

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>The Committee to Elect Scott Barr</b>						Registration Number, if PAC			
Full Name of Candidate <b>Scott Lowell Barr</b>									
Street Address <b>2823 Myrick Lane</b>				Office Sought <b>Council At-Large</b>			District <b>Twinsburg</b>		
City <b>Twinsburg</b>				State <b>OH</b>		Zip Code <b>44087</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		✓ Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 1 1 D 0 7 Y 1 7	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required 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	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	12526	.00
3. Total other income (From Form No. 31-A-2)	\$	0	.00
4. Total funds available (sum of lines 1, 2, 3)	\$	12526	.00
5. Total monetary expenditures (From Form No. 31-B)	\$	9295	33
6. Balance on hand (line 4 minus line 5)	\$	3230	67
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1465	62
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)	\$	1174	72
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.	\$		

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 OCT 23 PM 1:52

AKRON, OH 44303

#142418

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.

Angela Magness  
Print Name and Title (Treasurer and Deputy Treasurer only)

Angela Magness  
Signature

10-21-17  
Date

Contribution pages 15

Expenditure pages 8

Other pages 2

Total pages 25

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee to Elect Scott Barr</b>												
To Whom Owed <b>Scott Barr</b>					Prior Amount <b>0.00</b>			Amt. Incurred this Period <b>986.31</b>				
Address <b>2823 Myrick Lane</b>					Item or Purpose of Debt <b>Campaign Flyprinting</b>			Outstanding Balance <b>986.31</b>				
City <b>Twinsburg</b>			State <b>OH</b>	Zip Code <b>44087</b>		Payments This Period						
Date Debt was originally Incurred					M	D	Y	S		Date		Amount
										M	D	
Registration Number, if PAC					M	D	Y	S				
					M	D	Y	S				
To Whom Owed <b>Scott Barr</b>					Prior Amount <b>0.00</b>			Amt. Incurred this Period <b>185.41</b>				
Address <b>2823 Myrick Lane</b>					Item or Purpose of Debt <b>Campaign t-shirts</b>			Outstanding Balance <b>185.41</b>				
City <b>Twinsburg</b>			State <b>OH</b>	Zip Code <b>44087</b>		Payments This Period						
Date Debt was originally Incurred					M	D	Y	S		Date		Amount
										M	D	
Registration Number, if PAC					M	D	Y	S				
					M	D	Y	S				
To Whom Owed					Prior Amount			Amt. Incurred this Period				
Address					Item or Purpose of Debt			Outstanding Balance				
City			State	Zip Code		Payments This Period						
Date Debt was originally Incurred					M	D	Y	S		Date		Amount
										M	D	
Registration Number, if PAC					M	D	Y	S				
					M	D	Y	S				

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 \$ 1,174.72 (also record on cover page)

## In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
<b>The Committee to Elect Scott Barr</b>				
Full Name of Contributor <b>Scott Barr</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>2823 Myrick Lane</b>		Description of Item or Service <b>Facebook advertising</b>		M   D   Y   Fair Market Value <b>1   0   0   2   1   7   100.00</b>
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Sam Scaffide</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>1538 Deeplake Circle</b>		Description of Item or Service <b>promotional literature</b>		M   D   Y   Fair Market Value <b>1   0   0   3   1   7   150.00</b>
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Kellie Brown</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>1982 Darrow Lake Dr</b>		Description of Item or Service <b>newspaper ad</b>		M   D   Y   Fair Market Value <b>0   9   2   0   1   7   215.62</b>
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>David Post</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>3108 K.illingworth</b>		Description of Item or Service <b>large campaign sign</b>		M   D   Y   Fair Market Value <b>0   8   1   2   1   7   250.00</b>
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Grey Bellan</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>10189 Scenic View Dr.</b>		Description of Item or Service <b>website development</b>		M   D   Y   Fair Market Value <b>0   8   0   1   1   7   500.00</b>
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Kathryn Procop</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>9240 Chamberlin Rd</b>		Description of Item or Service <b>Postage</b>		M   D   Y   Fair Market Value <b>1   0   1   1   1   7   250</b>
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	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		M   D   Y   Fair Market Value
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		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]

