



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought MUNICIPAL COURT JUDGE		District AKRON
Street Address 720 WOLF LEDGES STE 207		City AKRON	State OH	Zip 44311
Candidate Name OR PAC Registration Number KATHRYN A MICHAEL		Treasurer Name ROBERT C BOYCE		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

Amended Report: No Yes

Termination: Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H)): Check this box if the committee is filing a short term report. See attached instructions.

Year: **2017**

1. Amount brought forward from last report	\$324.47
2. Total monetary contributions (From Forms 31-A and 31-E)	\$23,765.00
3. Total other income (From Form 31-A-2)	\$250.00
4. Total funds available (sum of lines 1,2, and 3)	\$24,339.47
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$22,952.41
6. Balance on hand (line 4 minus line 5)	\$1,387.06
7. Value of in-kind contributions received (From Form 31-J-1)	\$550.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0
9. Outstanding loans owed by committee (From Form 31-C)	\$160,955.74
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 26 AM 10:07
AKRON OHIO
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THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

[Signature]
Signature of Treasurer or Deputy Treasurer

TREASURER

10/26/17
Date (MM/DD/YYYY)

Contribution Pages: **25**
 Expenditure Pages: **5**
 Other Pages: **3**
 Total Pages: **33**

+23 support docs

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE										
Full Name of Contributor WILLIAM ZAVARELLO							Registration Number, if PAC			
Street Address 313 S HIGH ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44308		M 0	D 3	Y 1	Y 4	Y 1	Y 7
Amount \$600.00										
Full Name of Contributor KIMBERLY AUSTIN ARONSON							Registration Number, if PAC			
Street Address 1325 HERITAGE COMMONS DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City WINTER SPRINGS		State FL	Zip Code 32708		M 0	D 4	Y 1	Y 0	Y 1	Y 7
Amount \$100.00										
Full Name of Contributor WALTER J BENSON							Registration Number, if PAC			
Street Address 842 S HAMETOWN RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COPLEY		State OH	Zip Code 44321		M 0	D 4	Y 2	Y 0	Y 1	Y 7
Amount \$100.00										
Full Name of Contributor CHRISTINA F LONDRICO							Registration Number, if PAC			
Street Address 3145 W STREETSBORO RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City RICHFIELD		State OH	Zip Code 44286		M 0	D 4	Y 1	Y 1	Y 1	Y 7
Amount \$175.00										
Full Name of Contributor LABORERS INTERNATIONAL UNION OF NORTH AMERICA							Registration Number, if PAC LA236			
Street Address 720 WOLF LEDGES PKWY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44311		M 0	D 4	Y 1	Y 3	Y 1	Y 7
Amount \$500.00										
Full Name of Contributor DONALD WALKER							Registration Number, if PAC			
Street Address 175 HUNT CLUB DR APT 2A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) MONEY ORDER			
City COPLEY		State OH	Zip Code 44321		M 0	D 5	Y 0	Y 1	Y 1	Y 7
Amount \$250.00										
Full Name of Contributor MICHAEL WARTKO							Registration Number, if PAC			
Street Address 3736 BROAD VISTA ST NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City UNIONTOWN		State OH	Zip Code 44685		M 0	D 4	Y 2	Y 0	Y 1	Y 7
Amount \$75.00										
Full Name of Contributor BRIAN M ASHTON							Registration Number, if PAC			
Street Address 302BARONSWAY DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City CUYAHOGA FALLS		State OH	Zip Code 44223		M 0	D 4	Y 2	Y 0	Y 1	Y 7
Amount \$175.00										

