

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee Committee to Elect Kahoe						Registration Number, if PAC	
Full Name of Candidate JAMES M KAHOE							
Street Address 4197 SWAN LAKE Dr				Office Sought Richfield Village Council		District A/A	
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	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		11 07 17	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(II) for details.

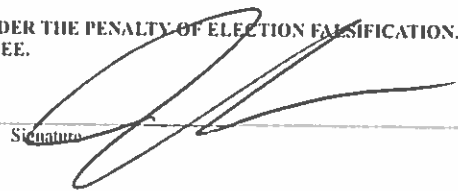
1. Amount brought forward from last report	\$	0	-
2. Total monetary contributions (From Form No. 31-A)	\$	5,285	-
3. Total other income (From Form No. 31-A-2)	\$	0	-
4. Total funds available (sum of lines 1, 2, 3)	\$	5,285	00
5. Total monetary expenditures (From Form No. 31-B)	\$	4,385	54
6. Balance on hand (line 4 minus line 5)	\$	2,395	54
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	1,750	-
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0	-
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	-
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,500	-
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	-
12. Value of independent expenditures made (From Form No. 31-U)	\$	1,282	87
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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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.

JAMES M KAHOE
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

10/26/17
Date

Contribution pages **7**

Expenditure pages **4**

Other pages **2**

Total pages **13**

Statement of Outstanding Debts

Prescribed by Secretary of State 2.01

Full Name of Committee B Committee to Elect Kahoe									
To Whom Owed Jim Kahoe					Prior Amount 0			Amt. Incurred this Period 2,500⁰⁰	
Address 4197 Swan Lake					Item or Purpose of Debt Fundraising and Signs			Outstanding Balance 2,500⁰⁰	
City Richfield			State OH		Zip Code 44286			Payments This Period	
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State		Zip Code			Payments This Period	
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State		Zip Code			Payments This Period	
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kahoe										
To Whom Paid Print 2 Promote						M	D	Y	Amount	
Address 540 South Main						1	0	3	17	287 ⁶⁵
City Akron						State Oh		Zip Code 44311		Check Number 3211
To Whom Paid Bullseye						M	D	Y	Amount	
Address 2947 Nationwide Pk						0	9	1	17	1,499 ⁸⁴
City Brunswick						State Oh		Zip Code 44212		Check Number Bank cert
To Whom Paid Board of Elections						M	D	Y	Amount	
Address 470 Grant						0	8	0	17	30 ⁰⁰
City Akron						State Oh		Zip Code 44311		Check Number CASH
To Whom Paid Scriptype Publisher						M	D	Y	Amount	
Address 4300 Streetsboro						0	9	1	17	832 ⁰⁰
City Richfield						State Oh		Zip Code 44286		Check Number 980
To Whom Paid Print 2 Promote						M	D	Y	Amount	
Address 540 South Main						1	0	2	17	73 ⁶⁷
City Akron						State Oh		Zip Code 44311		Check Number 1030
To Whom Paid Mike Kahoe Jr						M	D	Y	Amount	
Address 2881 Walnut						1	0	2	17	50 ⁰⁰
City Akron						State Oh		Zip Code 44333		Check Number CASH
To Whom Paid Will Bowe						M	D	Y	Amount	
Address 4192 Forest Ridge						1	0	2	17	50 ⁰⁰
City Akron Richfield						State Oh		Zip Code 44286		Check Number CASH
To Whom Paid CO. Bill Roemer						M	D	Y	Amount	
Address 1781 Southern Rd						1	0	2	17	487 ³⁸
City Richfield						State Oh		Zip Code 44286		Check Number 1029

3,310.54
Page Total

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kahoe										
To Whom Paid Digital Illusions							M	D	Y	Amount
Address 960 Robinwood Hills							09	11	17	450⁰⁰
City Akron				Purpose Design lit + Billboard		State Oh		Zip Code 44333		Check Number 1742
To Whom Paid Lamar							M	D	Y	Amount
Address PO Box 96030							09	11	17	625⁰⁰
City Baton Rouge				Purpose Billboard Rickfeld		State LA		Zip Code 70896		Check Number 4321
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		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2 01

