

Ohio Campaign Finance Report

Prescribed by Secretary of State 3-05

Full Name of Committee Friends of Judge O'Brien						Registration Number, if PAC						
Full Name of Candidate Ann Marie O'Brien												
Street Address 323 Castle Blvd.						Office Sought Akron Municipal Court Judge			District			
City Akron						State OH		Zip Code 44313				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			1	M	1	0	D	7
							1		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 for 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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$23,670.00
3. Total other income (From Form No. 31-A-2)	\$	\$3,039.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$26,709.00
5. Total monetary expenditure (From Form No. 31-B)	\$	\$24,782.40
6. Balance on hand (From Form No. 31-B)	\$	\$1,926.60
7. Value of financial contributions received from Form No. 31-A-2	\$	\$1,142.61
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)	\$	\$3,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$490.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 26 AM 9:56

#1534 Ave

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION, WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Chad Rothschild, Treasurer



10/26/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 25

Expenditure pages 3

Other pages 4

Total pages 32

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien										
Full Name of Contributor Robert G. Heffern							Registration Number, if PAC			
Street Address 1235 Romaine Drive				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44313		M 0	D 3	Y 2	M 5	Y 1	Amount \$600.00
Full Name of Contributor Roderick Linton Belfance LLP (Rodd A. Sanders)										
Street Address 250 South Main Street, 10th Floor				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44308		M 0	D 3	Y 2	M 7	Y 1	Amount \$75.00
Full Name of Contributor Christian Oneil Cook										
Street Address 201 Hampshire Road				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44313		M 0	D 4	Y 0	M 7	Y 1	Amount \$600.00
Full Name of Contributor Annette L. Powers										
Street Address 1190 Jefferson Avenue				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44313		M 0	D 5	Y 0	M 9	Y 1	Amount \$100.00
Full Name of Contributor The John W. Becker Law Firm, LLC										
Street Address 2725 Abington Court Suite 103A				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Fairlawn		State OH	Zip Code 44333		M 0	D 5	Y 0	M 9	Y 1	Amount \$100.00
Full Name of Contributor Stacy L. McGowan										
Street Address 209 South Main Street				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44308		M 0	D 5	Y 1	M 5	Y 1	Amount \$75.00
Full Name of Contributor Candace Kim-Knox										
Street Address 137 South Main Street, Suite 300				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44308		M 0	D 5	Y 2	M 5	Y 1	Amount \$100.00
Full Name of Contributor Kristina V. Fox										
Street Address 2184 Dow Drive				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH	Zip Code 44313		M 0	D 5	Y 2	M 5	Y 1	Amount \$75.00

