

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller							Registration Number, if PAC			
Full Name of Candidate Adam Miller										
Street Address 100 Alameda Ave.						Office Sought Cuyahoga Falls Council			District Ward 6	
City Cuyahoga Falls						State OH		Zip Code 44221		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		2017	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			M	D	Y	
						1	0	0	7	1
										7

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

1. Amount brought forward from last report	\$	2,970.96
2. Total monetary contributions (From Form No. 31-A)	\$	5,120.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1-3)	\$	8,090.96
5. Total monetary expenditures (From Form No. 31-B)	\$	335.27
6. Balance on hand (line 4 minus line 5)	\$	7,755.69
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	395.37
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	3,496.82
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
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

1434
2017 OCT 25 PM 1:26

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 FIRST DEGREE

Bill Roemer treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/26/17
Date

Contribution pages 10

Expenditure pages 1

Other pages 2

Total pages 13

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Adam Miller						
Full Name of Contributor Karen Nelsch			Registration Number, if PAC			
Street Address 2545 N. Haven Blvd	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeff Iula			Registration Number, if PAC			
Street Address 2597 24th Street	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 25.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form(Cash,Check,etc) Check			
Full Name of Contributor Jerry Schlosser			Registration Number, if PAC			
Street Address 3391 Orchestra St	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 25.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form(Cash,Check,etc) Check			
Full Name of Contributor Bill Rodgers			Registration Number, if PAC			
Street Address 4562 Newcomer Rd.	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 50.00
City Stow	State OH	Zip Code 44224	Form(Cash,Check,etc) Check			
Full Name of Contributor Gloria Rodgers			Registration Number, if PAC			
Street Address 4562 Newcomer Rd.	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 100.00
City Stow	State OH	Zip Code 44224	Form(Cash,Check,etc) Check			
Full Name of Contributor Melanie McVay			Registration Number, if PAC			
Street Address 78741 StoneRidge Rd.	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 25.00
City Macedonia	State OH	Zip Code 44056	Form(Cash,Check,etc) Check			
Full Name of Contributor Gary Paskey			Registration Number, if PAC			
Street Address 4175 Marbend	Employer/Occupation/Labor Organization*		M 0	D 06	Y 17	Amount 50.00
City Stow	State OH	Zip Code 44224	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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

2 100.00

Total expenditures this event

0.00

Page Total \$ 325.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Adam Miller								
Full Name of Contributor Roberta Paul				Registration Number, if PAC				
Street Address 1127 Thistleridge Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	25.00
City Macedonia		State OH	Zip Code 44223	Form(Cash,Check,etc) Cash				
Full Name of Contributor Jonathan Schulz				Registration Number, if PAC				
Street Address 459 Pickwick Ln.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	35.00
City Tallmadge		State OH	Zip Code 44278	Form(Cash,Check,etc) Check				
Full Name of Contributor Martha Kinsella				Registration Number, if PAC				
Street Address 300 Kathron Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	15.00
City Cuyahoga Falls		State OH	Zip Code 44221	Form(Cash,Check,etc) Check				
Full Name of Contributor Zac Grant				Registration Number, if PAC				
Street Address 54 Coach Ln.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	25.00
City Akron		State OH	Zip Code 44312	Form(Cash,Check,etc) Cash				
Full Name of Contributor Carl Swanson				Registration Number, if PAC				
Street Address 511 Grove Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	50.00
City Cuyahoga Falls		State OH	Zip Code 44221	Form(Cash,Check,etc) Check				
Full Name of Contributor Dave Yehl				Registration Number, if PAC				
Street Address 1255 Sawyer Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	25.00
City Akron		State OH	Zip Code 44310	Form(Cash,Check,etc) Cash				
Full Name of Contributor Ed Caruso				Registration Number, if PAC				
Street Address 650 Roanoke Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	06	17	40.00
City Cuyahoga Falls		State OH	Zip Code 44221	Form(Cash,Check,etc) Check				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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