1465.62  
 Date Total

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
The Committee to Elect Scott Barr			
Full Name of Contributor		Registration Number, if PAC	
Scott Bramstetter			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
12107 Waywood Drive		08	12 17 \$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Lamond Robinson			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2694 Myrick Lane		08	12 17 \$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Lori Stewart			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
10030 Parmalee Drive		08	12 17 \$45.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Gautam Pai			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
9830 Ridgewood Drive		08	12 17 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Jason Magnes			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
10162 Timothy Lane		08	12 17 \$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Hillary Taylor			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1558 Landsdale Circle		08	12 17 \$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Scott Faini			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2830 Myrick Lane		08	12 17 \$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash

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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

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Total expenditures this event.

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\$265.00
Page Total \$ <del>\$0.00</del>

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
The Committee to Elect Scott Barr			
Full Name of Contributor		Registration Number, if PAC	
Thomas T Yates			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3108 Darien Lane		0	8 12 17 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor		Registration Number, if PAC	
Jamey N. DeFabin DBA Friends of Jamey N DeFabin			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7503 W. Oralee Lane		0	8 12 17 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hudson	OH	44236	check
Full Name of Contributor		Registration Number, if PAC	
Donald Barr			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7059 Old Mill Road		0	8 12 17 \$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Chesterland	OH	44026	cash
Full Name of Contributor		Registration Number, if PAC	
Paul Levine			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
9337 Adam Run		0	8 12 17 \$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Lisa Levine			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
9337 Adam Run		0	8 12 17 \$95.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
Coshell Boustani			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
9457 Pam Court		0	8 12 17 \$30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash
Full Name of Contributor		Registration Number, if PAC	
David Post			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3108 Killingworth		0	8 12 17 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	cash

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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.

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\$440.00
Page Total \$ <del>\$0.00</del>

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

Prescribed by Secretary of State 2/01

Name of Committee in Full			
The Committee to Elect Scott Barr			
Full Name of Contributor			Registration Number, if PAC
Angela Magnes			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
10162 Timothy Lane			08   12   17   \$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor			Registration Number, if PAC
Donald L Barr			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
7059 Old Mill Rd			08   12   17   \$2,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Chesterland	OH	44026	check
Full Name of Contributor			Registration Number, if PAC
Carol H. Barr			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
8105 Knolls Way			08   12   17   \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Chagrin Falls	OH	44023	check
Full Name of Contributor			Registration Number, if PAC
Kevin Croghan			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
8773 Gettysburg Drive			08   12   17   \$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor			Registration Number, if PAC
Maureen Stauffer			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
10168 Luman Lane			08   12   17   \$40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor			Registration Number, if PAC
Lisa Snow			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
3067 Killingworth Lane			08   12   17   \$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor			Registration Number, if PAC
Charles J. Piro			
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
9284 Wallingford Drive			08   12   17   \$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	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

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Total expenditures this event

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Page Total \$ 3050.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
The Committee to Elect Scott Barr			
Full Name of Contributor		Registration Number, if PAC	
Sam Scaffide			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1538 Deeplake Circle		08	12 17 \$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor		Registration Number, if PAC	
Andrew Gordon			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
8025 Megan Meadow Drive		08	12 17 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hudson	OH	44236	check
Full Name of Contributor		Registration Number, if PAC	
Mark H. Curtis			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
10472 Woodchuck Court		08	12 17 \$20.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor		Registration Number, if PAC	
Judith Post			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4245 Wilmington Road		08	12 17 \$20.00
City	State	Zip Code	Form (Cash, Check, etc.)
South Euclid	OH	44121	check
Full Name of Contributor		Registration Number, if PAC	
Cheryl DeFranco			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7865 Chagrin Road		08	12 17 \$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Chagrin Falls	OH	44023	check
Full Name of Contributor		Registration Number, if PAC	
Beth Schwartz Grossberg			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7096 Southwoods Lane		08	12 17 \$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Solon	OH	44139	check
Full Name of Contributor		Registration Number, if PAC	
Jacelyn McQuate			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2000 Trailwood Drive		08	12 17 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	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.