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

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor JACLYN PALUMBO					Registration Number, if PAC	
Street Address 879 NORTH POINTE DR APT A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 4	Y 2	Amount \$100.00
Full Name of Contributor AMBER CROWE					Registration Number, if PAC	
Street Address 1653 MERRIMAN RD STE 202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 4	Y 1	Amount \$75.00
Full Name of Contributor REBECCA J SREMAC					Registration Number, if PAC	
Street Address 2745 S ARLINGTON ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44312	M 0	D 5	Y 0	Amount \$250.00
Full Name of Contributor WILLIAM D DOWLING					Registration Number, if PAC	
Street Address 2072 N REVERE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 0	D 5	Y 3	Amount \$125.00
Full Name of Contributor STACY L MCGOWAN					Registration Number, if PAC	
Street Address 670 CROSSINGS CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TALLMADGE	State OH	Zip Code 44278	M 0	D 5	Y 3	Amount \$100.00
Full Name of Contributor GREGORY T PLESICH					Registration Number, if PAC	
Street Address 1615 AKRON PENINSULA RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 5	Y 3	Amount \$75.00
Full Name of Contributor RHONDA L KOTNIK					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 0	D 6	Y 0	Amount \$50.00
Full Name of Contributor DREW R ENGLS					Registration Number, if PAC	
Street Address 505 SAINT ANDREWS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 5	Y 2	Amount \$600.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor MARK A GLINSKI				Registration Number, if PAC		
Street Address 4549 WOOD ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WILLOUGHBY	State OH	Zip Code 44094	M 0	D 5	Y 2 2 1 7	Amount \$40.00
Full Name of Contributor Contributions from form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 4	Y 1 9 1 7	Amount \$4,775.00
Full Name of Contributor Contributions from form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 5	Y 3 1 1 7	Amount \$3,425.00
Full Name of Contributor LOCAL NO. 219				Registration Number, if PAC PCE 7695		
Street Address 644 E TALLMADGE AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44310	M 0	D 6	Y 1 5 1 7	Amount \$100.00
Full Name of Contributor CITIZENS FOR SCHMIDT				Registration Number, if PAC		
Street Address 1460 CURTIS AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State OH	Zip Code 44221	M 0	D 6	Y 0 7 1 7	Amount \$100.00
Full Name of Contributor ERIK JONES				Registration Number, if PAC		
Street Address 137 S. MAIN ST STE 102		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 0	D 6	Y 2 2 1 7	Amount \$250.00
Full Name of Contributor Contributions from form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 6	Y 3 0 1 7	Amount \$1,765.00
Full Name of Contributor LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL 894				Registration Number, if PAC LA236		
Street Address 720 WOLF LEDGES PKWY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44311	M 0	D 6	Y 1 5 1 7	Amount \$250.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor WALTER J BENSON					Registration Number, if PAC	
Street Address 842 S HAMETOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COPLEY	State OH	Zip Code 44321	M 0	D 7	Y 0317	Amount \$100.00
Full Name of Contributor BASSAM F HALASA					Registration Number, if PAC	
Street Address 125 MORNINGSIDE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 6	Y 2517	Amount \$100.00
Full Name of Contributor SHAWN R BARNHART-SHUMAN					Registration Number, if PAC	
Street Address 256 WASHBURN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TALLMADGE	State OH	Zip Code 44278	M 0	D 8	Y 1217	Amount \$100.00
Full Name of Contributor EDWARD L GILBERT					Registration Number, if PAC	
Street Address 1 CASCADE PLAZA STE 825		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 0	D 8	Y 1517	Amount \$200.00
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City OH	State OH	Zip Code	M 0	D 8	Y 2217	Amount \$4,050.00
Full Name of Contributor YOLANDA NEAL					Registration Number, if PAC	
Street Address 476 MORELEY AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44320	M 0	D 8	Y 2917	Amount \$200.00
Full Name of Contributor CARL MASSOUH					Registration Number, if PAC	
Street Address 9589 PORTAGE ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MASSILLON	State OH	Zip Code 44646	M 0	D 9	Y 0317	Amount \$250.00
Full Name of Contributor CHARLES D GUSTER III					Registration Number, if PAC	
Street Address 1803 WEATHER STONE LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43235	M 0	D 8	Y 1217	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE											