* 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									
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			
Friends of Judge O'Brien									
Attorney Noah C. Munyer LLC									
54 East Mill Street, Suite 400							Check		
Akron	OH	44308	0	5	3	0	1	7	\$600.00
George J. Emershaw									
120 East Mill Street, Suite 437							Check		
Akron	OH	44308	0	6	2	0	1	7	\$150.00
Trina M. Carter									
731 North Monroe Road							Check		
Tallmadge	OH	44278	0	6	2	0	1	7	\$250.00
Julie A. Toth									
221 North Portage Path, Apt. 2							Check		
Akron	OH	44303	0	6	2	3	1	7	\$100.00
John W. Greven									
3181 Dunstone Avenue							Check		
Akron	OH	44312	0	6	2	4	1	7	\$100.00
Colleen M. Campbell									
3636 Minor Road							Check		
Copley	OH	44321	0	7	0	4	1	7	\$25.00
Annette L. Powers									
1190 Jefferson Avenue							Check		
Akron	OH	44313	0	7	0	7	1	7	\$75.00
Brennan, Manna & Diamond, LLC									
75 East Market Street							Check		
Akron	OH	44308	0	7	2	0	1	7	\$3,000.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor						Registration Number, if PAC	
Stacy L. McGowan							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
209 South Main Street						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44308	0	8	07	\$50.00
Full Name of Contributor						Registration Number, if PAC	
Rhonda L. Kotnik							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4620 Jupiter Road						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		OH	44685	0	8	16	\$100.00
Full Name of Contributor						Registration Number, if PAC	
Brian J. Williams							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
209 South Main Street						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44308	0	8	16	\$75.00
Full Name of Contributor						Registration Number, if PAC	
Donald J. Malarcik							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
54 East Mill Street, Suite 400						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44308	0	8	17	\$600.00
Full Name of Contributor						Registration Number, if PAC	
Brian M. Pierce							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
54 East Mill Street, Suite 400						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44308	0	8	17	\$600.00
Full Name of Contributor						Registration Number, if PAC	
Stacy L. McGowan							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
209 South Main Street						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44308	0	8	23	\$100.00
Full Name of Contributor						Registration Number, if PAC	
Julie A. Toth							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
221 North Portage Path, #2						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44303	0	8	30	\$100.00
Full Name of Contributor						Registration Number, if PAC	
Gregory T. Plesich							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1615 Akron Peninsula Road, Suite 101						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		OH	44313	0	9	07	\$50.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien							
Full Name of Contributor Stacy L. McGowan						Registration Number, if PAC	
Street Address 209 South Main Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44308	M 0	D 9	Y 0	Amount \$75.00
Full Name of Contributor Julie A. Toth						Registration Number, if PAC	
Street Address 221 North Portage Path, #2			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44303	M 0	D 9	Y 2	Amount \$75.00
Full Name of Contributor Judy A. Miller						Registration Number, if PAC	
Street Address 4 Maynard Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hampton		State VA	Zip Code 23661	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor Robert J. O'Brien						Registration Number, if PAC	
Street Address 518 Ridgecrest Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lebanon		State TN	Zip Code 37087	M 0	D 9	Y 2	Amount \$1,500.00
Full Name of Contributor Patricia O'Brien						Registration Number, if PAC	
Street Address 518 Ridgecrest Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lebanon		State TN	Zip Code 37087	M 0	D 9	Y 2	Amount \$1,500.00
Full Name of Contributor Brian J. Williams						Registration Number, if PAC	
Street Address 209 South Main Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44308	M 1	D 0	Y 0	Amount \$75.00
Full Name of Contributor Stan J. Najeway						Registration Number, if PAC	
Street Address 632 Roslyn Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State	Zip Code 44320	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor David A. Looney Co, LPA						Registration Number, if PAC	
Street Address 1735 South Main Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Akron		State OH	Zip Code 44301	M 1	D 0	Y 1	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien						
Full Name of Contributor Neil Rothstein				Registration Number, if PAC		
Street Address 87 Franz Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Fairlawn	State OH	Zip Code 44333	M 1	D 0	Y 17	Amount \$100.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 3	Y 17	Amount \$1,915.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 5	Y 17	Amount \$1,535.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 5	Y 17	Amount \$1,675.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 5	Y 17	Amount \$1,360.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 8	Y 17	Amount \$3,160.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 8	Y 17	Amount \$1,975.00
Full Name of Contributor Contributions from Form 31-E						
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M 0	D 9	Y 17	Amount \$725.00

* 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 Other Income

Prescribed by Secretary of State 2-01

Name of Committee in Full Friends of Judge O'Brien							
Full Name Ann Marie O'Brien			Registration Number, if PAC				
Address 323 Castle Blvd.		Type* LN	M 0	D 3	Y 0	Amount \$3,000.00	
City Akron		State OH	Zip Code 44313		Form (Cash, Check, etc.) Check		
Full Name Citizens Bank							
Address 333 South Broadway Street			Type* RE	M 1	D 0	Y 0	Amount \$39.00
City Akron		State OH	Zip Code 44308		Form (Cash, Check, etc.) EFT		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		

