Description of Item or Service <i>Room Fee</i>		Date (MM/DD/YYYY) <i>08/23/2017</i>
City <i>Akron</i>		State <i>OH</i>	Zip Code <i>44312</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <i>Angela Brubaker Photo</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>3374 Par-fume Blvd</i>		Description of Item or Service <i>Campaign Photos</i>		Date (MM/DD/YYYY) <i>08/07/2017</i>
City <i>Uniontown</i>		State <i>OH</i>	Zip Code <i>44685</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

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