Full Name of Contributor AWNI ZAWAHRI							Registration Number, if PAC				
Street Address 1164 GRANT ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44301		M 0	D 9	Y 1	Y 0	Y 1	Y 7	Amount \$500.00
Full Name of Contributor GARY HIMMEL							Registration Number, if PAC				
Street Address 80 S SUMMIT ST. STE 400				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44308		M 0	D 9	Y 1	Y 2	Y 1	Y 7	Amount \$300.00
Full Name of Contributor LISA YERIAN							Registration Number, if PAC				
Street Address 5871 RIDGE RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City WADSWORTH		State OH	Zip Code 44281		M 0	D 9	Y 2	Y 4	Y 1	Y 7	Amount \$100.00
Full Name of Contributor REEN SREMAK							Registration Number, if PAC				
Street Address 2745 S ARLINGTON RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44312		M 0	D 8	Y 3	Y 0	Y 1	Y 7	Amount \$75.00
Full Name of Contributor JACOB T WILL							Registration Number, if PAC				
Street Address 116 CLEVELAND AVENUE NW				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City CANTON		State OH	Zip Code 44702		M 0	D 8	Y 2	Y 5	Y 1	Y 7	Amount \$100.00
Full Name of Contributor TRI COUNTY BUILDING TRADES PCE							Registration Number, if PAC				
Street Address 272 W MARKET ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44302		M 0	D 8	Y 1	Y 6	Y 1	Y 7	Amount \$125.00
Full Name of Contributor JOHN G SIMON							Registration Number, if PAC				
Street Address 3685 BAUMBERGER RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City STOW		State OH	Zip Code 44224		M 0	D 8	Y 1	Y 5	Y 1	Y 7	Amount \$150.00
Full Name of Contributor MELISSA GRAHAM-HURD							Registration Number, if PAC				
Street Address 333 S MAIN ST #301				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44308		M 0	D 8	Y 1	Y 1	Y 1	Y 7	Amount \$125.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor CORINNE ESBER MASHIE					Registration Number, if PAC	
Street Address 225 S BAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44319	M 0	D 8	Y 2017	Amount \$100.00
Full Name of Contributor JULIE A TOTH					Registration Number, if PAC	
Street Address 221 N PORTAGE PATH APT 2		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 8	Y 2017	Amount \$125.00
Full Name of Contributor J W BAKER					Registration Number, if PAC	
Street Address 333 N PORTAGE PATH UNIT 22		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 9	Y 1717	Amount \$250.00
Full Name of Contributor MARK D CAVANAUGH					Registration Number, if PAC	
Street Address 755 WHITE POND DR STE 403		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44320	M 0	D 8	Y 2017	Amount \$35.00
Full Name of Contributor FRANK M KUNSTEL					Registration Number, if PAC	
Street Address 131 SEABORN DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WILLOWICK	State OH	Zip Code 44095	M 0	D 9	Y 1317	Amount \$250.00
Full Name of Contributor MARK C WILLIS					Registration Number, if PAC	
Street Address 4215 HART RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City RICHFIELD	State OH	Zip Code 44286	M 0	D 8	Y 2017	Amount \$250.00
Full Name of Contributor BRIAN J WILLIAMS					Registration Number, if PAC	
Street Address 209 S MAIN ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 0	D 8	Y 2017	Amount \$125.00
Full Name of Contributor JUDITH NICELY					Registration Number, if PAC	
Street Address 685 PALISADES DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 8	Y 1017	Amount \$150.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor STACY MCGOWAN					Registration Number, if PAC	
Street Address 670 CROSSINGS CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TALLMADGE	State OH	Zip Code 44278	M 0	D 8	Y 1 1 1 7	Amount \$75.00
Full Name of Contributor DIANNE WINNEN-OLDENBERG					Registration Number, if PAC	
Street Address 1383 ASTER AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44301	M 0	D 7	Y 1 9 1 7	Amount \$25.00
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 3 0 1 7	Amount \$800.00
Full Name of Contributor ERIK JONES					Registration Number, if PAC	
Street Address 137 S MAIN ST STE 102		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 1	D 0	Y 1 0 1 7	Amount \$250.00
Full Name of Contributor JON A OLDHAM					Registration Number, if PAC	
Street Address 2130 SAGAMORE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 1	D 0	Y 1 8 1 7	Amount \$100.00
Full Name of Contributor ROBERT C BOYCE					Registration Number, if PAC	
Street Address 1052 JONATHAN AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 0	D 4	Y 0 5 1 7	Amount \$600.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	Zip Code	M	D	Y	Amount