* 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						
Friends of Judge O'Brien						
To Whom Paid			M	D	Y	Amount
Deluxe Check			0 3	0 2	1 7	\$9.99
Address		Purpose				
3680 Victoria Street North		Checks				
City	State	Zip Code	Check Number			
Shoreview	MN	44313	EFT			
To Whom Paid			M	D	Y	Amount
By Design, Inc.			0 3	1 4	1 7	\$651.17
Address		Purpose				
2329 Stockbridge Road		Payment for Invoice 317204 (re: Campaign Shirts)				
City	State	Zip Code	Check Number			
Akron	OH	44313	99			
To Whom Paid			M	D	Y	Amount
Austin Tape & Label, Inc.			0 3	2 1	1 7	\$390.00
Address		Purpose				
3350 Cavalier Trail		Labels for Campaign				
City	State	Zip Code	Check Number			
Stow	OH	44224	100			
To Whom Paid			M	D	Y	Amount
Advertising Graphics, Inc.			0 4	1 2	1 7	\$80.00
Address		Purpose				
190 N. Union St., Ste 100		Logo for Campaign				
City	State	Zip Code	Check Number			
Akron	OH	44304	1501			
To Whom Paid			M	D	Y	Amount
Citizens Bank			0 4	2 8	1 7	\$2.00
Address		Purpose				
333 South Broadway Street		Service Fee				
City	State	Zip Code	Check Number			
Akron	OH	44308	EFT			
To Whom Paid			M	D	Y	Amount
Expenditures from Form 31-F			0 5	0 5	1 7	\$353.05
Address		Purpose				
City	State	Zip Code	Check Number			
	OH		N/A			
To Whom Paid			M	D	Y	Amount
Studio 526			0 5	1 2	1 7	\$575.00
Address		Purpose				
526 Grant Street		Photography Fees				
City	State	Zip Code	Check Number			
Akron	OH	44311	1503			
To Whom Paid			M	D	Y	Amount
OutFront Media			0 6	2 1	1 7	\$4,815.00
Address		Purpose				
185 U.S. Highway 46		Campaign Billboards				
City	State	Zip Code	Check Number			
Fairfield	NJ	07004	EFT			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Judge O'Brien						
To Whom Paid			M	D	Y	Amount
4imprint			0	7	1	\$460.62
Address		Purpose				
101 Commerce Street		Campaign Advertising				
City	State	Zip Code	Check Number			
Oshkosh	WI	54901	EFT			
To Whom Paid			M	D	Y	Amount
Marcine Supelak d/b/a Marcine Graphic Design			0	8	1	\$184.99
Address		Purpose				
1904 Bender Lane		Palm Cards for Campign				
City	State	Zip Code	Check Number			
Copley	OH	44321	1504			
To Whom Paid			M	D	Y	Amount
Nemes Creative Photography & Design LLC			0	8	1	\$75.00
Address		Purpose				
4554 Greenlawn Drive		Photography Fees				
City	State	Zip Code	Check Number			
Stow	OH	44224	1505			
To Whom Paid			M	D	Y	Amount
OutFront Media			0	8	1	\$4,815.00
Address		Purpose				
185 U.S. Highway 46		Campaign Billboards				
City	State	Zip Code	Check Number			
Fairfield	NJ	07004	EFT			
To Whom Paid			M	D	Y	Amount
Capital Promotions Inc.			0	8	1	\$3,777.00
Address		Purpose				
249 N. Keswick Avenue		Campaign Yard Signs				
City	State	Zip Code	Check Number			
Glenside	PA	19038	EFT			
To Whom Paid			M	D	Y	Amount
OutFront Media			0	9	1	\$1,281.00
Address		Purpose				
185 U.S. Highway 46		Campaign Billboards				
City	State	Zip Code	Check Number			
Fairfield	NJ	07004	EFT			
To Whom Paid			M	D	Y	Amount
Star Printing			0	9	1	\$1,790.20
Address		Purpose				
125 North Union Street		Campaign Advertising				
City	State	Zip Code	Check Number			
Akron	OH	44304	EFT			
To Whom Paid			M	D	Y	Amount
Metro RTA			0	9	1	\$2,080.00
Address		Purpose				
416 Kenmore Boulevard		Campaign Advertising				
City	State	Zip Code	Check Number			
Akron	OH	44301	EFT			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Judge O'Brien							
To Whom Paid Citizens Bank				M	D	Y	Amount
				1	0	0317	\$39.00
Address 333 South Broadway Street		Purpose Overdraft Fee					
City Akron		State OH	Zip Code 44308	Check Number EFT			
To Whom Paid West Side Publishing				M	D	Y	Amount
				1	0	0217	\$1,282.50
Address 3075 Smith Road		Purpose Campaign Advertising					
City Fairlawn		State OH	Zip Code 44333	Check Number EFT			
To Whom Paid Nemes Creative Photography & Design LLC				M	D	Y	Amount
				1	0	2317	\$375.00
Address 4554 Greenlawn Drive		Purpose Photography Fees					
City Stow		State OH	Zip Code 44224	Check Number EFT			
To Whom Paid Nemes Creative Photography & Design LLC				M	D	Y	Amount
				1	0	2317	\$700.00
Address 4554 Greenlawn Drive		Purpose Photography Fees					
City Stow		State OH	Zip Code 44224	Check Number EFT			
To Whom Paid Nemes Creative Photography & Design LLC				M	D	Y	Amount
				1	0	2317	\$300.00
Address 4554 Greenlawn Drive		Purpose Photography Fees					
City Stow		State OH	Zip Code 44224	Check Number EFT			
To Whom Paid A&M Scheffer Signs and Fabrication				M	D	Y	Amount
				1	0	2517	\$745.88
Address 1089 South Cleveland Massillon Road		Purpose Campaign Banner					
City Akron		State OH	Zip Code 44321	Check Number 1506			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee Friends of Judge O'Brien															
From Whom Received Ann Marie O'Brien								Prior Amount \$0.00		Amt. Incurred this Period \$3,000.00					
Address 323 Castle Blvd.										Outstanding Balance \$3,000.00					
City Akron		State OH		Zip Code 44313		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
						M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred		0 3		0 2		1 7		\$3,000.00							
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 OH		Zip Code		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
						M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred															
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 OH		Zip Code		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
						M	D	Y	\$	M	D	Y	\$		
Date Loan was originally Incurred															
Registration Number, if PAC								M	D	Y		M	D	Y	
Employer Occupation/Labor Organization*								M	D	Y		M	D	Y	

