



Committee Name <i>Elisa Hill for Judge Committee</i>		Office Sought <i>Judge, Akron Muni Court</i>		District	
Street Address <i>841 Brookfield Dr</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44313</i>	
Candidate Name OR PAC Registration Number <i>Elisa Hill</i>		Treasurer Name <i>Elizabeth Stuyvesant</i>		Election Date (MM/DD/YYYY) <i>11-07-17</i>	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year <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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 8,245.00
3. Total other income (From Form 31-A-2)	5,000-
4. Total funds available (sum of lines 1,2, and 3)	\$ 13,245.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	6,281.67
6. Balance on hand (line 4 minus line 5)	\$ 6,963.33
7. Value of in-kind contributions received (From Form 31-J-1)	534.77
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	\$ 3,179.59
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 26 11:12:11

AKRON OH

#1544 Ar

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

Elizabeth Stuyvesant
Signature of Treasurer or Deputy Treasurer

10-24-17
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages <i>3</i>	Other Pages	Total Pages
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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Elisa Hill for Judge Committee				
To Whom Owed Elisa Hill			Prior Amount 0	Amount Incurred this Period 3,170.59
Street Address 1481 Brookfield Dr			Item or Purpose of Debt Yard signs	Outstanding Balance 3,170.59
City Akron	State OH	Zip Code 44313	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY) 9-8-2017	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
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments Received This Period	
	OH		Date of Payment (MM/DD/YYYY)	Amount
		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 \$ _____ (also record on Form 31-B)

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

In-Kind Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full Elisa Hill for Judge Committee		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Full Name of Contributor		Description of Item or Service		M	D	Y	Fair Market Value
Street Address 4554 Greenlawn Dr		NEMES Creative Photography		0	8	1	100⁰⁰
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor BEVERLY MULLINS		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 75 N. PORTAGE PATH #102		Description of Item or Service Fundraiser Supplies		M	D	Y	Fair Market Value
City AKRON		State OH	Zip Code 44303	0	9	29	72.77
Full Name of Contributor ANN McCollum		Employer, Occupation, Labor Organization* RETIRED		Registration Number, if PAC			
Street Address 15614 CITRONELLE LANE.		Description of Item or Service Web site		M	D	Y	Fair Market Value
City HUNTERSVILLE, NORTH CAROLINA		State N.C.	Zip Code 28078				362⁰⁰
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="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? <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? <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? <input type="radio"/> YES <input type="radio"/> 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
Lowe's							1	0	1	29.38
Address			Purpose							
186 N. Cleveland-Missillon Rd			Fencing/sign supplies							
City		State	Zip Code		Check Number					
Akron		OH	44333		Debit Card					
To Whom Paid							M	D	Y	Amount
Harland Clark							0	8	62.19	
Address			Purpose							
15955 LaCantara Pkwy			Checks							
City		State	Zip Code		Check Number					
San Antonio		TX	78256		Debit Card					
To Whom Paid							M	D	Y	Amount
QR Code Generator							0	9	54.41	
Address			Purpose							