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
VOTE JUDGE MICHAEL COMMITTEE							
Full Name AKRON SUMMIT CONVENTION & VISITORS BUREAU INC				Registration Number, if PAC			
Address 77 E MILL ST		Type* RE		M	D	Y	Amount \$250.00
City AKRON		State OH	Zip Code 44308	0	4	2	1
				1	1	7	
				Form (Cash, Check, etc.) CHECK			
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address				M D Y			
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount
				0	4	17	\$1,250.00
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid C MASSOUH PRINTING				M	D	Y	Amount
				0	5	17	\$499.59
Address 590 ELM RIDGE AVENUE		Purpose PRINTING OF CAMPAIGN MATERIAL					
City CANAL FULTON		State OH	Zip Code 44614	Check Number 1159			
To Whom Paid KEY BANK				M	D	Y	Amount
				0	4	17	\$20.00
Address 145 Ghent Rd		Purpose CAMPAIGN BANK ACCOUNT FEES <i>JAN - APR 2017</i>					
City FAIRLAWN		State OH	Zip Code 44333	Check Number DIRECT DEBIT			
To Whom Paid C MASSOUH PRINTING				M	D	Y	Amount
				0	5	17	\$229.51
Address 590 ELM RIDGE AVENUE		Purpose PRINTING OF CAMPAIGN MATERIAL					
City CANAL FULTON		State OH	Zip Code 44614	Check Number 1160			
To Whom Paid GRAFFITTI PRINT SHOP				M	D	Y	Amount
				0	5	17	\$666.12
Address 739 N MAIN ST		Purpose CAMPAIGN PROMOTION ITEMS					
City AKRON		State OH	Zip Code 44310	Check Number 1161			
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount
				0	5	17	\$636.12
Address		Purpose					
City		State	Zip Code	Check Number			
		OH		<i>1162</i>			
To Whom Paid GRAFFITTI PRINT SHOP				M	D	Y	Amount
				0	6	17	\$208.16
Address 739 N MAIN ST		Purpose CAMPAIGN PROMOTION ITEMS					
City AKRON		State OH	Zip Code 44310	Check Number 1163			
To Whom Paid WEST AKRON BASEBALL LEAGUE				M	D	Y	Amount
				0	6	17	\$150.00
Address 2329 STOKBRIDGE RD		Purpose PARADE ENTRY FEE					
City AKRON		State OH	Zip Code 44333	Check Number 1164			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid				M	D	Y	Amount
GRAFFITTI PRINT SHOP				0	6	2 9 1 7	\$910.04
Address		Purpose					
739 N MAIN ST		CAMPAIGN PROMOTION ITEMS					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1165				
To Whom Paid				M	D	Y	Amount
HUMANE SOCIETY OF SUMMIT COUNTY				0	7	0 5 1 7	\$275.00
Address		Purpose					
7996 Darrow Rd		CAMPAIGN AD					
City	State	Zip Code	Check Number				
TWINSBURG	OH	44087	1166				
To Whom Paid				M	D	Y	Amount
MOGADORE SUMMER FESTIVAL				0	7	1 8 1 7	\$100.00
Address		Purpose					
135 S Cleveland Ave # 1		PARADE ENTRY FEE					
City	State	Zip Code	Check Number				
MOGADORE	OH	44260	1187				
To Whom Paid				M	D	Y	Amount
ST PHILIP'S EPISCOPAL CHURCH				0	7	1 8 1 7	\$50.00
Address		Purpose					
1130 Mercer Ave, Akron, OH 44320		CAMPAIGN AD					
City	State	Zip Code	Check Number				
AKRON	OH	44320	1188				
To Whom Paid				M	D	Y	Amount
GRAFFITTI PRINT SHOP				0	7	2 0 1 7	\$893.50
Address		Purpose					
739 N MAIN ST		CAMPAIGN PROMOTION ITEMS					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1169				
To Whom Paid				M	D	Y	Amount
KEY BANK				0	6	3 0 1 7	\$15.00
Address		Purpose					
145 Ghent Rd		CAMPAIGN BANK ACCOUNT FEES					
City	State	Zip Code	Check Number				
FAIRLAWN	OH	44333	DIRECT DEBIT				
To Whom Paid				M	D	Y	Amount
GRAFFITTI PRINT SHOP				0	8	3 0 1 7	\$753.12
Address		Purpose					
739 N MAIN ST		CAMPAIGN PROMOTION ITEMS					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1171				
To Whom Paid				M	D	Y	Amount
TRI-COUNTY BUILDING AND CONSTRUCTION TRADES COUNCIL				0	9	1 1 1 7	\$100.00
Address		Purpose					
272 WEST MARKET ST		CAMPAIGN AD					
City	State	Zip Code	Check Number				
AKRON	OH	44303	1172				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL									
To Whom Paid MATTHEW FORTADO						M	D	Y	Amount \$125.00
Address 1700 WEST MARKET ST STE 177						Purpose RETURN OF CONTRIBUTION			
City AKRON		State OH		Zip Code 44303		Check Number 1170			
To Whom Paid C MASSOUH PRINTING SERVICES						M	D	Y	Amount \$485.71
Address 590 ELM RIDGE AVENUE						Purpose PRINTING OF CAMPAIGN MATERIAL			
City CANAL FULTON		State OH		Zip Code 44614		Check Number 1173			
To Whom Paid KYM SELLERS FOUNDATION						M	D	Y	Amount \$125.00
Address 1710 EAST 12TH ST. STE 101						Purpose CAMPAIGN AD			
City CLEVELAND		State OH		Zip Code 44114		Check Number 1174			
To Whom Paid TRIAD						M	D	Y	Amount \$15,460.54
Address 1701 FRONT ST						Purpose CAMPAIGN YARD SIGNS, POSTCARDS, ADS			
City CUYAHOGA FALLS		State OH		Zip Code 44221		Check Number 1175			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH		Zip Code		Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE													
From Whom Received KATHRYN MICHAEL										Prior Amount 160,955.74		Amt. Incurred this Period 0.00	
Address 3363 STANLEY ROAD												Outstanding Balance 160,955.74	
City FAIRLAWN		State OH	Zip Code 44333		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 2 1 8 0 5													
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	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	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	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	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		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 160,955.74
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 160,955.74 (To Form No. 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JOSEPH F GORMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL ST STE 400				0	4	19	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
RHONDA L KOTNIK							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4620 JUPITER RD				0	4	19	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
UNIONTOWN		OH	44311	CHECK			
Full Name of Contributor				Registration Number, if PAC			
KERRY M O'BRIEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4510 W BATH RD				0	4	19	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MELISSA GRAHAM-HURD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 S MAIN ST #301				0	4	19	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JONATHAN SINN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
955 EDGEWATER CIRCLE				0	4	19	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
KENT		OH	44240	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JULIE A TOTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
221 N PORTAGE PATH APT 2				0	4	19	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL M GRANT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S MAIN ST STE 3				0	4	19	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,375.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
ANNETTE L POWERS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1190 JEFFERSON AVENUE				0	4	19	\$225.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
THOMAS W BEVAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
530 MEADOWRIDGE WAY				0	4	19	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BOSTON HEIGHTS		OH	44336	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SHUBHRA N AGARWAL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3136 PREAKNESS DR				0	4	19	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
STOW		OH	44224	CHECK			
Full Name of Contributor				Registration Number, if PAC			
WILLIAM T WHITAKER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL				0	4	19	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANDREA WHITAKER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
17007 DORCHESTER DR				0	4	19	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CLEVELAND		OH	44119	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOHN W GREVEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3181 DUNSTONE AVENUE				0	4	19	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44312	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DONALD R HICKS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S MAIN ST #423				0	4	19	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,725.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
BRIAN J WILLIAMS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S MAIN ST				0	4	17	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
STACY L MCGOWAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
670 CROSSINGS CIRCLE				0	4	17	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
TALLMADGE		OH	44278	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SARAH M HULBURT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2200 RAVENNA ST				0	4	17	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HUDSON		OH	44236	CHECK			
Full Name of Contributor				Registration Number, if PAC			
NOWAR KATIRJI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1655 West Market Street Suite 230				0	4	17	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
NOAH MUNYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL ST STE 400				0	4	17	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKROM		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
RICHARD P KUTUCHIEF							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
59 S MAIN ST STE 807				0	4	17	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SCOTT A RILLEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
137 S MAIN ST STE 300				0	4	17	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,575.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
VOTE JUDGE MICHAEL COMMITTEE			
Full Name of Contributor			Registration Number, if PAC
Eddie Sipplen			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1655 W MARKET ST STE 240		0 4 1 9 1 7	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH	44313	CHECK
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address			Amount
Employer/Occupation/Labor Organization*			
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