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

¹ Total prior amount \$ \$0.00

² Total received this period \$ \$3,000.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$3,000.00 (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							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Christopher M. Vandevere							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7038 Hills and Dales NW				0	3	3	0 1 7 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canton		OH	44708	Check			
Full Name of Contributor				Registration Number, if PAC			
Jeffrey N. James							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
337 Hickory Street				0	3	3	0 1 7 \$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
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	3	3	0 1 7 \$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
Brian J. Williams							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 South Main Street				0	3	3	0 1 7 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
William D. Lanzinger							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
202 Melody Lane				0	3	3	0 1 7 \$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44319	Check			
Full Name of Contributor				Registration Number, if PAC			
Debbie Walsh							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
38 Kuder Avenue				0	3	3	0 1 7 \$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
Full Name of Contributor				Registration Number, if PAC			
Susan Starn							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1049 Dayton Street				0	3	3	0 1 7 \$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44310	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 also appear [R.C. 3517.10(B)(4)]

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

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Total contributions this event

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Todd M. McKenney							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
5706 Sherwood Forest Drive				0	3	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44319	Check			
Full Name of Contributor				Registration Number, if PAC			
David G. Lombardi							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
194 Kenilworth Drive				0	3	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
David G. Utley							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
6085 Arlyne Lane				0	3	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Medina		OH	44256	Check			
Full Name of Contributor				Registration Number, if PAC			
Donald R. Hicks							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 423				0	3	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Christopher L. Parker							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
2568 Stonecreek Drive				0	3	3	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Check			
Full Name of Contributor				Registration Number, if PAC			
Katirji Law Office LLC							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
1498 Hampton Knoll				0	3	3	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
Paul F. Adamson							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
137 South Main Street, Suite 201				0	3	3	\$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

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					
Friends of Judge O'Brien					
Full Name of Contributor			Registration Number, if PAC		
James A. Laria					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
600 Tamiami Trail			0	3	3
City	State	Zip Code	0	1	7
Akron	OH	44303	Form (Cash, Check, etc.)		Amount
			Check		\$75.00
Full Name of Contributor			Registration Number, if PAC		
Shubhra N. Agarwal					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
3732 Fishcreek Road, #288			0	3	3
City	State	Zip Code	0	1	7
Stow	OH	44224	Form (Cash, Check, etc.)		Amount
			Check		\$75.00
Full Name of Contributor			Registration Number, if PAC		
The Carr Law Office, LLC					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
5824 Akron-Cleveland Road, Suite A			0	3	3
City	State	Zip Code	0	1	7
Hudson	OH	44236	Form (Cash, Check, etc.)		Amount
			Check		\$75.00
Full Name of Contributor			Registration Number, if PAC		
William J. Fritz					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
1444 Hampton Knoll			0	3	3
City	State	Zip Code	0	1	7
Akron	OH	44313	Form (Cash, Check, etc.)		Amount
			Check		\$75.00
Full Name of Contributor			Registration Number, if PAC		
Thomas F. Haskins					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
592 North Azalea Blvd.			0	3	3
City	State	Zip Code	0	1	7
Barberton	OH	44203	Form (Cash, Check, etc.)		Amount
			Check		\$75.00
Full Name of Contributor			Registration Number, if PAC		
James K. Reed					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
3178 Doves Xing			0	3	3
City	State	Zip Code	0	1	7
Akron	OH	44319	Form (Cash, Check, etc.)		Amount
			Check		\$100.00
Full Name of Contributor			Registration Number, if PAC		
Katarina Cook					
Street Address	Employer Occupation / Labor Organization*		M	D	Y
201 Hampshire Road			0	3	3
City	State	Zip Code	0	1	7
Akron	OH	44313	Form (Cash, Check, etc.)		Amount
			Cash		\$65.00