~~925.00~~

\$265.00

Page Total \$ ~~925.00~~

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>				
Full Name of Contributor <u>The Ficznier Group Region XI Enterprise LLC</u>			Registration Number, if PAC	
Street Address <u>33803 Lake Shore Blvd</u>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>08   12   17   250.00</u>
City <u>Lakeline</u>	State <u>OH</u>	Zip Code <u>44095</u>		Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Contributions of \$25 or less</u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>08   12   17   546.00</u>
City	State	Zip Code		Form (Cash, Check, etc.) <u>cash</u>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount
City	State	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	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	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	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

<u>4816</u>	<u>00</u>
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Total expenditures this event.

<u>925</u>	<u>00</u>
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Page Total \$ <u>796.00</u>
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<b>The Committee to Elect Scott Barr</b>			
Full Name of Contributor		Registration Number, if PAC	
<u>Rebecca Hanacek</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>5585 Richmond Rd</u>		<u>09</u>	<u>11</u> <u>17</u> <u>100.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Solon</u>	<u>OH</u>	<u>44139</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Rosalie Gable</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>3417 Mallard Court</u>		<u>09</u>	<u>12</u> <u>17</u> <u>50.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Reminderville</u>	<u>OH</u>	<u>44202</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Howard Nieberding</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>13020 Stratford Trail</u>		<u>09</u>	<u>11</u> <u>17</u> <u>\$100.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Chesterland</u>	<u>OH</u>	<u>44026</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Sharon Dziak</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>32742 Washington Court</u>		<u>09</u>	<u>05</u> <u>17</u> <u>80.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Solon</u>	<u>OH</u>	<u>44131</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Donald Barr</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>7059 Old Mill Rd</u>		<u>09</u>	<u>06</u> <u>17</u> <u>150.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Chesterland</u>	<u>OH</u>	<u>44026</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Sam Scattfide</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>1538 Deeplake Circle</u>		<u>09</u>	<u>05</u> <u>17</u> <u>80.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Twinsburg</u>	<u>OH</u>	<u>44087</u>	<u>check</u>
Full Name of Contributor		Registration Number, if PAC	
<u>Bonnie Fende</u>			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
<u>12420 Falcon Ridge Rd</u>		<u>09</u>	<u>04</u> <u>17</u> <u>100.00</u>
City	State	Zip Code	Form (Cash, Check, etc.)
<u>Chesterland</u>	<u>OH</u>	<u>44087</u>	<u>check</u>

\* 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

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Total expenditures this event.

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<u>660.00</u>
Page Total \$ <u>80.00</u>

## 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			
The Committee to Elect Scott Barr							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Kathy Winkelman				0	9	17	100.00
Street Address				Form (Cash, Check, etc.)			
1350 Arbor Elm Place				check			
City		State	Zip Code				
Concord Township		OH	44060				
Full Name of Contributor				Registration Number, if PAC			
Maxwell E Lloyd				M	D	Y	Amount
511 Eldridge Rd				0	9	17	80.00
Street Address				Form (Cash, Check, etc.)			
Aurora				check			
City		State	Zip Code				
Aurora		OH	44202				
Full Name of Contributor				Registration Number, if PAC			
Robert Zagara				M	D	Y	Amount
1060 Somerset Lane				0	9	17	80.00
Street Address				Form (Cash, Check, etc.)			
Aurora				check			
City		State	Zip Code				
Aurora		OH	44202				
Full Name of Contributor				Registration Number, if PAC			
Susan Podrasky				M	D	Y	Amount
4715 Wood Street				0	9	17	300.00
Street Address				Form (Cash, Check, etc.)			
Willoughby				check			
City		State	Zip Code				
Willoughby		OH	44094				
Full Name of Contributor				Registration Number, if PAC			
Carol Barr				M	D	Y	Amount
8105 Knolls Way				0	9	17	50.00
Street Address				Form (Cash, Check, etc.)			
Chagrin Falls				check			
City		State	Zip Code				
Chagrin Falls		OH	44023				
Full Name of Contributor				Registration Number, if PAC			
Gretchen Cellura				M	D	Y	Amount
9901 Ravenna Road				0	9	17	40.00
Street Address				Form (Cash, Check, etc.)			
Twinsburg				check			
City		State	Zip Code				
Twinsburg		OH	44087				
Full Name of Contributor				Registration Number, if PAC			
Kevin Craghan				M	D	Y	Amount
8773 Gettysburg Drive				0	9	17	80.00
Street Address				Form (Cash, Check, etc.)			
Twinsburg				check			
City		State	Zip Code				
Twinsburg		OH	44087				

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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

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Total expenditures this event.

