



Committee Name <i>Committee To Elect Gary DeKemer</i>		Office Sought <i>City Council Large</i>		District <i>Summit Co. Cuy. Falls</i>	
Street Address <i>3390 Hendon Circle</i>		City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip <i>44221</i>	
Candidate Name OR PAC Registration Number <i>Gary DeKemer</i>		Treasurer Name <i>Patricia R Wingate</i>		Election Date (MM/DD/YYYY) <i>11/07/2017</i>	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" 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 <i>2017</i>
Amended Report <input checked="" 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	<i>2836.77</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>2555.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, and 3)	<i>5391.77</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>2510.02</i>
6. Balance on hand (line 4 minus line 5)	<i>2881.75</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>4500.56</i>
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	<i>1000.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>207.15</i>
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 OCT 25 PM 2:21

1553 A/C

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

Patricia R Wingate
Signature of Treasurer or Deputy Treasurer

10/25/2017
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
--------------------	-------------------	-------------	-------------



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Committee to Elect Gary Deemer</i>			
To Whom Paid <i>Staples</i>	Date (MM/DD/YYYY) <i>09/19/2017</i>	Amount <i>94.46</i>	
Street Address <i>645 Howe Ave</i>	Purpose <i>CFHS football loame Handout</i> ^{Ink + Labels (1)}		
City <i>Cuyahoga falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Check Number <i>1029</i>
To Whom Paid <i>Rotary Club of CF</i>	Date (MM/DD/YYYY) <i>09/19/2017</i>	Amount <i>25.00</i>	
Street Address	Purpose <i>Night of the Races Ad</i>		
City	State <i>OH</i>	Zip Code	Check Number <i>1028</i>
To Whom Paid <i>Youngs Screen printing</i>	Date (MM/DD/YYYY) <i>09/25/2017</i>	Amount <i>157.99</i>	
Street Address <i>124B Monroe falls</i>	Purpose <i>T-shirts (additional small sizes)</i>		
City <i>Cuyahoga falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Check Number <i>1033</i>
To Whom Paid <i>my Campaign Store</i>	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>1500.00</i>	
Street Address <i>on-line</i>	Purpose <i>Signs 21x34 1/2</i>		
City <i>_____</i>	State <i>OH</i>	Zip Code <i>_____</i>	Check Number <i>1031</i>
To Whom Paid <i>my Campaign Store</i>	Date (MM/DD/YYYY) <i>09/27/2017</i>	Amount <i>282.34</i>	
Street Address <i>on-line</i>	Purpose <i>Signs 17x34 1/2</i>		
City <i>_____</i>	State <i>OH</i>	Zip Code <i>_____</i>	Check Number <i>1032</i>

Page Total \$ 2059.99



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Larry DeLeon				
To Whom Paid BJ's Wholesale		Date (MM/DD/YYYY) 09/20/2017		Amount 102.48
Street Address 1677 Home Ave		Purpose snack items CFHS football game Handout (1)		
City Akron	State OH	Zip Code 44310	Check Number CR. CARD	
To Whom Paid Staples		Date (MM/DD/YYYY) 10/18/2017		Amount 54.56
Street Address 645 Howe Ave		Purpose Ink + Labels (2) CFHS football handout		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1035	
To Whom Paid BJ's Whole sale		Date (MM/DD/YYYY) 10/16/2017		Amount 76.72
Street Address 1677 Home Ave		Purpose snacks (2) CFHS football game handout		
City Akron	State OH	Zip Code 44310	Check Number 1036	
To Whom Paid Staples		Date (MM/DD/YYYY) 09/27/17		Amount 13.87
Street Address 645 Howe Ave		Purpose more labels (1)(2) CFHS football game handout		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1034	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee to Elect Gary DeRemer							
From Whom Received Kathy DeRemer						Prior Amount 1000.00	Amt. Incurred this Period
Street Address 2905 Cedar Hill						Outstanding Balance 1000.00	
City Cuyahoga Falls	State OH	Zip Code 44223	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY) 07/25/2013			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received						Prior Amount	Amt. Incurred this Period
Street Address						Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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)]

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).