Name of Committee in Full Committee to Elect Kahoe									
To Whom Paid Restraunt Depot						M	D	Y	Amount
Address 6150 Halle Dr						10	14	17	459⁵⁸
Purpose Clams/steak Party suppl-									
City Valley View						State	Zip Code	Check Number	
						Oh	44125	Charge	
To Whom Paid Home Depot						M	D	Y	Amount
Address 4066 medicine Rd						10	01	17	47⁸²
Purpose Posts for Signs									
City Copley						State	Zip Code	Check Number	
						Oh	44333		
To Whom Paid Circle K						M	D	Y	Amount
Address 1949 N Clew Mass						10	15	17	130¹⁰
Purpose 2-Propane tanks									
City Akron						State	Zip Code	Check Number	
						Oh	44333	Debit	
To Whom Paid Sams Club						M	D	Y	Amount
Address 1154 Clew Mass						10	13	17	243⁸⁸
Purpose Plates, Alcohol stuff for Party									
City Fairlawn						State	Zip Code	Check Number	
						Oh	44333	Debit	
To Whom Paid Corkscrew Johns						M	D	Y	Amount
Address 2542 Brecks Rd						09	28	17	302⁷⁹
Purpose Alcohol + Keg									
City Richfield						State	Zip Code	Check Number	
						Oh	44286	Debit	
To Whom Paid Gasoline Alley						M	D	Y	Amount
Address 2117 N Clew						10	14	17	45.47
Purpose Set-up Party Food (Saturday)									
City Akron						State	Zip Code	Check Number	
						Oh	44333	Debit	
To Whom Paid Staples						M	D	Y	Amount
Address 4014 Medicine Rd						10	13	17	53²³
Purpose Pens/Name tags/Plastic Displays									
City Akron						State	Zip Code	Check Number	
						Oh	44333	Debit	

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.

1,282.37
Page Total \$ _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee to Elect Kahoe</u>										
To Whom Paid <u>Giant Eagle</u>						M	D	Y	Amount <u>49.43</u>	
Address <u>3750 W Market</u>				Purpose <u>Appetizers, vegetable, fruit</u>						
City <u>Akron</u>			State <u>Oh</u>	Zip Code <u>44333</u>		Check Number <u>Debit</u>				
To Whom Paid <u>Dollar Tree</u>						M	D	Y	Amount <u>24.56</u>	
Address <u>3750 W Market</u>				Purpose <u>Balloons, table covers</u>						
City <u>Fairlawn</u>			State <u>Oh</u>	Zip Code <u>44333</u>		Check Number <u>Debit</u>				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City			State	Zip Code		Check Number				

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.

73.99
Page Total \$ 73.99

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Kahoe							
Full Name of Contributor E.M. Kahoe					Registration Number, if PAC		
Street Address 6802 Hidden Lak Trl		Employer Occupation Labor Organization* none			Form (Cash, Check, etc.) Check		
City Brecksville		State Oh	Zip Code 44141		M 09	D 11	Y 17
Amount 1,000							
Full Name of Contributor Michael Gabriel					Registration Number, if PAC		
Street Address 4821 Arbor Gran		Employer Occupation Labor Organization* Self - Emp - Crossroads			Form (Cash, Check, etc.) Check		
City Akron		State Oh	Zip Code 44333		M 09	D 14	Y 17
Amount 250⁰⁰							
Full Name of Contributor Brian + Lorraine Russell					Registration Number, if PAC		
Street Address 3480 Cook Rd		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) check		
City Medina		State Oh	Zip Code 44256		M 09	D 24	Y 17
Amount 100⁰⁰							
Full Name of Contributor Edward + Deborah Schwertner					Registration Number, if PAC		
Street Address 3468 Deer Creek Trl		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) Check		
City Richfield		State Oh	Zip Code 44286		M 09	D 28	Y 17
Amount 100⁰⁰							
Full Name of Contributor EMK Construction					Registration Number, if PAC		
Street Address 1653 Main St		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) Check		
City Penninsula		State Oh	Zip Code 44264		M 10	D 16	Y 17
Amount 500⁰⁰							
Full Name of Contributor Charles + Angenette Fenske					Registration Number, if PAC		
Street Address 2999 Lexington Dr		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) check		
City Powell		State Oh	Zip Code 43065		M 10	D 16	Y 17
Amount 40⁰⁰							
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							