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730.00
Page Total \$ 80.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
The Committee to Elect Scott Barr			
Full Name of Contributor		Registration Number, if PAC	
Jodie Frydl			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
5461 Harleston Dr.		08	3   1   17   \$80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Lynchurst	OH	44124	check
Full Name of Contributor		Registration Number, if PAC	
Kolette E Woloszynek			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
295 Huntsford Dr.		08	3   0   17   \$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Macedonia	OH	44056	check
Full Name of Contributor		Registration Number, if PAC	
Monnie Bray			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
1302 Hall Ave.		09	1   4   17   75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Lakewood	OH	44107	check
Full Name of Contributor		Registration Number, if PAC	
Dawn DiCicco			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
6848 Elmwood Dr.		09	2   1   17   80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Solon	OH	44139	check
Full Name of Contributor		Registration Number, if PAC	
Beth Smith			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
10225 Darrow Rd		09	1   0   17   50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check
Full Name of Contributor		Registration Number, if PAC	
James Hensley			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
13117 Olympus Way		09	2   1   17   200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Strongsville	OH	44149	check
Full Name of Contributor		Registration Number, if PAC	
Daniel Syper			
Street Address	Employer/Occupation/Labor Organization*	M	D   Y   Amount
2275 Meadowood Blvd		09	2   2   17   100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Twinsburg	OH	44087	check

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Total contributions this event

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Total expenditures this event.

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Page Total \$ <u>660.00</u> \$0.00
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## 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			
The Committee to Elect Scott Barr							
Full Name of Contributor Buckeye Residential LLC			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 504 Bear Dr				09	21	17	80.00
City Chardon		State OH	Zip Code 44024	Form (Cash, Check, etc.) check			
Full Name of Contributor Loretta L DeFranco			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 8240 Timber Trail				09	30	17	160.00
City Chagrin Falls		State OH	Zip Code 44023	Form (Cash, Check, etc.) check			
Full Name of Contributor Jacqueline McHugh			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 10193 Belmeadow Dr.				09	30	17	50.00
City Twinsburg		State OH	Zip Code 44087	Form (Cash, Check, etc.) check			
Full Name of Contributor Kellie A. Brown			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 1982 Darrow Lake Dr.				08	28	17	200.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) check			
Full Name of Contributor Carol Branstetter			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 12107 Waywood Dr.				09	20	17	100.00
City Twinsburg		State OH	Zip Code 44087	Form (Cash, Check, etc.) check			
Full Name of Contributor Dianne M. Curtis			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 10472 Woodchuck Ct				09	30	17	30.00
City Twinsburg		State OH	Zip Code 44087	Form (Cash, Check, etc.) check			
Full Name of Contributor Naomi Stutzman			Employer/Occupation/Labor Organization*	M	D	Y	Amount
Street Address 9550 Liberty Rd				09	25	17	80.00
City Twinsburg		State OH	Zip Code 44087	Form (Cash, Check, etc.) check			

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Total contributions this event

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Total expenditures this event.

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700.00
Page Total \$ 80.00

## 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		
The Committee to Elect Scott Barr						
Full Name of Contributor Maureen Stauffer				Registration Number, if PAC		
Street Address 10168 Luman Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg	State OH	Zip Code 44087	0	9	2417	80.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Kathleen Gill				Registration Number, if PAC		
Street Address 8756 Eastbrook Circle	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Chagrin Falls	State OH	Zip Code 44023	0	9	2317	40.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Cheryl P. Coyle				Registration Number, if PAC		
Street Address 2889 Haggett Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg	State OH	Zip Code 44087	0	9	2717	150.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Katherine A. Procop				Registration Number, if PAC		
Street Address 9240 Chamberlin Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg	State OH	Zip Code 44087	0	9	2317	260.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Thomas T Yates				Registration Number, if PAC		
Street Address 3108 Darien Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg	State OH	Zip Code 44087	0	9	3017	50.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Donald S Spera				Registration Number, if PAC		
Street Address 2874 Mathers Way	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg	State OH	Zip Code 44087	0	9	2717	80.00
			Form (Cash, Check, etc.) check			
Full Name of Contributor Donald P. Eckhoff				Registration Number, if PAC		
Street Address 32327 Hamilton Ct.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Solon	State OH	Zip Code 44139	0	9	3017	140.00
			Form (Cash, Check, etc.) check			

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Total contributions this event

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Total expenditures this event.