Page Total \$ 215.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Adam Miller						
Full Name of Contributor Michelle Tingley			Registration Number, if PAC			
Street Address 2445 Wrens Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Stow	State OH	Zip Code 44224	0	9	06	25.00
Form(Cash,Check,etc) Cash						
Full Name of Contributor Thomas Kincaid			Registration Number, if PAC			
Street Address 2864 Wexford Blvd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Stow	State OH	Zip Code 44224	0	9	06	50.00
Form(Cash,Check,etc) Check						
Full Name of Contributor Louise Swallow			Registration Number, if PAC			
Street Address 1519 Chidwell St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Canton	State OH	Zip Code 44714	0	9	06	50.00
Form(Cash,Check,etc) Check						
Full Name of Contributor Don Robart			Registration Number, if PAC			
Street Address 1745 Calvert Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls	State OH	Zip Code 44223	0	9	06	50.00
Form(Cash,Check,etc) Check						
Full Name of Contributor David Morris			Registration Number, if PAC			
Street Address 407 Pierce Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	25.00
Form(Cash,Check,etc) Check						
Full Name of Contributor MaryAnn Sheets			Registration Number, if PAC			
Street Address 3178 Wilson St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	25.00
Form(Cash,Check,etc) Cash						
Full Name of Contributor Ryan Culross			Registration Number, if PAC			
Street Address 678 Hazel St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State OH	Zip Code 44305	0	9	06	25.00
Form(Cash,Check,etc) Check						

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. I.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

Page Total \$ 250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Adam Miller							
Full Name of Contributor Joyce Emery			Registration Number, if PAC				
Street Address 1519 Chidwell St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Canton	State OH	Zip Code 44714	0	9	06	17	50.00
Form(Cash, Check, etc) Check							
Full Name of Contributor Mike Rasor			Registration Number, if PAC				
Street Address 4312 Eagle Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Stow	State OH	Zip Code 44224	0	9	06	17	100.00
Form(Cash, Check, etc) Check							
Full Name of Contributor Mike Blinkhorn			Registration Number, if PAC				
Street Address 2518 Bennett Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44320	0	9	06	17	40.00
Form(Cash, Check, etc) Check							
Full Name of Contributor Dan Moore			Registration Number, if PAC				
Street Address 138 Roanoke Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	30.00
Form(Cash, Check, etc) Cash							
Full Name of Contributor Rod Armstrong			Registration Number, if PAC				
Street Address 1316 Ritchie Rd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Stow	State OH	Zip Code 44224	0	9	06	17	50.00
Form(Cash, Check, etc) Check							
Full Name of Contributor Rod Armstrong III			Registration Number, if PAC				
Street Address 2821 10th St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	50.00
Form(Cash, Check, etc) Check							
Full Name of Contributor Josh Armstrong			Registration Number, if PAC				
Street Address 2727 Elmwood St.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	50.00
Form(Cash, Check, etc) Cash							

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

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 370.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens For Adam Miller							
Full Name of Contributor Paul Urbank		Registration Number, if PAC					
Street Address 3595 Edgewood Rd.		Employer/Occupation/Labor Organization*		0	9	0	25.00
City Stow		State OH	Zip Code 44224	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Cash			
Susan Hale		Registration Number, if PAC					
Street Address 707 Hidden Valley Rd.		Employer/Occupation/Labor Organization*		0	9	0	100.00
City Cuyahoga Falls		State OH	Zip Code 44223	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Check			
Committee to Elect Russ Iona		Registration Number, if PAC					
Street Address 675 Domanick Dr.		Employer/Occupation/Labor Organization*		0	9	0	25.00
City Cuyahoga Falls		State OH	Zip Code 44223	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Check			
Terri Iannetta		Registration Number, if PAC					
Street Address 3959 Cardinal Circle		Employer/Occupation/Labor Organization*		0	9	0	50.00
City Stow		State OH	Zip Code 44224	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Cash			
John Ostlund		Registration Number, if PAC					
Street Address 737 Alameda Ave.		Employer/Occupation/Labor Organization*		0	9	0	25.00
City Cuyahoga Falls		State OH	Zip Code 44221	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Check			
Brooke Harless		Registration Number, if PAC					
Street Address 7408 Ivydale Ave.		Employer/Occupation/Labor Organization*		0	9	0	25.00
City N. Canton		State OH	Zip Code 44720	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Check			
Monica Gardner		Registration Number, if PAC					
Street Address 3450 Atterbury St.		Employer/Occupation/Labor Organization*		0	9	0	25.00
City Cuyahoga Falls		State OH	Zip Code 44221	6	1	17	
Full Name of Contributor		Form(Cash,Check,etc)		Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. I.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

