



Committee Name Committee To Elect Brian D'Antonio		Office Sought Council - At - Large		District Stow	
Street Address 4969 Pebblehurst Dr.		City Stow	State OH	Zip 44224	
Candidate Name OR PAC Registration Number Brian D'Antonio		Treasurer Name Anthony "Dick" D'Antonio		Election Date (MM/DD/YYYY) 11/07/2017	

**Type of Report (choose one):**  
 Annual  
 Semiannual  
 Pre-Primary  
 Post-Primary  
 Pre-General  
 Post-General

Statewide Candidates Only:  
 July Monthly  
 August Monthly  
 September Monthly

Year
2017

<b>Amended Report</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	55.93
2. Total monetary contributions (From Forms 31-A and 31-E)	2655.00
3. Total other income (From Form 31-A-2)	500.00
4. Total funds available (sum of lines 1,2, and 3)	3210.93
5. Total monetary expenditures (From Forms 31-B and 31-F)	906.63
6. Balance on hand (Use 4 minus line 5)	2304.3
7. Value of in-kind contributions received (From Form 31-J-1)	442.50
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	500.00
10. Outstanding debts owed by committee (From Form 31-N)	0
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 23 1:11:28

# 1389 Ave

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

  
Signature of Treasurer or Deputy Treasurer

10/20/2017  
Date (MM/DD/YYYY)

Contribution Pages 11	Expenditure Pages 2	Other Pages 2	Total Pages 15
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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Committee To Elect Brian D'Antonio									
Full Name of Contributor							Registration Number, if PAC		
Amy Ruman									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3131 PREAMNESS DR.							Cash		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
JoAnn Leong									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1456 Ritchie Rd.							Check 3009		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Zar and Vivian Reader									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3497 Lakeview Blvd.							Check 4209		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Elizabeth Schmeltzer									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2511 Mallory Ln.							Check 2979		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Bob Lewis									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2741 York Dr.							Cash		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Larry Fritschel									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3656 Red Wing Cir.							Check 8589		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Bernard Scheidler									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3705 Buckworth Ct.							Check 6271		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Leo Porter									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2550 RIVER DOWNS							Check 7900		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH	44224		0	9	1	5	17

\* 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)]

Page Total **\$415.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Committee To Elect Brian D'Antonio									
Full Name of Contributor							Registration Number, if PAC		
John Mathews									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3390 Adaline Drive							Check 5579		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH <input checked="" type="checkbox"/>	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Andrew Dangel									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4843 Pebblehurst Dr.							Check 2869		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH <input checked="" type="checkbox"/>	44224		0	9	1	4	17
Full Name of Contributor							Registration Number, if PAC		
Linda Palmeri									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
161 Hunter Parkway							Check 3674		
City		State	Zip Code		M	D	Y	Amount	
Cuyahoga Falls		OH <input checked="" type="checkbox"/>	44223		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Cindy Pribonic									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4210 Cheval							Cash		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH <input checked="" type="checkbox"/>	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Carolyn Hamilton									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
87 Castle Dr.							Check 281		
City		State	Zip Code		M	D	Y	Amount	
Munroe Falls		OH <input checked="" type="checkbox"/>	44262		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Micheal Sermersheim									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
783 Hampshire Rd.							Check 1157		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH <input checked="" type="checkbox"/>	44224		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
William Laymon									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
105 N. Munroe Rd.							Check 1752		
City		State	Zip Code		M	D	Y	Amount	
Tallmadge		OH <input checked="" type="checkbox"/>	44278		0	9	1	6	17
Full Name of Contributor							Registration Number, if PAC		
Thane Cook									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2044 Kingsdale Drive							Check 8138		
City		State	Zip Code		M	D	Y	Amount	
Stow		OH <input checked="" type="checkbox"/>	44224		0	9	0	9	17

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
<b>Committee To Elect Brian D'Antonio</b>							
Full Name of Contributor						Registration Number, if PAC	
<b>David Renninger</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5179 Bramble Creek Trail					Check 3586		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	11	17	\$100.00
Full Name of Contributor						Registration Number, if PAC	
<b>Sealtiel Moran Guerrero</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4977 Pebblehurst Drive					Check 1922		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	13	17	\$50.00
Full Name of Contributor						Registration Number, if PAC	
<b>Elizabeth Yeargin</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4871 Clark Dr.					Check 1864		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	14	17	\$50.00
Full Name of Contributor						Registration Number, if PAC	
<b>Dano Koehler</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4297 Cheval Cir					Check 4438		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	08	17	\$50.00
Full Name of Contributor						Registration Number, if PAC	
<b>Janis Call</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4468 Berry Hill					Check 1877		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	07	17	\$50.00
Full Name of Contributor						Registration Number, if PAC	
<b>Bruce Redmon</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2082 Stonebridge Crossing					Check 3933		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	10	17	\$100.00
Full Name of Contributor						Registration Number, if PAC	
<b>Richmond Netley</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4854 Shining Willow					Check 3428		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	09	17	\$50.00
Full Name of Contributor						Registration Number, if PAC	
<b>Bernard Scheidler</b>							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3705 Buckworth Ct.					Check 6267		
City	State	Zip Code	M	D	Y	Amount	
Stow	OH <input checked="" type="checkbox"/>	44224	0	9	10	17	\$25.00