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Page Total \$ 740.00

## 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			
The Committee to Elect Scott Barr							
Full Name of Contributor Joann McFearin				Registration Number, if PAC			
Street Address 3040 Darien Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg		State OH	Zip Code 44087	0	9	30	160.00
				Form (Cash, Check, etc.) check			
Full Name of Contributor Charles J. Piro				Registration Number, if PAC			
Street Address 9284 Wallingford		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Twinsburg		State OH	Zip Code 44087	0	9	30	160.00
				Form (Cash, Check, etc.) check			
Full Name of Contributor John Morris III				Registration Number, if PAC			
Street Address 1222 Ledgewood Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44333	0	9	22	200.00
				Form (Cash, Check, etc.) check			
Full Name of Contributor Martin E. Schlessel				Registration Number, if PAC			
Street Address 100 Hidden Lakes Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Peninsula		State OH	Zip Code 44264	0	9	22	200.00
				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	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	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	Zip Code				
				Form (Cash, Check, etc.)			

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Total contributions this event

4090	00
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Total expenditures this event.

1990	68
1990.68	

Page Total \$ 600.00
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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee to Elect Scott Barr</b>						
Full Name of Contributor <b>Adam Borrer</b>					Registration Number, if PAC	
Street Address <b>8850 Beacon Hill Dr.</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Chagrin Falls</b>		State <b>OH</b>	Zip Code <b>44023</b>	M <b>08</b>	D <b>11</b>	Y <b>17</b>
				Amount <b>\$500.00</b>		
Full Name of Contributor <b>Bob Coyle</b>					Registration Number, if PAC	
Street Address <b>2884 Haggitt Dr.</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>07</b>	D <b>24</b>	Y <b>17</b>
				Amount <b>\$100.00</b>		
Full Name of Contributor <b>Tony Dobbert</b>					Registration Number, if PAC	
Street Address <b>9419 Grace Drive</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Paypal</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>08</b>	D <b>11</b>	Y <b>17</b>
				Amount <b>\$200.00</b>		
Full Name of Contributor <b>John Boustani</b>					Registration Number, if PAC	
Street Address <b>9457 Pam Court</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Paypal</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>08</b>	D <b>11</b>	Y <b>17</b>
				Amount <b>\$200.00</b>		
Full Name of Contributor <b>James Payne</b>					Registration Number, if PAC	
Street Address <b>3191 Neille Lane</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Paypal</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>08</b>	D <b>07</b>	Y <b>17</b>
				Amount <b>\$150.00</b>		
Full Name of Contributor <b>David Post</b>					Registration Number, if PAC	
Street Address <b>3108 Killingworth</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>07</b>	D <b>24</b>	Y <b>17</b>
				Amount <b>\$250.00</b>		
Full Name of Contributor <b>Brooks Conn</b>					Registration Number, if PAC	
Street Address <b>7546 Creek View Trail</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Chagrin Falls</b>		State <b>OH</b>	Zip Code <b>44023</b>	M <b>09</b>	D <b>05</b>	Y <b>17</b>
				Amount <b>\$100.00</b>		
Full Name of Contributor <b>Katharine W Goodman</b>					Registration Number, if PAC	
Street Address <b>1867 Curry Lane</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M <b>09</b>	D <b>04</b>	Y <b>17</b>
				Amount <b>\$40.00</b>		