Am Lenkwerk 13			Internet Advertising							
City		State	Zip Code		Check Number					
33609 Bielefeld GERMANY										
To Whom Paid							M	D	Y	Amount
QR Code Generator							1	0	53.19	
Address			Purpose							
Am Lenkwerk 13			Internet Advertising							
City		State	Zip Code		Check Number					
33609 Bielefeld GERMANY					debit card					
To Whom Paid							M	D	Y	Amount
Huntington Bank							1	0	1.63	
Address			Purpose							
2700 W. Market St			transaction fee							
City		State	Zip Code		Check Number					
Akron		OH	44333		bank fee					
To Whom Paid							M	D	Y	Amount
Huntington Bank									3.00	
Address			Purpose							
			Statement charge							
City		State	Zip Code		Check Number					
					bank fee					
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					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid FOP Lodge #7							M	D	Y	Amount
Address 2610 Ley Dr							09	29	17	330.00
Purpose Fundraiser venue rental										
City Akron		State OH	Zip Code 44319		Check Number 1009					
To Whom Paid Lowe's							M	D	Y	Amount
Address 186 N Cleveland - Massillon							10	05	17	54.61
Purpose Fencing/sign supplies										
City Akron		State OH	Zip Code 44333		Check Number 1010					
To Whom Paid Lowe's							M	D	Y	Amount
Address 186 N Cleveland - Massillon							10	05	17	24.98
Purpose Fencing/sign supplies										
City Akron		State OH	Zip Code 44333		Check Number 1011					
To Whom Paid NEMES Creative Photography & Design							M	D	Y	Amount
Address 4554 Greenlawn Dr							10	11	17	400.00
Purpose Promotional Materials										
City Stow		State OH	Zip Code 44224		Check Number 1012					
To Whom Paid RJM Promo							M	D	Y	Amount
Address 543 N Main St							10	11	17	80.06
Purpose Promotional Materials										
City Akron		State OH	Zip Code 44310		Check Number 1013					
To Whom Paid Icon Ad Agency							M	D	Y	Amount
Address							10	12	17	590.00
Purpose Promotional mailers										
City		State	Zip Code		Check Number 1014					
To Whom Paid Lowe's							M	D	Y	Amount
Address 186 N Cleveland Massillon							10	13	17	43.58
Purpose Fencing/sign supplies										
City Akron		State OH	Zip Code 44333		Check Number 1015					
To Whom Paid							M	D	Y	Amount
Address										
Purpose										
City		State	Zip Code		Check Number					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
To Whom Paid Yellow Jacket							M	D	Y	Amount	
Address 543 N Main St							0	8	3	017	504.40
City Akron							State OH		Zip Code 44310		Check Number 1001
To Whom Paid Akron Family Restaurant							M	D	Y	Amount	
Address 250 W. Market St							0	8	3	117	290.00
City Akron							State OH		Zip Code 44303		Check Number 1002
To Whom Paid Nemes Creative Photography & Design							M	D	Y	Amount	
Address 4554 Greenlawn Dr							0	9	0	117	700.00
City Stow							State OH		Zip Code 44224		Check Number 1003
To Whom Paid RJM Promo							M	D	Y	Amount	
Address 543 N. Main St							0	9	0	217	619.10
City Akron							State OH		Zip Code 44310		Check Number 1004
To Whom Paid Nemes Creative Photography & Design							M	D	Y	Amount	
Address 4554 Greenlawn Dr							0	9	13	17	500.00
City Stow							State OH		Zip Code 44224		Check Number 1005
To Whom Paid Star Printing Co.							M	D	Y	Amount	
Address 125 N. Union St							0	9	15	17	1,790.20
City Akron							State OH		Zip Code 44304		Check Number 1006
To Whom Paid Lowe's							M	D	Y	Amount	
Address 186 N. Cleveland Massillon							0	9	24	17	42.49
City Akron							State OH		Zip Code 44333		Check Number 1007
To Whom Paid Sam's Club							M	D	Y	Amount	
Address 3750 W. Market St							0	9	29	17	108.45
City Fairlawn							State OH		Zip Code 44333		Check Number 1008