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Page Total **\$475.00**



**Statement of Contributions Received**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-A  
 ORC 3517.10

<b>Full Name of Committee</b> Committee To Brian D'Antonio				
<b>Full Name of Contributor</b> Ted Schneiderman			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1148. W. Market St.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check 5936
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313		<b>Amount</b> 60.00
<b>Full Name of Contributor</b> John Mihelick			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2292 Lynwood Rd.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check 2272
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224		<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Mike Handschumacher			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4806 Young Rd.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check 4391
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224		<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Karen Monbeck			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5171 Bramble Creek Trail		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check 9388
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224		<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Mike Shutack			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1096 Gaynelle Ave.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check 2291
<b>City</b> Streetsboro	<b>State</b> OH	<b>Zip Code</b> 44241		<b>Amount</b> 100.00

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee To Elect Brian D'Antonio</b>							
Full Name of Contributor <b>Dr. Amar Ranawat</b>					Registration Number, if PAC		
Street Address <b>45 East 84th St., 11A</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 3985</b>		
City <b>New York</b>		State <b>NY</b> <input checked="" type="checkbox"/>	Zip Code <b>10128</b>	M <b>0</b>	D <b>9</b>	Y <b>17</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Barb Anderson</b>					Registration Number, if PAC		
Street Address <b>1824 Ritchie Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 2367</b>		
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>0</b>	D <b>9</b>	Y <b>17</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>Gwen Heeney</b>					Registration Number, if PAC		
Street Address <b>5044 Lake Point Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 5649</b>		
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>0</b>	D <b>9</b>	Y <b>17</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Jeff D'Antonio</b>					Registration Number, if PAC		
Street Address <b>4317 N. Gilwood Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 5375</b>		
City <b>Stow</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>0</b>	D <b>1</b>	Y <b>17</b>	Amount <b>\$50.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 Contributions Received**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-A  
 ORC 3517.10

<b>Full Name of Committee</b> Committee To Elect Brian D'Antonio				
Full Name of Contributor Timothy Delo			Registration Number, if PAC	
Street Address 4701 Turnberry Tr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 5670
City Stow	State OH	Zip Code 44224	09/23/2017	Amount 25.00
Full Name of Contributor Raymond Robinson			Registration Number, if PAC	
Street Address 4113 Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 1156
City Akron	State OH	Zip Code 44319	09/21/2017	Amount 25.00
Full Name of Contributor Martin Tass			Registration Number, if PAC	
Street Address 4489 Berry Hill		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 09194795
City Stow	State OH	Zip Code 44224	09/26/2017	Amount 50.00
Full Name of Contributor Kevin McCombs			Registration Number, if PAC	
Street Address 1758 Washington Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 2738
City Stow	State OH	Zip Code 44224	09/25/2017	Amount 50.00
Full Name of Contributor Cyle Feldman			Registration Number, if PAC	
Street Address 1803 Higby Dr. Unit A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 2013
City Stow	State OH	Zip Code 44224	09/28/2017	Amount 50.00

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**Statement of Contributions Received**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-A  
 ORC 3517.10

<b>Full Name of Committee</b> Committee To Brian D'Antonio				
Full Name of Contributor Vickie Dowling			Registration Number, if PAC	
Street Address 4987 Pebblehurst Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 6693
City Stow	State OH	Zip Code 44224		Amount 25.00
Full Name of Contributor David Budai			Registration Number, if PAC	
Street Address 4648 Muirwood		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Stow	State OH	Zip Code 44224		Amount 100.00
Full Name of Contributor Bruce Hill			Registration Number, if PAC	
Street Address 2991 Progress Park Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 1583
City Stow	State OH	Zip Code 44224		Amount 25.00
Full Name of Contributor Lisa Paxton			Registration Number, if PAC	
Street Address 4384 Forest Hill Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 3839
City Stow	State OH	Zip Code 44224		Amount 25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code		Amount