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee to Elect Scott Barr</b>							Registration Number, if PAC	
Full Name of Contributor <b>Diane Bray</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>6480 Ford Rd</b>		City <b>Madison</b>		State <b>OH</b>	Zip Code <b>44057</b>	M   D   Y <b>0   9   0   1   1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>James R. Siegfried</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>5070 Tricia Rae Ln</b>		City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	M   D   Y <b>0   9   0   3   1   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Lynda M Paterniti</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>9450 Wilson Mills Rd</b>		City <b>Chesterland</b>		State <b>OH</b>	Zip Code <b>44026</b>	M   D   Y <b>0   9   0   5   1   7</b>	Amount <b>30.00</b>	
Full Name of Contributor <b>Elizabeth Quinn</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>2867 Hawkins Lane</b>		City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M   D   Y <b>0   8   3   1   1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Rosemary Herpel</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>31733 N. Roundhead Dr.</b>		City <b>Solon</b>		State <b>OH</b>	Zip Code <b>44135</b>	M   D   Y <b>0   9   1   8   1   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Jacqueline Belko</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>1693 Chestnut Trail Dr.</b>		City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M   D   Y <b>0   9   1   0   1   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Steven Avner</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>23601 Hazelmere Rd</b>		City <b>Shaker Hts</b>		State <b>OH</b>	Zip Code <b>44122</b>	M   D   Y <b>0   9   2   0   1   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Scott Barr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
Street Address <b>2823 Myrick</b>		City <b>Twinsburg</b>		State <b>OH</b>	Zip Code <b>44087</b>	M   D   Y <b>0   6   0   6   1   7</b>	Amount <b>400.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>						
Full Name of Contributor <u>Carol Barr</u>					Registration Number, if PAC	
Street Address <u>8105 Knolls Way</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Chagrin Falls</u>		State <u>OH</u>	Zip Code <u>44023</u>	M <u>09</u>	D <u>08</u>	Y <u>17</u>
Amount <u>500.00</u>						
Full Name of Contributor <u>Jennifer Surber</u>					Registration Number, if PAC	
Street Address <u>1511 Forever Avenue</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Libertyville</u>		State <u>OH IL</u>	Zip Code <u>60048</u>	M <u>09</u>	D <u>01</u>	Y <u>17</u>
Amount <u>250.00</u>						
Full Name of Contributor <u>Michael Crombie</u>					Registration Number, if PAC	
Street Address <u>2822 Myrick Lane</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Twinsburg</u>		State <u>OH</u>	Zip Code <u>44087</u>	M <u>09</u>	D <u>07</u>	Y <u>17</u>
Amount <u>200.00</u>						
Full Name of Contributor <u>Contributions from form 31-E</u>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State <u>OH</u>	Zip Code	M <u>08</u>	D <u>12</u>	Y <u>17</u>
Amount <u>4816.00</u>						
Full Name of Contributor <u>Contributions from form 31-E</u>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State <u>OH</u>	Zip Code	M <u>09</u>	D <u>30</u>	Y <u>17</u>
Amount <u>4090.00</u>						
Full Name of Contributor <u>Edward Eucker</u>					Registration Number, if PAC	
Street Address <u>10186 Corbett's Ln</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Paypal</u>	
City <u>Twinsburg</u>		State <u>OH</u>	Zip Code <u>44087</u>	M <u>10</u>	D <u>09</u>	Y <u>17</u>
Amount <u>100.00</u>						
Full Name of Contributor <u>Bernard Gloekler</u>					Registration Number, if PAC	
Street Address <u>7024 Easton Way</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Paypal</u>	
City <u>Concord</u>		State <u>OH</u>	Zip Code <u>44060</u>	M <u>09</u>	D <u>22</u>	Y <u>17</u>
Amount <u>50.00</u>						
Full Name of Contributor <u>JEFF Michie</u>					Registration Number, if PAC	
Street Address <u>2814 Myrick</u>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Paypal</u>	
City <u>Twinsburg</u>		State <u>OH</u>	Zip Code <u>44087</u>	M <u>09</u>	D <u>25</u>	Y <u>17</u>
Amount <u>250.00</u>						

\* 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)]

31-F  
R.C. 3517.10

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full										
The Committee to Elect Scott Barr										
To Whom Paid							M	D	Y	Amount
Rush Hour Bar and Grille							0	8	12	\$925.00
Address				Purpose						
10683 Ravenna Road				Food						
City			State	Zip Code		Check Number				
Twinsburg			OH	44087		105				
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				
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				
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				

