

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Gary Domanick							Registration Number, if PAC		
Full Name of Candidate Gary Domanick									
Street Address 4445 Hawkins Rd					Office Sought Village Council			District Richfield	
City Richfield					State OH		Zip Code 44286		
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General			Annual Year		
	July Monthly	August Monthly	September Monthly	Termination			2017		
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	D 1	Y 0	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 at 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	\$	100.00
2. Total monetary contributions (From Form No. 31-A)	\$	3,170.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,270.00
5. Total monetary expenditures (From Form No. 31-B)	\$	834.88
6. Balance on hand (line 4 minus line 5)	\$	2,435.12
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period		

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 SUMMIT COUNTY
 BOARD OF ELECTIONS

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

Bill Roemer Deputy Treasurer

[Signature]

10/25/17
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages <u> 3 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 0 </u>

Total pages <u> 4 </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Gary Domanick							
Full Name of Contributor Michael Gabrail					Registration Number, if PAC		
Street Address 4821 Arbour Green Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44333	M 0 9	D 2 7	Y 1 7	Amount 250.00	
Full Name of Contributor Michael Goldstein					Registration Number, if PAC		
Street Address 3386 Belvoir Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Beechwood	State O H	Zip Code 44122	M 0 9	D 2 7	Y 1 7	Amount 100.00	
Full Name of Contributor Eric Severin					Registration Number, if PAC		
Street Address 1566 Marlowe		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Akron	State O H	Zip Code 44313	M 0 9	D 3 0	Y 1 7	Amount 50.00	
Full Name of Contributor Michael Chaffee					Registration Number, if PAC		
Street Address 5396 White Tail Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wadsworth	State O H	Zip Code 44281	M 0 9	D 1 0	Y 1 7	Amount 100.00	
Full Name of Contributor Summit County Republican Party					Registration Number, if PAC		
Street Address 1755 Merriman Rd. Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44313	M 0 9	D 0 7	Y 1 7	Amount 1,500.00	
Full Name of Contributor Janet Griffin					Registration Number, if PAC		
Street Address 4174 Big Spruce Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44333	M 0 8	D 2 9	Y 1 7	Amount 50.00	
Full Name of Contributor Gary Hoffman					Registration Number, if PAC		
Street Address 660 Carlin Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sagamore Hills	State O H	Zip Code 44067	M 1 0	D 1 5	Y 1 7	Amount 50.00	
Full Name of Contributor Richard Wilson					Registration Number, if PAC		
Street Address 729 Pebblecreek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44320	M 1 0	D 1 1	Y 1 7	Amount 40.00	

* 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 appear [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Elect Gary Domanick					
Full Name of Contributor				Registration Number, if PAC	
Jeff Domanick					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
648 Seward Ave			0	8	2
City	State	Zip Code	6	1	7
Akron	OH	44320	Amount		
				50.00	
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Laura Zeno					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2060 Jeffifer St.			0	8	2
City	State	Zip Code	6	1	7
Akron	OH	44313	Amount		
				35.00	
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Mike Blinkhorn					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2518 Bennett Dr			0	8	2
City	State	Zip Code	6	1	7
Coplev	OH	44320	Amount		
				75.00	
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Mary Burger					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1498 Bath Rd,			0	8	2
City	State	Zip Code	6	1	7
Cuyahoga Falls	OH	44223	Amount		
				50.00	
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Gordon Lance					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2209 Hi Vu Dr.			0	8	2
City	State	Zip Code	6	1	7
Akron	OH	44312	Amount		
				50.00	
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor				Registration Number, if PAC	
Donna Carr					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
743 Deandrea Dr			0	8	2
City	State	Zip Code	6	1	7
Akron	OH	44333	Amount		
				50.00	
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Chris Canter					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4730 Sunset Dr.			0	8	2
City	State	Zip Code	6	1	7
Richfield	OH	44286	Amount		
				50.00	
Form(Cash,Check,etc)					
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

1,035.00

Total expenditures this event

Page Total \$ 360.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Gary Domanick					
Full Name of Contributor Linda Tomon				Registration Number, if PAC	
Street Address 4212 Oviatt Rd.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 75.00
City Richfield	State OH	Zip Code 44286		Form(Cash,Check,etc) Check	
Full Name of Contributor Carla DePietro				Registration Number, if PAC	
Street Address 2006 36th Street	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 75.00
City Canton	State OH	Zip Code 44709		Form(Cash,Check,etc) Check	
Full Name of Contributor Chris Easton				Registration Number, if PAC	
Street Address 5168 W. Streetsboro Rd.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 50.00
City Richfield	State OH	Zip Code 44286		Form(Cash,Check,etc) Check	
Full Name of Contributor Jim Martello				Registration Number, if PAC	
Street Address 2490 Southern Rd.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 250.00
City Richfield	State OH	Zip Code 44286		Form(Cash,Check,etc) Check	
Full Name of Contributor Kim Davis				Registration Number, if PAC	
Street Address 4340 Maple Dr.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 75.00
City Richfield	State OH	Zip Code 44286		Form(Cash,Check,etc) Cash	
Full Name of Contributor Marvin Botte				Registration Number, if PAC	
Street Address 311 W. Streetsboro Dr.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 50.00
City Hudson	State OH	Zip Code 44236		Form(Cash,Check,etc) Cash	
Full Name of Contributor Roberta Masi				Registration Number, if PAC	
Street Address 556 S. Broadway St.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 6 1 7	Amount 100.00
City Medina	State OH	Zip Code 44256		Form(Cash,Check,etc) 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

Page Total \$ 675.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Gary Domanick							
To Whom Paid Scitype Publishing				M	D	Y	Amount
				1	0	1	144.00
Address 4300 W. Streetsboro Rd.		Purpose Advertisement					
City Richfield	State OH	Zip Code 44286	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				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				