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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

\$1,915.00

Total expenditures this event

\$0.00

Page Total \$ **\$540.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends of Judge O'Brien					
Full Name of Contributor Jaclyn Palumbo			Registration Number, if PAC		
Street Address 879 North Point Drive		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$100.00
City Akron	State OH	Zip Code 44313		Form (Cash, Check, etc.) Check	
Full Name of Contributor William J. Fritz					
Street Address 1444 Hampton Knoll			Registration Number, if PAC		
Street Address 1444 Hampton Knoll		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$100.00
City Akron	State OH	Zip Code 44313		Form (Cash, Check, etc.) Check	
Full Name of Contributor David G. Lombardi					
Street Address 209 South Main Street			Registration Number, if PAC		
Street Address 209 South Main Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$100.00
City Akron	State OH	Zip Code 44309		Form (Cash, Check, etc.) Check	
Full Name of Contributor Sarah Hulburt					
Street Address 2200 Ravenna Street			Registration Number, if PAC		
Street Address 2200 Ravenna Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$100.00
City Hudson	State OH	Zip Code 44236		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Katarina Cook					
Street Address 201 Hampshire Road			Registration Number, if PAC		
Street Address 201 Hampshire Road		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$35.00
City Akron	State OH	Zip Code 44313		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Bob McNamara					
Street Address 1237 Cleveland Avenue			Registration Number, if PAC		
Street Address 1237 Cleveland Avenue		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$100.00
City Uniontown	State OH	Zip Code 44685		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Troy A. Reeves					
Street Address 132 South Water Street			Registration Number, if PAC		
Street Address 132 South Water Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 0 5 1 7	\$250.00
City Kent	State OH	Zip Code 44240		Form (Cash, Check, etc.) Check	

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

Total contributions this event

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 Friends of Judge O'Brien							
Full Name of Contributor Diana M. Stevenson			Registration Number, if PAC				
Street Address 639 East Baird Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Barberton		State OH	Zip Code 44203	0	5	0517	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Scanlon & Co., LLC			Registration Number, if PAC				
Street Address 159 South Main Street, Suite 400		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44308	0	5	0517	\$200.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Katirji Law Office LLC			Registration Number, if PAC				
Street Address 1498 Hampton Knoll Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44313	0	5	0517	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Julie A. Toth			Registration Number, if PAC				
Street Address 221 North Portage Path, Apt. 2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44303	0	5	0517	\$50.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Tamara O'Brien			Registration Number, if PAC				
Street Address 1625 Orchard Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44333	0	5	0517	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Matthew Fortado			Registration Number, if PAC				
Street Address 1700 West Market, Apt. 177		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44313	0	5	0517	\$100.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Kenneth C. Martin			Registration Number, if PAC				
Street Address 1 Cascade Plaza, Suite 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44308	0	5	0517	\$100.00
Form (Cash, Check, etc.) Check							

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Total contributions this event

\$1,535.00

Total expenditures this event

\$353.05

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						
Friends of Judge O'Brien						
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	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls	OH	44223	Check			
Full Name of Contributor			Registration Number, if PAC			
Joseph F. Gorman						
Street Address	Employer Occupation/Labor Organization*		M	D	Y	Amount
54 East Mill Street, Suite 400			0	5	2517	\$600.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44308	Check			
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	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44313	Check			
Full Name of Contributor			Registration Number, if PAC			
Jeffrey N. James						
Street Address	Employer Occupation/Labor Organization*		M	D	Y	Amount
337 Hickory Street			0	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44303	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael R. Stith						
Street Address	Employer Occupation/Labor Organization*		M	D	Y	Amount
575 Dorchester Road			0	5	2517	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44320	Check			
Full Name of Contributor			Registration Number, if PAC			
Susan Hale						
Street Address	Employer Occupation/Labor Organization*		M	D	Y	Amount
707 North Hidden Valley Road			0	5	2517	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls	OH	44223	Check			
Full Name of Contributor			Registration Number, if PAC			
Paul M. Grant						
Street Address	Employer Occupation/Labor Organization*		M	D	Y	Amount
209 South Main Street, 8th Floor, Suite 3			0	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44308	Check			

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Total contributions this event