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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>										
To Whom Paid <u>David Post</u>						M	D	Y	Amount	
						<u>1</u>	<u>0</u>	<u>15</u>	<u>17</u>	<u>1750.00</u>
Address <u>3108 Killingerworth</u>				Purpose <u>Food</u>						
City <u>Twinsburg</u>		State <u>OH</u>	Zip Code <u>44087</u>	Check Number <u>110</u>						
To Whom Paid <u>Costco Wholesale</u>						M	D	Y	Amount	
						<u>0</u>	<u>9</u>	<u>30</u>	<u>17</u>	<u>240.68</u>
Address <u>6720 Bass Pro Dr.</u>				Purpose <u>Food</u>						
City <u>Boston Heights</u>		State <u>OH</u>	Zip Code <u>44236</u>	Check Number						
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						
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						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City		State	Zip Code	Check Number						

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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>										
To Whom Paid <u>Heinen's</u>							M	D	Y	Amount <u>85.54</u>
Address <u>10049 Darrow Rd</u>				Purpose <u>Food for social meet + greet</u>						
City <u>Twinsburg</u>			State <u>OH</u>	Zip Code <u>44087</u>		Check Number				
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				
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				
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				

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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>				
To Whom Paid <u>Arbur Glen</u>	M <u>09</u>	D <u>24</u>	Y <u>17</u>	Amount <u>100.00</u>
Address <u>2639 Arbur Glen</u>	Purpose <u>room rental for meet and greet</u>			
City <u>Twinsburg</u>	State <u>OH</u>	Zip Code <u>44087</u>	Check Number <u>108</u>	
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	
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	
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	

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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
The Committee to Elect Scott Barr											
To Whom Paid							M	D	Y	Amount	
Summit County Board of Elections							0	7	25	17	20.00
Address			Purpose								
470 Grant St			Petition fee								
City		State	Zip Code		Check Number						
Akron		OH	44311		101						
To Whom Paid							M	D	Y	Amount	
Summit County Board of Elections							0	7	25	17	25.00
Address			Purpose								
470 Grant St			Petition fee								
City		State	Zip Code		Check Number						
Akron		OH	44311		102						
To Whom Paid							M	D	Y	Amount	
Melissa Mertes							0	7	26	17	150.00
Address			Purpose								
3022 Abrams Dr.			Marketing								
City		State	Zip Code		Check Number						
Twinsburg		OH	44087		103						
To Whom Paid							M	D	Y	Amount	
Spider Cat Marketing							0	7	26	17	250.00
Address			Purpose								
8354 Shepard Rd			Marketing								
City		State	Zip Code		Check Number						
Macedonia		OH	44056		104						
To Whom Paid							M	D	Y	Amount	
ROP Sports Plus							0	8	28	17	907.00
Address			Purpose								
9261 Ravenna Rd			Campaign t-shirts								
City		State	Zip Code		Check Number						
Twinsburg		OH	44087		106						
To Whom Paid							M	D	Y	Amount	
Impact Group							0	9	11	17	1000.00
Address			Purpose								
5100 Darrow Rd			Marketing								
City		State	Zip Code		Check Number						
Hudson		OH	44236		107						
To Whom Paid							M	D	Y	Amount	
Vistaprint							0	8	31	17	7.11
Address			Purpose								
95 Hayden Ave			Business cards								
City		State	Zip Code		Check Number						
Lexington		MA	02421								
To Whom Paid							M	D	Y	Amount	
Political Lawn Signs / Cross + Oberle							0	9	22	17	1520.20
Address			Purpose								
916 Byrd Ave			Lawn sign								
City		State	Zip Code		Check Number						
Neenah		WI	54956								