Total Prior Amount \$ 1000.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 1000.00 (also record on Form 30-A)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee to Elect Gary DeRemer			
To Whom Owed Gary Glenn DeRemer		Prior Amount 93.74	Amount Incurred this Period 0
Street Address 3390 Hendon Circle		Item or Purpose of Debt TICKETS	Outstanding Balance 93.74
City Cuyahoga Falls	State OH	Zip Code 44221	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 07/29/2013		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0
To Whom Owed Gary Glenn DeRemer		Prior Amount 50.46	Amount Incurred this Period 0
Street Address 3390 Hendon Circle		Item or Purpose of Debt supplies for sign event	Outstanding Balance 50.46
City Cuyahoga Falls	State OH	Zip Code 44221	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 10/05/2013		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0

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 (also record on Form 31-B)

Total Outstanding Balance \$ 144.20 (also record on cover page)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee to Elect Gary DeLemus			
To Whom Owed Gary Glenn DeLemus		Prior Amount 62.95	Amount Incurred this Period 0
Street Address 3390 Hendon Circle		Item or Purpose of Debt Walking cards	Outstanding Balance 62.95
City Cuyahoga Falls	State OH	Zip Code 44221	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 10/12/2013		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code	Payments Received This Period
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount

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 (also record on Form 31-B)

Total Outstanding Balance \$ 62.95 (also record on cover page)

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Gary DeRemer			
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service US Postage & Mailhouse Fe	
City Cuyahoga Falls		State OH <input checked="" type="checkbox"/>	Zip Code 44221
		M D Y 0 9 0 5 1 7	Fair Market Value 759.90
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service Autodial Calls	
City Cuyahoga Falls		State OH <input checked="" type="checkbox"/>	Zip Code 44221
		M D Y 0 9 1 1 1 7	Fair Market Value 312.50
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service Outdoor Advertising	
City Cuyahoga Falls		State OH <input checked="" type="checkbox"/>	Zip Code 44221
		M D Y 0 9 1 8 1 7	Fair Market Value 2597.08
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service Yard Signs	
City Cuyahoga Falls		State OH <input checked="" type="checkbox"/>	Zip Code 44221
		M D Y 1 0 0 9 1 7	Fair Market Value 753.33
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service Postage Stamps	
City Cuyahoga Falls		State OH <input checked="" type="checkbox"/>	Zip Code 44221
		M D Y 1 0 1 1 1 7	Fair Market Value 77.75
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		M D Y	Fair Market Value
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		M D Y	Fair Market Value
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		M D Y	Fair Market Value
		Received at Fundraising Event?	

* 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)]



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Committee to Elect Leah Delaney				
To Whom Paid Crave Cantina		Date (MM/DD/YYYY) 09/20/2017		Amount 200.40
Street Address 2097 Front St		Purpose Fundraiser (Room + Food)		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1030	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	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.

Page Total \$ 200.40



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

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

Full Name of Committee <i>Committee to Elect Gary DeLemmer</i>				
Full Name of Contributor <i>Jennifer Herter</i>			Registration Number, if PAC	
Street Address <i>3302 Purdue St</i>		Employer/Occupation/Labor Organization* <i>Resident</i>	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>100.00</i>
City <i>Cuyahoga falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>
Full Name of Contributor <i>Russell Balkhis</i>			Registration Number, if PAC	
Street Address <i>2316 Riverfront PKY</i>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>100.00</i>
City <i>Cuyahoga falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>
Full Name of Contributor <i>Mary Nichols-Rhodes</i>			Registration Number, if PAC	
Street Address <i>739 Lincoln Ave</i>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>50.00</i>
City <i>Cuyahoga falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>
Full Name of Contributor <i>friends of Drew Reilly</i>			Registration Number, if PAC	
Street Address <i>816 Davis Ave</i>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>50.00</i>
City <i>Cuyahoga falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>
Full Name of Contributor <i>Evening Star Insurance</i>			Registration Number, if PAC	
Street Address <i>3140 Bailey Rd</i>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>250.00</i>
City <i>Cuyahoga falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>