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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

\$4,775.00

Total expenditures this event.

\$1,250.00

Page Total \$ \$100.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
SANDRA KURT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
140 MAYFIELD ROAD				0	5	3	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
NICHOLAS SWRYDENKO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
137 S MAIN ST STE 201				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL E MEYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1911 N CLEVELAND-MASSILLON RD				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BATH		OH	44210	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MARTIN H BELSKY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
344A VILLAGE POINTE DR				0	5	3	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CARA C KENNERLY-FORD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
424 MERRIMAN RD				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL M GRANT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S MAIN ST STE 3				0	5	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DONALD R HICKS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S MAIN ST #423				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	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

Total expenditures this event.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
NOWAR KATIRJI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1655 West Market Street Suite 230				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MELISSA C DEAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3857 HERON WATCH DR				0	5	3	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44319	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JUSTIN BARNHART							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
18 RIVER RIDGE LN				0	5	3	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
MUNROE FALLS		OH	44262	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JULIE A TOTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
221 N PORTAGE PATH APT 2				0	5	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ROBERT M GIPPIN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
929 EATON AVE				0	5	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MATTHEW FORTADO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1700 W MARKET ST APT 117				0	5	3	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DANIEL R BACHE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3156 CONLIN DR5				0	5	3	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44319	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

\$0.00

Total expenditures this event.