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
The Committee to Elect Scott Barr				
To Whom Paid	M	D	Y	Amount
Hotcards	0	8	3017	13.50
Address	Purpose			
2400 Superior Ave East	Campaign hand out - football schedule			
City	State	Zip Code	Check Number	
Cleveland	OH	44114		
To Whom Paid	M	D	Y	Amount
Name Badges	0	8	2917	20.78
Address	Purpose			
12240 SW 53 <sup>rd</sup> St	Name tag			
City	State	Zip Code	Check Number	
Cooper City	FL	33330		
To Whom Paid	M	D	Y	Amount
Vistaprints	0	8	2817	116.35
Address	Purpose			
95 Hayden Ave.	return address labels			
City	State	Zip Code	Check Number	
Lexington	MA	02421		
To Whom Paid	M	D	Y	Amount
Hotcards	0	8	2517	318.59
Address	Purpose			
2400 Superior Ave East	walk around campaign flyer			
City	State	Zip Code	Check Number	
Cleveland	OH	44114		
To Whom Paid	M	D	Y	Amount
Vistaprints	0	8	2417	41.18
Address	Purpose			
95 Hayden Ave	business cards			
City	State	Zip Code	Check Number	
Lexington	MA	02421		
To Whom Paid	M	D	Y	Amount
Vistaprints	0	8	2317	41.18
Address	Purpose			
95 Hayden Ave	business cards			
City	State	Zip Code	Check Number	
Lexington	MA	02421		
To Whom Paid	M	D	Y	Amount
Paypal	0	8	2517	16.85
Address	Purpose			
2211 N. First St.	Service fee			
City	State	Zip Code	Check Number	
San Jose	CA	95131		
To Whom Paid	M	D	Y	Amount
Hotcards	0	9	0817	142.56
Address	Purpose			
2400 Superior Ave East	Campaign literature			
City	State	Zip Code	Check Number	
Cleveland	OH	44114		

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
The Committee to Elect Scott Barr							
To Whom Paid				M	D	Y	Amount
Record Courier				09	11	17	431.25
Address	1050 W. Main St.		Purpose	Newspaper advertising			
City	State	Zip Code	Check Number				
Kent	OH	44240					
To Whom Paid				M	D	Y	Amount
Record Courier				09	11	17	215.62
Address	1050 W. Main St.		Purpose	Newspaper advertising			
City	State	Zip Code	Check Number				
Kent	OH	44240					
To Whom Paid				M	D	Y	Amount
Record Courier				09	11	17	215.62
Address	1050 W. Main St.		Purpose	Newspaper advertising			
City	State	Zip Code	Check Number				
Kent	OH	44240					
To Whom Paid				M	D	Y	Amount
Hotcards				09	18	17	318.59
Address	2400 Superior Ave East		Purpose	Campaign literature			
City	State	Zip Code	Check Number				
Cleveland	OH	44114					
To Whom Paid				M	D	Y	Amount
Hotcards				09	18	17	114.72
Address	2400 Superior Ave East		Purpose	Campaign literature			
City	State	Zip Code	Check Number				
Cleveland	OH	44114					
To Whom Paid				M	D	Y	Amount
Discount Drugmart				09	29	17	26.97
Address	3100 Glenwood Dr.		Purpose	Candy to hand out at sporting event			
City	State	Zip Code	Check Number				
Twinsburg	OH	44087					
To Whom Paid				M	D	Y	Amount
ES Sign and Design				10	06	17	269.04
Address	9478 Ravenna Rd		Purpose	political signs			
City	State	Zip Code	Check Number				
Twinsburg	OH	44087					
To Whom Paid				M	D	Y	Amount
Paypal				10	12	17	12.50
Address	2211 N. First St.		Purpose	Service fee			
City	State	Zip Code	Check Number				
San Jose	CA	95131					



# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>The Committee to Elect Scott Barr</u>											
To Whom Paid <u>Expenditures from form 31-F</u>							M	D	Y	Amount	
							0	8	12	17	925.00
Address					Purpose						
City			State		Zip Code		Check Number				
To Whom Paid <u>Expenditures from form 31-F</u>							M	D	Y	Amount	
							0	9	30	17	1990.68
Address					Purpose						
City			State		Zip Code		Check Number				
To Whom Paid <u>Expenditures from form 31-F</u>							M	D	Y	Amount	
							1	0	05	17	85.54
Address					Purpose						
City			State		Zip Code		Check Number				
To Whom Paid <u>Expenditures from form 31-F</u>							M	D	Y	Amount	
							0	0	05	17	100.00
Address					Purpose						
City			State		Zip Code		Check Number				
To Whom Paid <u>Statement of Outstanding Debts 31-N</u>							M	D	Y	Amount	
							1	0	20	17	0.00
Address					Purpose						
City			State		Zip Code		Check Number				
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				
To Whom Paid							M	D	Y	Amount	
Address					Purpose						
City			State		Zip Code		Check Number				