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor JASON & JACQUELINE CROSTON							Registration Number, if PAC		
Street Address 2521 GREENVIEW DR.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UNIONTOWN		State OH	Zip Code 44685		M 08	D 31	Y 17	Amount \$600.00	
Full Name of Contributor NATHAN & WILLA KEITH							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL		
City AKRON		State OH	Zip Code		M 08	D 19	Y 17	Amount \$100.00	
Full Name of Contributor MICHAEL & DONNA STITCH							Registration Number, if PAC		
Street Address 575 DORCHESTER RD.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44320		M 08	D 31	Y 17	Amount \$75.00	
Full Name of Contributor ANITA & E. J. MORIARTY							Registration Number, if PAC		
Street Address 78 FALLING WATER CIR.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MUNROE FALLS		State OH	Zip Code 44267		M 09	D 27	Y 17	Amount \$60.00	
Full Name of Contributor RHONDA KOTNIK & JASON KLINE							Registration Number, if PAC		
Street Address 4620 JUPITER RD.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UNIONTOWN		State OH	Zip Code 44685		M 08	D 31	Y 17	Amount \$60.00	
Full Name of Contributor COLLEEN CAMPBELL							Registration Number, if PAC		
Street Address 3636 MINOR RD.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COPLEY RD.		State OH	Zip Code 44321		M 08	D 31	Y 17	Amount \$35.00	
Full Name of Contributor ROY SMITH							Registration Number, if PAC		
Street Address 2327 STATE RD.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL CHECK		
City CUYAHOGA FALLS		State OH	Zip Code 44223		M 08	D 29	Y 17	Amount \$50.00	
Full Name of Contributor KIM OLIVER							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL		
City		State	Zip Code		M 08	D 12	Y 17	Amount \$50.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor REPUBLICAN COMMITTEE							Registration Number, if PAC		
Street Address 1755 MERRIMAN RD.			Employer/Occupation/Labor Organization* POLITICAL ORGANIZATION				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44313		M 09	D 15	Y 07	Amount \$3,000.00	
Full Name of Contributor JOE & BONNIE FORGACH							Registration Number, if PAC		
Street Address 346 KEITH AVE.			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44313		M 09	D 20	Y 17	Amount \$100.00	
Full Name of Contributor KATHY STOUT							Registration Number, if PAC		
Street Address 122 N. ROSE BLVD.			Employer/Occupation/Labor Organization* CLERK				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44302		M 09	D 18	Y 17	Amount \$100.00	
Full Name of Contributor JAMES HARRILL & TRACY STONER							Registration Number, if PAC		
Street Address 2274 CANTERBURY CIR			Employer/Occupation/Labor Organization* ATTORNEY				Form (Cash, Check, etc.) CASH		
City AKRON		State OH	Zip Code 44319		M 09	D 27	Y 17	Amount \$50.00	
Full Name of Contributor TIMOTHY O'DANIEL							Registration Number, if PAC		
Street Address 46 GLOUCESTER CT. B-7			Employer/Occupation/Labor Organization* UNION ORGANIZER				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44313		M 09	D 29	Y 17	Amount \$35.00	
Full Name of Contributor RONALD KOELLER							Registration Number, if PAC		
Street Address 3522 MANCHESTER RD.			Employer/Occupation/Labor Organization* ATTORNEY				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44319		M 09	D 29	Y 17	Amount \$50.00	
Full Name of Contributor NATHAN GREENE							Registration Number, if PAC		
Street Address 330 S. MAINE ST.			Employer/Occupation/Labor Organization* AKRON RUBBER DUCKS/SALES				Form (Cash, Check, etc.) MONEY ORDER		
City AKRON		State OH	Zip Code 44308		M 09	D 20	Y 17	Amount \$250.00	
Full Name of Contributor LEON HENDERSON							Registration Number, if PAC		
Street Address 485 SUMATRA AVE.			Employer/Occupation/Labor Organization* FIREMAN AKRON				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44305		M 10	D 10	Y 17	Amount \$150.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor ROBERT LAYBOURNE							Registration Number, if PAC		
Street Address 159 S. MAINE ST.				Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44308		M 10	D 11	Y 17	Amount \$100.00
Full Name of Contributor SUSAN HAGEN							Registration Number, if PAC		
Street Address 30 HARCOURT DR.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44313		M 09	D 03	Y 17	Amount \$100.00
Full Name of Contributor JANE LEONARD							Registration Number, if PAC		
Street Address 1849 BROOKFIELD DR.				Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44313		M 11	D 03	Y 17	Amount \$50.00
Full Name of Contributor B. P. LEONARD							Registration Number, if PAC		
Street Address 1849 BROOKFIELD DR.				Employer Occupation Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44313		M 10	D 03	Y 17	Amount \$50.00
Full Name of Contributor JEREMIAH & MARIA CAMPBELL							Registration Number, if PAC		
Street Address 1916 BROOKSHIRE RD.				Employer Occupation Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44313		M 10	D 03	Y 17	Amount \$50.00
Full Name of Contributor KAREN ARSHINKOFF							Registration Number, if PAC		
Street Address 466 W. STREETSBO RD. ST.				Employer Occupation Labor Organization* UNKNOWN			Form (Cash, Check, etc.) CHECK		
City HUDSON		State OH.		Zip Code 44236		M 10	D 11	Y 17	Amount \$100.00
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State		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		Zip Code		M	D	Y	Amount