* 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 at a Social or Fund-Raising Event

Prescribed by Secretary of State 03.05

Name of Committee in Full							
Committee to Elect Kahoe							
Full Name of Contributor		Registration Number, if PAC					
Christopher Kostoff Gigi Kostoff							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
405 Greensfield Ln.		0	9	27	17	75.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Copley	OH	44321-1258	5541				
Full Name of Contributor		Registration Number, if PAC					
E.M. Kahoe							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
6802 Hidden Lake Trail		0	9	11	17	80.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Brecksville	OH	44141-3191	342				
Full Name of Contributor		Registration Number, if PAC					
Betsy J Brock Jeffrey S Brock							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
1366 Hillandale Dr		1	0	15	17	40.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44333-1824	1144				
Full Name of Contributor		Registration Number, if PAC					
Jessica Zemba Jean E Zemba							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
4559 Woodbridge Ln		1	0	15	17	50.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Brecksville	OH	44141-2932	356				
Full Name of Contributor		Registration Number, if PAC					
Jodi M Aldrich Paul D Aldrich							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
4255 Everett Rd		1	0	15	17	75.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Richfield	OH	44286	1030				
Full Name of Contributor		Registration Number, if PAC					
Robert D Johnston Deanne R Johnston							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
4541 Black Rd		1	0	15	17	75.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Richfield	OH	44286	6435				
Full Name of Contributor		Registration Number, if PAC					
Derek M Duda Chene L Duda							
Street Address	Employer Occupation Labor Organization*	M	D	Y	Amount		
2602 N Bevere Rd		1	0	15	17	100.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44333	1761				

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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

7

Total expenditures this event

495
Page Total \$

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
Committee to Elect Kahoe					
Jeffrey A Weil Rosamond S Wong					
4578 Forest Brooke Court		10	15	17	100.00
Richfield	OH 44286				
John T Gilmore Judith R Gilmore					
3033 Pothour Wheeler Rd		10	15	17	300.00
Hubbard	OH 44425-9778				
Matthew G Wraicher LLC Matthew G Wraicher					
4166 N Wamutown Rd		10	15	17	300.00
Akron	OH 44333				
A Sarnato Enterprises Inc DBA JMax Enterprises					
4911 Grant Ave		10	15	17	300.00
Cleveland	OH 44125				
Legacy Senior Management Group LLC					
3975 Everett Rd		10	15	17	250.00
Richfield	OH 44286				
ABC Northern Ohio PAC					
9255 Market Place W		10	12	17	250.00
Broadview Heights	OH 44147				
Mark S. Hemminger					
2220 Candlewood Ln		10	16	17	100.00
Akron	OH 44333-1253				

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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