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Committee To Elect Brian D'Antonio				
Full Name of Contributor Total Contributions from Form no. 31E			Registration Number, if PAC	
Street Address 4292 Maplepark Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Checks
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 09/16/2017	Amount 405.00
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
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 Other Income**

Form 31-A-2  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee To Elect Brian D'Antonio			
<b>Full Name of Contributor</b> Lynn D'Antonio		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4969 Pebblehurst Dr.	<b>Type*</b> Loan Payments Received <input type="button" value="v"/>	<b>Date (MM/DD/YYYY)</b> 08/28/2017	<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Amount</b> 500.00
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>

\* 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 Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee To Elect Brian D'Antonio				
<b>Full Name of Contributor</b> Combined Total of Breakfast Fundraiser			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4292 Maplepark Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/16/2017
				<b>Amount</b> 405.00
<b>City</b> Stow		<b>State</b> OH	<b>Zip Code</b> 44224	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
		OH		
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
		OH		
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
		OH		
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
		OH		

\* 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  
405.00

Total Expenditures This Event  
184.77

Page Total \$ 405.00



**Statement of Expenditures**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-B  
 R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Brian D'Antonio			
To Whom Paid Brian D'Antonio		Amount 184.77	
Street Address 4969 Pebblehurst Dr.		Purpose Envelopes and Stamps - Reimbursement	
City Stow	State OH	Zip Code 44224	Check Number 1002
To Whom Paid Brian D'Antonio		Amount 16.00	
Street Address 4969 Pebblehurst Dr.		Purpose Copy Paper for Thank You Letters - Reimbursement	
City Stow	State OH	Zip Code 44224	Check Number 1003
To Whom Paid Brian D'Antonio		Amount 16.00	
Street Address 4969 Pebblehurst Dr.		Purpose Copy Paper for Thank You Notes	
City Stow	State OH	Zip Code 44224	Check Number 1004
To Whom Paid Labels & Letters		Amount 229.51	
Street Address 1533 Commerce Dr.		Purpose Literature and printing	
City Stow	State OH	Zip Code 44224	Check Number 1005
To Whom Paid Brian D'Antonio		Amount 333.42	
Street Address 4969 Pebblehurst Dr.		Purpose Color Copies, Stamps, Paper	
City Stow	State OH	Zip Code 44224	Check Number 1006

Page Total \$ 779.70



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>			
Committee To Elect Brian D'Antonio			
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
Brian D'Antonio		10/16/2017	126.93
<b>Street Address</b>		<b>Purpose</b>	
4969 Pebblehurst Dr.		Stamps and Copies for Absentee Letters	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>
Stow	OH	44224	1007
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>
	OH		
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>
	OH		
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>
	OH		
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>
	OH		

Page Total \$ 126.93

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee To Elect Brian D'Antonio</b>																		
From Whom Received <b>Lynn D'Antonio</b>							Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$500.00</b>								
Address <b>4969 Pebblehurst Drive</b>										Outstanding Balance <b>\$500.00</b>								
City <b>Stow</b>		State <b>OH</b>		Zip Code <b>44224</b>		Loans Received This Period				Payments This Period								
						Date		Amount		Date		Amount						
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$		
<b>0 8 2 8 1 7</b>		<b>0 8</b>		<b>2 8</b>		<b>1 7</b>		<b>\$500.00</b>										
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 <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period								
						Date		Amount		Date		Amount						
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$		
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 <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period								
						Date		Amount		Date		Amount						
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$		
Registration Number, if PAC							M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*							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).

<sup>1</sup> Total prior amount \$ \$0.00

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

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

<sup>4</sup> Total Outstanding Balance \$ \$500.00 (To Form No. 30-A)

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee To Elect Brian D'Antonio			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Anthony Richard D'Antonio	Retired		
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
4292 Maplepark Drive	Food supplies for fundraiser	0 9   1 6   1 7	\$232.50
City	State   Zip Code	Received at Fundraising Event?	
Stow	OH   44224	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Anthony Richard D'Antonio	Retired		
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
4292 Maplepark Dr.	Food prep and hosting	0 9   1 6   1 7	\$210.00
City	State   Zip Code	Received at Fundraising Event?	
Stow	OH   44224	<input checked="" 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   Zip Code	Received at Fundraising Event?	
	OH	<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   Zip Code	Received at Fundraising Event?	
	OH	<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   Zip Code	Received at Fundraising Event?	
	OH	<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   Zip Code	Received at Fundraising Event?	
	OH	<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   Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input type="radio"/> NO	

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