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

Prescribed by Secretary of State 03/05

Event Date 8/31/19
Page 1

Name of Committee in Full			
Full Name of Contributor EDWARD GILBERT		Registration Number, if PAC	
Street Address 1 CASCADE PLAZA	Employer/Occupation/Labor Organization* ATTORNEY	M D Y 08 31 17	Amount \$100.00
City AKRON	State Zip Code OH 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor Scott A. GALE		Registration Number, if PAC	
Street Address 801 GEDDES BLUFF	Employer/Occupation/Labor Organization* DEPUTY CLERK	M D Y 08 31 17	Amount \$60.00
City SARAMORE HILLS	State Zip Code OH 44067	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD KUTUCHIEF		Registration Number, if PAC	
Street Address 159 S. MAIN ST.	Employer/Occupation/Labor Organization* ATTORNEY	M D Y 08 31 19	Amount \$65.00
City AKRON	State Zip Code OH 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NICHOLAS SWYRYDENKO		Registration Number, if PAC	
Street Address 1997 FOX TRACE TRAIL	Employer/Occupation/Labor Organization* UNKNOWN	M D Y 08 31 17	Amount \$60.00
City CUVAHOGA FALLS	State Zip Code OH 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KEVIN & KATARINA COOK		Registration Number, if PAC	
Street Address 201 HAMPSHIRE RD.	Employer/Occupation/Labor Organization* BAILIFF / JUDGE	M D Y 08 31 17	Amount \$100.00
City AKRON	State Zip Code OH 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JESSICA A. WRIGHT		Registration Number, if PAC	
Street Address 4588 GREENLAWN DR.	Employer/Occupation/Labor Organization* UNKNOWN	M D Y 08 31 17	Amount \$100.00
City STOW	State Zip Code OH 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor Scot & DIANA STEVENSON		Registration Number, if PAC	
Street Address 639 BAIRD ST.	Employer/Occupation/Labor Organization* ATTORNEY	M D Y 08 31 17	Amount \$60.00
City BARBERTON	State Zip Code OH 44203	Form (Cash, Check, etc.) 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
\$1,420.00

Total expenditures this event
\$290.00

Page Total \$ 545.00

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

Prescribed by Secretary of State 03 05

Name of Committee in Full			
Full Name of Contributor DONALD R. HICKS		Registration Number, if PAC	
Street Address 159 S. MAIN ST.	Employer Occupation Labor Organization* ATTORNEY	M D Y 08 31 17	Amount \$60.00
City AKRON	State Zip Code OH 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TODD & BETHANY MCKENNEY		Registration Number, if PAC	
Street Address 5706 SHERWOOD FOREST DR.	Employer Occupation Labor Organization* UNKNOWN	M D Y 08 31 17	Amount \$100.00
City AKRON	State Zip Code OH 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL WEAR		Registration Number, if PAC	
Street Address 716 CASTLE BLVD.	Employer Occupation Labor Organization* UNKNOWN	M D Y 08 31 17	Amount \$200.00
City AKRON	State Zip Code OH 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KEN & MARTHA JOHNSON		Registration Number, if PAC	
Street Address 1877 BROOKFIELD DR.	Employer Occupation Labor Organization* RETIRED	M D Y 08 31 17	Amount \$120.00
City AKRON	State Zip Code OH 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KRISTINA & ROBERT ROE FOX		Registration Number, if PAC	
Street Address 2184 DOW DR.	Employer Occupation Labor Organization* ATTORNEY	M D Y 08 31 17	Amount \$75.00
City AKRON	State Zip Code OH 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CARA C. KENNERLY-FORD		Registration Number, if PAC	
Street Address 424 MERRIMAN RD.	Employer Occupation Labor Organization* ATTORNEY	M D Y 08 31 17	Amount \$150.00
City AKRON	State Zip Code OH 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JULIE SCHAFER		Registration Number, if PAC	
Street Address 8320 WILHITE DR.	Employer Occupation Labor Organization* JUDGE	M D Y 08 27 17	Amount \$50.00
City WADSWORTH	State Zip Code OH 44281	Form (Cash, Check, etc.) 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

\$1,420.00

Total expenditures this event.

\$290.00

Page Total \$ **755.00**

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

Prescribed by Secretary of State 03 05

Name of Committee in Full		Employer Occupation Labor Organization*		M	D	Y	Amount
Full Name of Contributor DICAUDO-PITCHFORD-YODER		Employer Occupation Labor Organization* ATTORNEY					
Street Address 209 S. MAIN ST.		State OH	Zip Code 44308				
City AKRON				0	8	31	17
Full Name of Contributor TED SCHIDERMAN		Employer Occupation Labor Organization* RETIRED JUDGE					
Street Address 1150 W. MARKET ST		State OH	Zip Code 44303				
City AKRON				0	8	31	17
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							
Full Name of Contributor		Employer Occupation Labor Organization*		M	D	Y	Amount
Street Address		State	Zip Code				
City							