Page Total \$ **\$1,350.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor JASON D WALLACE				Registration Number, if PAC	
Street Address 270 S CLEVELAND-MASSILLON RD		Employer/Occupation/Labor Organization*		M D Y	Amount
City FAIRLAWN		State OH	Zip Code 44333	0 5 3 1 1 7	\$300.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor MICHAEL E GEORGE				Registration Number, if PAC	
Street Address 700 W MARKET ST NO. 201		Employer/Occupation/Labor Organization*		M D Y	Amount
City AKRON		State OH	Zip Code 44313	0 5 3 1 1 7	\$300.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JEFFREY N JAMES				Registration Number, if PAC	
Street Address 137 S MAIN ST		Employer/Occupation/Labor Organization*		M D Y	Amount
City AKRON		State OH	Zip Code 44308	0 5 3 1 1 7	\$200.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor ANNETTE POWERS				Registration Number, if PAC	
Street Address 1190 JEFFERSON AVE		Employer/Occupation/Labor Organization*		M D Y	Amount
City AKRON		State OH	Zip Code 44313	0 5 3 1 1 7	\$175.00
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 OH	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 OH	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 OH	Zip Code		
Form (Cash, Check, etc.)					

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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
\$3,425.00

Total expenditures this event.
\$636.12

Page Total \$ **\$975.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
CAZZELL M SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1191 DOVER AVENUE				0	6	3	017 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44320	CHECK			
Full Name of Contributor				Registration Number, if PAC			
NICHOLAS SWRYDENKO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1997 FOX TRACE TRAIL				0	6	3	017 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL E MEYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1191 N CLEVELAND-MASSILLION RD				0	6	3	017 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BATH		OH	44210	CHECK			
Full Name of Contributor				Registration Number, if PAC			
BRIAN M ASHTON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
302 BARONSWAY DR				0	6	3	017 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JACLYN PALUMBO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
879 NOTH POINT DR APT A				0	6	3	017 \$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANNE M VAN DEVERE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
15 BENNINGTON DR APT 1				0	6	3	017 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NAPLES		FL	34104	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DAWN M KING							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10374 YALE DR				0	6	3	017 \$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
DEERFIELD		OH	44308	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$455.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor AMBER CROWE			Registration Number, if PAC				
Street Address 7217 BRAUCHAER ST NW		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$60.00
City NORTH CANTON		State OH	Zip Code 44720		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor DONALD R HICKS			Registration Number, if PAC				
Street Address 159 S MAIN ST #423		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$75.00
City CUYAHOGA FALLS		State OH	Zip Code 44308		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor ANNETTE L POWERS			Registration Number, if PAC				
Street Address 1190 JEFFERSON AVENUE		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$75.00
City BATH		State OH	Zip Code 44313		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor BRIAN J WILLIAMS			Registration Number, if PAC				
Street Address 209 S MAIN ST		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$100.00
City AKRON		State OH	Zip Code 44308		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor CANDACE KIM-KNOX			Registration Number, if PAC				
Street Address 1521 COLLIER RD		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$75.00
City AKRON		State OH	Zip Code 44320		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor MATTHEW FORTADO			Registration Number, if PAC				
Street Address 1700 W MARKET ST APT 177		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$150.00
City AKRON		State OH	Zip Code 44313		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor MICHAEL E GEORGE			Registration Number, if PAC				
Street Address 1700 W MARKET ST NO. 201		Employer/Occupation/Labor Organization*	M	D	Y	Amount	
			0	6	3	017	\$150.00
City AKRON		State OH	Zip Code 44313		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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$685.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JEFFREY N JAMES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
337 HICKORY ST				0	6	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JULIE TOTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
221 N PORTAGE PATH APT 2				0	6	3	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ED SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
265 S MAIN ST				0	6	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CASH			
Full Name of Contributor				Registration Number, if PAC			
EDDIE SIPPLEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1655 W MARKET ST				0	6	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CASH			
Full Name of Contributor				Registration Number, if PAC			
TROY REEVES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
11 RIVER ST				0	6	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
KENT		OH	44240	CASH			
Full Name of Contributor				Registration Number, if PAC			
KRISTEN KOWALSKI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 S MAIN ST STE 401				0	6	3	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	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.)			
		OH					

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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

\$1,765.00

Total expenditures this event.