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens For Adam Miller							
Full Name of Contributor Ellen Fisher		Registration Number, if PAC					
Street Address 355 Roosevelt Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Stow	State OH	Zip Code 44221	0	9	06	17	35.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Winnie Kelleher		Registration Number, if PAC					
Street Address 2791 Outlook Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Silver Lake	State OH	Zip Code 44224	0	9	06	17	50.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Vic Pallotta		Registration Number, if PAC					
Street Address 407 Marian Lake Blvd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44223	0	9	06	17	25.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Gary Paskey		Registration Number, if PAC					
Street Address 4175 Maribend Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Stow	State OH	Zip Code 44224	0	9	06	17	50.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Shane Parker		Registration Number, if PAC					
Street Address 1157 Cooper Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	25.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Mary Ellen Pyke		Registration Number, if PAC					
Street Address 854 Chestnut Blvd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	100.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Sandy Smimey		Registration Number, if PAC					
Street Address 126 Alameda Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44221	0	9	06	17	30.00
Form(Cash,Check,etc) Cash							

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

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 315.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Citizens For Adam Miller			
Full Name of Contributor Tom Overfield		Registration Number, if PAC	
Street Address 798 Kathron Ave.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 50.00
City Cuyahoga Falls	State Zip Code O H 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor Don Ross		Registration Number, if PAC	
Street Address 3011 Kent Rd	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Silver Lake	State Zip Code O H 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Mumper		Registration Number, if PAC	
Street Address 4242 Hile Rd.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Stow	State Zip Code O H 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerry Shook		Registration Number, if PAC	
Street Address 4512 Whven Dr.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Akron	State Zip Code O H 44312	Form(Cash,Check,etc) Check	
Full Name of Contributor Henry Koehler		Registration Number, if PAC	
Street Address 2072 Thornhill Dr.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Akron	State Zip Code O H 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeerry Alexander		Registration Number, if PAC	
Street Address 25 Alameda Ave	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Cuyahoga Falls	State Zip Code O H 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor Matt Riehl		Registration Number, if PAC	
Street Address 2080 Maple Rd.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Stow	State Zip Code O H 44224	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Adam Miller			
Full Name of Contributor Josh Sines		Registration Number, if PAC	
Street Address 1392 N. Howard St.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Akron	State Zip Code OH 44310	Form(Cash,Check,etc) Check	
Full Name of Contributor William Green		Registration Number, if PAC	
Street Address 769 Peerless Ave.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 50.00
City Akron	State Zip Code OH 44320	Form(Cash,Check,etc) Check	
Full Name of Contributor Loretta Hurite		Registration Number, if PAC	
Street Address 1750 4th St.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 25.00
City Cuyahoga Falls	State Zip Code OH 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles Celek		Registration Number, if PAC	
Street Address 2831 Northland St.	Employer/Occupation/Labor Organization*	M D Y 0 9 0 6 1 7	Amount 50.00
City Cuyahoga Falls	State Zip Code OH 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	