7

Total expenditures this event

1,600

Page Total \$

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

Prescribed by Secretary of State 03/05

Event Date <u>10-15-17</u>
Page <u>3</u>

Name of Committee in Full							
Committee to Elect Kahoe		Full Name of Contributor		Registration Number, if PAC			
Brian V Bowe		Street Address		Employer/Occupation/Labor Organization*		M	D
4192 Forestridge Dr		Richfield				10	16
		State	Zip Code	Y	Amount	17	100.00
		OH	44286		Form (Cash, Check, etc.)		
				783			
Will Hart		Street Address		Employer/Occupation/Labor Organization*		M	D
4457 Conestoga Trl		Copley				10	15
		State	Zip Code	Y	Amount	17	100.00
		OH	44321		Form (Cash, Check, etc.)		
				Pass Pal			
Eric Drumheller		Street Address		Employer/Occupation/Labor Organization*		M	D
1318 N Cleve Mass Rd		Akron				10	15
		State	Zip Code	Y	Amount	17	250.00
		OH	44333		Form (Cash, Check, etc.)		
				CASH			
Will Hart		Street Address		Employer/Occupation/Labor Organization*		M	D
4457 Conestoga Trl		Copley				10	15
		State	Zip Code	Y	Amount	17	40.00
		OH	44321		Form (Cash, Check, etc.)		
				CASH			
Alison Vlastic		Street Address		Employer/Occupation/Labor Organization*		M	D
5021 W Streetsboro Rd		Richfield				10	15
		State	Zip Code	Y	Amount	17	100.00
		OH	44286		Form (Cash, Check, etc.)		
				CASH			
Eric Bender		Street Address		Employer/Occupation/Labor Organization*		M	D
2946 Alden Dr		Parma				10	15
		State	Zip Code	Y	Amount	17	40.00
		OH	44134		Form (Cash, Check, etc.)		
				CASH			
Brandi Cervella		Street Address		Employer/Occupation/Labor Organization*		M	D
8607 Scenicview Dr #104		Broadview Heights				10	15
		State	Zip Code	Y	Amount	17	50.00
		OH	44147		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

7

Total expenditures this event

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680⁰⁰

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Page Total \$

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

Prescribed by Secretary of State 03/05

Event Date 10-15-17
Page 4

Name of Committee in Full		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Comm. Htee to Elect Kaloe		Danielle Kossman			10	15	17	40.00
Street Address		City		State	Form (Cash, Check, etc.)			
8607 Scenicview Dr #103		Broadview Heights		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Tom Barno		Tom Barno			10	15	17	50.00
Street Address		City		State	Form (Cash, Check, etc.)			
6916 Mill Rd		Brecksville		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Dan Flanagan		Dan Flanagan			10	15	17	100.00
Street Address		City		State	Form (Cash, Check, etc.)			
4702 Strutsboro Rd		Richfield		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Michael Humenik		Michael Humenik			10	15	17	100.00
Street Address		City		State	Form (Cash, Check, etc.)			
2266 Cleve Mass Rd		Akron		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Michael Lanigan		Michael Lanigan			10	15	17	50.00
Street Address		City		State	Form (Cash, Check, etc.)			
6817 Glencoe Ave		Cleveland		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Jason & Sue Ann		Jason & Sue Ann			10	15	17	100.00
Street Address		City		State	Form (Cash, Check, etc.)			
4181 Humphrey Rd		Richfield		OH	CASH			
Full Name of Contributor		Full Name of Contributor		Employer/Occupation/Labor Organization*	M	D	Y	Amount
Jessica Zembra		Jessica Zembra			10	15	17	40.00
Street Address		City		State	Form (Cash, Check, etc.)			
1390 Starr Circle		Broadview Heights		OH	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
7

Total expenditures this event
00

Page Total \$ 480

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

Prescribed by Secretary of State 03/05

Event Date 10-15-17
Page 5

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	M	D	Y	Amount
Committee to Elect Kahoe		Denise DiVitto			1	0	1	40.00
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
9249 Oxford Trail		OH		CASH				
City		State		Zip Code				
Brecksville		OH		44141				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				
Full Name of Contributor		Registration Number, if PAC		M		D		Y
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount		
City		State		Zip Code				

* 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

--	--	--

Total expenditures this event

--	--	--

40⁰⁰

Page Total \$

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to Elect Kahoe			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Mike Kahoe			
Street Address	Description of Item or Service	M	D
2881 Walnut Ridge	2 Suite tickets CAA	10	15
City	State	Y	Fair Market Value
Akron	Oh	17	1,000 ⁰⁰
	Zip Code	Received at Fundraising Event?	
	44333	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Mark Drumheller			
Street Address	Description of Item or Service	M	D
7229 Lake Rd E	4 Person Fishing Trip	10	15
City	State	Y	Fair Market Value
Madison	Oh	17	750 ⁰⁰
	Zip Code	Received at Fundraising Event?	
	44057	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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1,750⁰⁰
Page Total