\$0.00

Page Total \$ 625.00

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

Prescribed by Secretary of State 03/05

Event Date <u>8/22/17</u>
Page <u>24</u>

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor EDDIE SIPPLEN			Registration Number, if PAC				
Street Address 1655 W MARKET ST STE 240		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor HOSNI HALASA			Registration Number, if PAC				
Street Address 1482 S MAIN ST		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$150.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DANIEL BACHE			Registration Number, if PAC				
Street Address 270 S Cleveland Massillon Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$125.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor SUSAN J LAX			Registration Number, if PAC				
Street Address 755 WHITE POND DR STE 403		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$125.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor PAUL M GRANT			Registration Number, if PAC				
Street Address 209 S MAIN ST 8TH FLOOR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$100.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JACQUELINE DEBOSE			Registration Number, if PAC				
Street Address 2794 VALLEY RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$200.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ANNETTE L POWERS			Registration Number, if PAC				
Street Address 1190 JEFFERSON AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$125.00
City AKRON		State OH	Zip Code 44313	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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 925.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor			Registration Number, if PAC			
MATTHEW FORTADO						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1700 W MARKET ST APT 177			0	8	2	\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
SARAH KATIRJI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1498 HAMPTON KNOLL DR			0	8	2	\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
PAUL E MEYER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1191 N CLEVELAND-MASSILLION RD			0	8	2	\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)			
BATH	OH	44210	CHECK			
Full Name of Contributor			Registration Number, if PAC			
RIMA TABANJI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2665 MULL AVE			0	8	2	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
COPLEY	OH	44231	CHECK			
Full Name of Contributor			Registration Number, if PAC			
PAULA PRENTICE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4235 ALDAWOOD HILLS DR			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44319	CHECK			
Full Name of Contributor			Registration Number, if PAC			
GHADA ARAMOUNI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4475 WESTMONT BLVD			0	8	2	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
COPLEY	OH	44321	CHECK			
Full Name of Contributor			Registration Number, if PAC			
ADEL F HALASA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO BOX 825			0	8	2	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)			
BATH	OH	44210	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$1,075.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor			Registration Number, if PAC			
DONALD R HICKS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S MAIN ST STE 423			0	8	22	\$60.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC			
RANIA DADAH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5319 RUSTIC HILLS DR			0	8	22	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)			
MEDINA	OH	44256	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MARY MARGARET ROWLANDS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2200 STOCKBRIDGE RD			0	8	22	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
JOY MALEK OLDFIELD						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 KIMBERLY RD			0	8	22	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MALEK ALBANA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
465 LAKE OF THE WOODS BLVD			0	8	22	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44333	CHECK			
Full Name of Contributor			Registration Number, if PAC			
KERRY M O'BRIEN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4510 W BATH RD			0	8	22	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44333	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MATTHEW FORTADO						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1700 W MARKET ST APT 177			0	8	22	\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$985.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
VOTE JUDGE MICHAEL COMMITTEE			
Full Name of Contributor		Registration Number, if PAC	
MARTHA L HOM			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
193 OWASSO AVE		0 8 22 17	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
FAIRLAWN	OH	44333	CHECK
Full Name of Contributor		Registration Number, if PAC	
DOC WALKER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
175 CLUB HUNT DR		0 8 22 17	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
COPLEY	OH	44321	MONEY ORDER
Full Name of Contributor		Registration Number, if PAC	
ALENI VIDALIS			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2904 ERIE DR		0 8 22 17	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
FAIRLAWN	OH	44333	CHECK
Full Name of Contributor		Registration Number, if PAC	
DORA A EVANS			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
507 VINITA AVE		0 8 22 17	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH	44320	CHECK
Full Name of Contributor		Registration Number, if PAC	
BEVERLY D HALE			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1031 MEADOW RUN		0 8 22 17	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
COPLEY	OH	44321	CHECK
Full Name of Contributor		Registration Number, if PAC	
WALID QAQUISH			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1041 KINGSWOOD DR		0 8 22 17	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH	44313	CASH
Full Name of Contributor		Registration Number, if PAC	
ADNAN HALASA			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1482 S MAIN ST		0 8 22 17	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH	44301	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$750.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor DARLENE HERNANDEZ				Registration Number, if PAC	
Street Address 6850 CHADBOURNE DR		Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 1 7	Amount \$20.00
City VALLEY VIEW		State OH	Zip Code 44125	Form (Cash, Check, etc.) CASH	
Full Name of Contributor WALID QAQUISH JNR				Registration Number, if PAC	
Street Address 894 EVA AVE		Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 1 7	Amount \$250.00
City AKRON		State OH	Zip Code 44306	Form (Cash, Check, etc.) CASH	
Full Name of Contributor BON HERNANDEZ				Registration Number, if PAC	
Street Address 6850 CHADBOURNE DR		Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 1 7	Amount \$20.00
City VALLEY VIEW		State OH	Zip Code 44125	Form (Cash, Check, etc.) CASH	
Full Name of Contributor DOC WALKER				Registration Number, if PAC	
Street Address 175 CLUB HUNT DR		Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 1 7	Amount \$25.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CASH	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	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 OH	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 OH	Zip Code	Form (Cash, Check, etc.)	