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

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
2 150.00

Total expenditures this event
0.00

Page Total \$ 150.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Adam Miller							
Full Name of Contributor Sandra Wsyataki					Registration Number, if PAC		
Street Address 109 Alameda Ave,			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44221	M 0 7	D 1 9	Y 1 7	Amount 50.00	
Full Name of Contributor Russ Iona					Registration Number, if PAC		
Street Address 675 Domanick Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Cuyahoga Falls	State O H	Zip Code 44223	M 1 0	D 0 6	Y 1 7	Amount 100.00	
Full Name of Contributor Bob Williams					Registration Number, if PAC		
Street Address 808 School Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Cuyahoga Falls	State O H	Zip Code 44221	M 1 0	D 1 0	Y 1 7	Amount 50.00	
Full Name of Contributor Vic Nogalo					Registration Number, if PAC		
Street Address 3336 Symphony Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44223	M 1 0	D 1 4	Y 1 7	Amount 25.00	
Full Name of Contributor Susan Howard					Registration Number, if PAC		
Street Address 531 Grant Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44221	M 1 0	D 1 3	Y 1 7	Amount 50.00	
Full Name of Contributor Andrew Zaleski					Registration Number, if PAC		
Street Address 4598 Diplomat Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Stow	State O H	Zip Code 44224	M 1 0	D 0 9	Y 1 7	Amount 35.00	
Full Name of Contributor Amanda Shannon					Registration Number, if PAC		
Street Address 282 Pleasant Medow Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Cuyahoga Falls	State O H	Zip Code 44224	M 0 9	D 0 6	Y 1 7	Amount 35.00	
Full Name of Contributor Craig Thompson					Registration Number, if PAC		
Street Address 1 Cascade Plaza			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Akron	State O H	Zip Code 44308	M 0 9	D 0 7	Y 1 7	Amount 50.00	

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Adam Miller							
Full Name of Contributor Nancy Delmbo					Registration Number, if PAC		
Street Address 2243 Liberty Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Cuyahoga Falls		State O H	Zip Code 44221	M 0 9	D 0 6	Y 1 7	Amount 50.00
Full Name of Contributor Jackie Klinkiewicz					Registration Number, if PAC		
Street Address 935 Davis Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Cuyahoga Falls		State O H	Zip Code 44221	M 0 9	D 0 4	Y 1 7	Amount 25.00
Full Name of Contributor Jessica Miller					Registration Number, if PAC		
Street Address 100 Alameda Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic	
City Cuyahoga Falls		State O H	Zip Code 44221	M 0 9	D 0 4	Y 1 7	Amount 50.00
Full Name of Contributor Summit County Republican Party					Registration Number, if PAC		
Street Address 1755 Merriman Rd. Suite 250			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44313	M 0 9	D 1 5	Y 1 7	Amount 2,500.00
Full Name of Contributor Contributions received at 9/6/17 fundraiser					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 9	0 6	1 7	2,100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
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 appear. [R.C. 3517.10(B)(4)]

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Adam Miller											
From Whom Received Adam Miller						Prior Amount 0.00			Amt. Incurred this Period 3,496.82		
Address 100 Alameda Ave.									Outstanding Balance 3,496.82		
City Cudahy Falls		State OH	Zip Code 44221			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
		0	9	3	0	1	5		0	9	3
								3496.82			0
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC						M			D		
Employer/Occupation/Labor Organization*						M			D		

* 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 \$ 3,496.82
- 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 \$ 3,496.82 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Adam Miller			
Full Name of Contributor Adam Miller		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 100 Alameda Ave.		Description of Item or Service Facebook Ad	M D Y Fair Market Value 1 0 1 8 1 7 26.48
City Cuyahoga Falls		State Zip Code OH 44221	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Jessica Miller		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 100 Alameda Ave.		Description of Item or Service Food and Beverage	M D Y Fair Market Value 0 9 0 6 1 7 368.89
City Cuyahoga Falls		State Zip Code OH 44221	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="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 Y Fair Market Value
City		State 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 Y Fair Market Value
City		State 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 Y Fair Market Value
City		State 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 Y Fair Market Value
City		State 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 Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Adam Miller							
To Whom Paid Custom Shirts and Sportswear				M	D	Y	Amount
				0	9	11	301.74
Address 1335 W. Main St.		Purpose Shirts					
City Kent	State OH	Zip Code 44240	Check Number 271				
To Whom Paid Harland Clark				M	D	Y	Amount
				0	8	31	29.00
Address 15955 La Cantera Pky.		Purpose Campaign Checks					
City San Antonio	State TX	Zip Code 78256	Check Number Debit				
To Whom Paid Stripe Inc				M	D	Y	Amount
				0	9	07	2.78
Address 185 Berry St.		Purpose Service Fee					
City San Francisco	State CA	Zip Code 94107	Check Number Debit				
To Whom Paid Stripe Inc				M	D	Y	Amount
				0	9	08	1.75
Address 185 Berry St.		Purpose Service Fee					
City San Francisco	State CA	Zip Code 94107	Check Number Debit				
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			