* 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
\$1,420.00

Total expenditures this event.
\$290.00

Page Total \$ 120.00

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

Prescribed by Secretary of State 03-05

Name of Committee in Full		Employer Occupation Labor Organization*		M	D	Y	Amount
Full Name of Contributor JEFF LAYBOURNE		Registration Number, if PAC					
Street Address 159 S. MAIN ST.		Employer Occupation Labor Organization* ATTORNEY		09	29	17	\$200.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ELIZABETH STUYVESANT		Registration Number, if PAC					
Street Address 11900 HOOVER AVE. NW		Employer Occupation Labor Organization* ATTORNEY		09	29	17	\$120.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JASON WELLS		Registration Number, if PAC					
Street Address 3340 HEMPHILL DR.		Employer Occupation Labor Organization* JUDGE		09	29	17	\$50.00
City NORTON	State OH	Zip Code 44203	Form (Cash, Check, etc.) CASH				
Full Name of Contributor PAT BOYLE		Registration Number, if PAC					
Street Address 905 LOCKWOOD DR.		Employer Occupation Labor Organization* BALFF		09	29	17	\$50.00
City BARBERTON	State OH	Zip Code 44203	Form (Cash, Check, etc.) CASH				
Full Name of Contributor JOHN & JUDY CODREA		Registration Number, if PAC					
Street Address 6563 OLDE EIGHT RD.		Employer Occupation Labor Organization* ATTORNEY		09	29	17	\$150.00
City PENINSULA	State OH	Zip Code 44264	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CITIZENS FOR JIM LARIA COMM.		Registration Number, if PAC					
Street Address 600 TAMiami TRAIL		Employer Occupation Labor Organization* CLERK		09	29	17	\$35.00
City AKRON	State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MICHAEL CALLAHAN		Registration Number, if PAC					
Street Address 137 S. MAIN ST.		Employer Occupation Labor Organization* ATTORNEY		09	29	17	\$200.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) MONEY ORDER				

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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
\$1,610.00

Total expenditures this event
438.45

Page Total \$ 805.00

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

Prescribed by Secretary of State 03 05

Name of Committee in Full			
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.)
LYNN CALLAHAN			
2275 RICKEL DR.	JUDGE	09 29 17	\$100.00
AKRON	OH 44333		CHECK
DONALD HICKS			
159 S. MAIN ST.	ATTORNEY	09 29 17	\$35.00
AKRON	OH 44308		CHECK
MICHAEL WEAR			
716 CASTLE BLVD.	ATTORNEY	09 29 17	\$200.00
AKRON	OH 44313		CHECK
KEVIN & KATARINA			
201 HAMPSHIRE RD.	BALLET/JUDGE	09 29 17	\$50.00
AKRON	OH 44313		CHECK
ANITA & E. J. MORIARTY			
78 FALLING WATER CIR.	RETIRED	09 29 17	\$50.00
MUNROE FALLS	OH 44262		CHECK
DOROTHEA & RAY LETZLER			
2699 MULL AVE.	unknown	09 29 17	\$50.00
COPLEY	OH 44321		CHECK
ELIZABETH STUYVESANT			
11900 HOOVER AVE. NW	ATTORNEY	09 29 17	\$70.00
Uniontown	OH 44685		CHECK

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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
\$1,610.00

Total expenditures this event
\$438.45

\$555.00
Page Total \$ 802.00

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	
Full Name of Contributor JOHN & BARBARA BLOIR		Registration Number, if PAC	
Street Address 6799 MILLFIELD RD. NW	Employer Occupation Labor Organization* RETIRED	M D Y 09 29 17	Amount \$100.00
City CANAL FULTON	State Zip Code OH 44614	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CEDRIC B. COLVIN		Registration Number, if PAC	
Street Address 479 SUNSET VIEW	Employer Occupation Labor Organization* ATTORNEY	M D Y 09 29 17	Amount \$50.00
City AKRON	State Zip Code OH 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN & DIANE BOYLE		Registration Number, if PAC	
Street Address 397 E. BAIRD ST.	Employer Occupation Labor Organization* RETIRED	M D Y 09 29 17	Amount \$100.00
City AKRON	State Zip Code OH 44203	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.)	
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
\$4,610.00

Total expenditures this event.
\$438.45

\$250.00
Page Total \$805.00