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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

\$4,050.00

Total expenditures this event.

\$0.00

Page Total \$ 315.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor SARAH M HULBURT				Registration Number, if PAC	
Street Address 2200 RAVENNA ST		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 7	Amount \$125.00
City HUDSON		State OH	Zip Code 44236	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DEBORAH ASFOURA				Registration Number, if PAC	
Street Address 720 TRELIS GREEN DR		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 7	Amount \$500.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor HEIDI GROSOWSKY				Registration Number, if PAC	
Street Address 6419 STANBURY RD		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 7	Amount \$50.00
City PARMA		State OH	Zip Code 44129	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SARAH KATIRJI				Registration Number, if PAC	
Street Address 1489 HAMPTON KNOLL DR		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 7	Amount \$125.00
City AKRON		State OH	Zip Code 44313	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 OH	Zip Code	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 OH	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 OH	Zip Code	Form (Cash, Check, etc.)	

* 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
\$800.00

Total expenditures this event.
\$0.00

Page Total \$ **\$800.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid GREYSTONE HALL				M	D	Y	Amount
				0	4	0	5
				1	7		\$1,250.00
Address 103 S HIGH ST		Purpose HIRE OF EVENT VENUE					
City AKRON	State OH	Zip Code 44308	Check Number 1158				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
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.

\$1,250.00
Page Total \$ _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid MUSTARD SEED MARKET				M	D	Y	Amount
				0	5	3	1
				1	7		\$636.12
Address 867 W MARKET ST		Purpose HIRE OF EVENT VENUE AND FOOD					
City AKRON	State OH	Zip Code 44303	Check Number 1162				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State	Zip Code	Check Number				
	OH						

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.

\$636.12
Page Total \$ _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
BRIAN J WILLIAMS				
Street Address		Description of Item or Service		M D Y Fair Market Value
209 S MAIN ST FL8		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
STACY MCGOWAN				
Street Address		Description of Item or Service		M D Y Fair Market Value
209 S MAIN ST FL8		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
NOWAR KATIRJI				
Street Address		Description of Item or Service		M D Y Fair Market Value
1655 West Market Street Suite 230		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44313	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ANGELINO GINGO				
Street Address		Description of Item or Service		M D Y Fair Market Value
2000 CHESTNUT BLVD		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
CUYAHOGA FALLS		OH	44223	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
JIM REED				
Street Address		Description of Item or Service		M D Y Fair Market Value
333 S MAIN ST STE 401		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ED SMITH				
Street Address		Description of Item or Service		M D Y Fair Market Value
265 S MAIN ST		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
PAUL GRANT				
Street Address		Description of Item or Service		M D Y Fair Market Value
209 S MAIN ST FL8		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
JEFFREY N JAMES				
Street Address		Description of Item or Service		M D Y Fair Market Value
337 HICKORY ST		06/30/17 EVENT VENUE		0 6 3 0 1 7 \$50.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44303	<input checked="" type="radio"/> YES <input type="radio"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE			
Full Name of Contributor WALTER MADDISON		Employer, Occupation, Labor Organization*	
Street Address 209 S MAIN ST FL8		Description of Item or Service 06/30/17 EVENT VENUE	
City AKRON		State OH	Zip Code 44308
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value \$50.00
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor SIMRAN KAHAI		Employer, Occupation, Labor Organization*	
Street Address 324 WEST BRAMBLE CIRCLE		Description of Item or Service 09/30/17 EVENT FOOD	
City COPLEY		State OH	Zip Code 44321
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value \$100.00
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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