* 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
2555.00

Total Expenditures This Event
200.40

Page Total \$ *550.00*



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

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

Full Name of Contributor					Registration Number, if PAC	
Committee to Elect Gary DeRomer						
Full Name of Contributor		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
Michael Hopp				09/20/2017	100.00	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
4000 Oak Grove Ct				09/20/2017	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)			
Flower Mound	TX	75028	check			
Full Name of Contributor					Registration Number, if PAC	
Marcia Hanes-Sampson						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
3330 E. Waterloo				09/20/2017	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)			
Akron	OH	44312	check			
Full Name of Contributor					Registration Number, if PAC	
Simon Salthaney Realty						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
205 W. Portage Tr				09/20/2017	100.00	
City	State	Zip Code	Form (Cash, Check, Etc)			
Cuyahoga Falls	OH	44223	check			
Full Name of Contributor					Registration Number, if PAC	
Robert McCarty						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
611 Woodbrook Rd				09/20/2017	30.-	
City	State	Zip Code	Form (Cash, Check, Etc)			
Cuyahoga Falls	OH	44223	check			
Full Name of Contributor					Registration Number, if PAC	
Diane Sheridan						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
2481 N. Haven Blvd				09/20/2017	25.-	
City	State	Zip Code	Form (Cash, Check, Etc)			
Cuyahoga Falls	OH	44223	check			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
2855.00

Total Expenditures This Event
200.40

Page Total \$ 355.00



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

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

Full Name of Committee Committee to Elect Louie Rueterik				
Full Name of Contributor Sara Leedham			Registration Number, if PAC	
Street Address 310 Hidden Lake Lane	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/20/17	Amount 25.00	
City Peninsula	State OH	Zip Code 44264	Form (Cash, Check, Etc) check	
Full Name of Contributor Jerry James			Registration Number, if PAC	
Street Address 2209 Liberty St	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/20/2017	Amount 25.00	
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) check	
Full Name of Contributor Andrea Corti			Registration Number, if PAC	
Street Address 112 W. Alling Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/20/2017	Amount 25.00	
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) check	
Full Name of Contributor Denise Dindapoli			Registration Number, if PAC	
Street Address 530 Magnolia Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/20/2017	Amount 25.00	
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) check	
Full Name of Contributor Don Walters			Registration Number, if PAC	
Street Address 3395 Pendleton	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/20/2017	Amount 100.00	
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
2555.00

Total Expenditures This Event
200.40

Page Total \$ 200.00



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

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

Full Name of Committee <i>Committee to Elect Larry DeRemer</i>					
Full Name of Contributor <i>Michael Proccacio</i>			Registration Number, if PAC		
Street Address <i>736 Franklin</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>100.00</i>
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>44221</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Cuyahoga Falls Dem Club</i>			Registration Number, if PAC		
Street Address <i>—</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>1000.00</i>
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>—</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Megan Mooreland</i>			Registration Number, if PAC		
Street Address <i>1492 W. Exchange</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>50.00</i>
City <i>AKRON</i>		State <i>OH</i>	Zip Code <i>44313</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Teamsters Union Local</i>			Registration Number, if PAC		
Street Address <i>727 Grant St</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>250.00</i>
City <i>AKRON</i>		State <i>OH</i>	Zip Code <i>44311</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Michele DeRemer</i>			Registration Number, if PAC		
Street Address <i>250 fawnwood</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>50.00</i>
City <i>Tallmadge</i>		State <i>OH</i>	Zip Code <i>44278</i>	Form (Cash, Check, Etc) <i>CASH</i>	

* 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
2555.00

Total Expenditures This Event
200.40

Page Total \$ *1450.00*