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Donald R. Hicks							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 423				0	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44308	Check				
Full Name of Contributor				Registration Number, if PAC			
Alexis Rizopoulos							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1039 Perry Drive				0	5	2517	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44313	Check				
Full Name of Contributor				Registration Number, if PAC			
Anne Vainer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
177 William Street				0	5	2517	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Bedford	OH	44146	Cash				
Full Name of Contributor				Registration Number, if PAC			
Debbie Walsh							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
38 Kuder Avenue				0	5	2517	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44303	Check				
Full Name of Contributor				Registration Number, if PAC			
Kristen Kowalski							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 South Main Street, Suite 401				0	5	2517	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44308	Check				
Full Name of Contributor				Registration Number, if PAC			
Scott Gale							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
801 Geddes Bluff				0	5	2517	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Sagamore Hills	OH	44067	Check				
Full Name of Contributor				Registration Number, if PAC			
Alison McCarty							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4728 North Ridge Road				0	5	2517	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Akron	OH	44333	Cash				

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Total contributions this event

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien												
Full Name of Contributor Greg Barnes			Registration Number, if PAC									
Street Address 808 Roosevelt Avenue		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td>0</td><td>5</td><td>25</td><td>\$20.00</td> </tr> </table>	M	D	Y	Amount	0	5	25	\$20.00
M	D	Y	Amount									
0	5	25	\$20.00									
City Cuyahoga Falls		State OH	Zip Code 44221	Form (Cash, Check, etc.) Cash								
Full Name of Contributor Andrea Barnes			Registration Number, if PAC									
Street Address 808 Roosevelt Avenue		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td>0</td><td>5</td><td>25</td><td>\$20.00</td> </tr> </table>	M	D	Y	Amount	0	5	25	\$20.00
M	D	Y	Amount									
0	5	25	\$20.00									
City Cuyahoga Falls		State OH	Zip Code 44221	Form (Cash, Check, etc.) Cash								
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	M	D	Y	Amount				
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

\$1,675.00

Total expenditures this event

\$0.00

Page Total \$ **\$40.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends of Judge O'Brien					
Full Name of Contributor			Registration Number, if PAC		
Nicholas Swrydenko					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1997 Fox Trace Trial			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Cuyahoga Falls	OH	44223	Check		\$100.00
Full Name of Contributor			Registration Number, if PAC		
Debbie Walsh					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
38 Kuder Avenue			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Akron	OH	44303	Check		\$100.00
Full Name of Contributor			Registration Number, if PAC		
Jessica Benedetti					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
129 South Hamelown			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Copley	OH	44321	Cash		\$10.00
Full Name of Contributor			Registration Number, if PAC		
Kristen Kowalski					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
333 South Main Street, Suite 401			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Akron	OH	44308	Check		\$100.00
Full Name of Contributor			Registration Number, if PAC		
Donald R. Hicks					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
159 South Main Street, Suite 423			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Akron	OH	44308	Check		\$100.00
Full Name of Contributor			Registration Number, if PAC		
Richard P. Kutuchief					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
159 South Main Street, Suite 807			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Akron	OH	44308	Check		\$200.00
Full Name of Contributor			Registration Number, if PAC		
Candace Kim-Knox					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
137 South Main Street, Suite 300			0	6	2317
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Akron	OH	44308	Cash		\$100.00

* 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)]

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

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Total expenditures this event

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	Page Total \$ \$710.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Erik Jones							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
137 South Main Street, Suite 102				0	6	2317	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Katarina Cook							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
201 Hampshire Road				0	6	2317	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
Robert Wilson							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
491 Fairwood Road				0	6	2317	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge		OH	44278	Cash			
Full Name of Contributor				Registration Number, if PAC			
Kathy Wilson							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
491 Fairwood Road				0	6	2317	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge		OH	44278	Cash			
Full Name of Contributor				Registration Number, if PAC			
Donald L. Walker							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
175 Hunt Club Drive				0	6	2317	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Copley		OH	44321	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					
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

\$1,360.00

Total expenditures this event

\$0.00

Page Total \$ \$650.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien					
Full Name of Contributor Cecilia M. Robart			Registration Number, if PAC		
Street Address 1745 Calvert Drive		Employer Occupation Labor Organization*		M D Y	Amount
City Cuyahoga Falls		State OH	Zip Code 44223	0 8 1 6 1 7	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor William J. Fritz					
Street Address 1444 Hampton Knoll			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44313	0 8 1 6 1 7	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Keep Judge Dave Lombardi Committee					
Street Address 209 South Main Street			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44309	0 8 1 6 1 7	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Alexis Rizopoulos					
Street Address 1039 Perry Drive			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44313	0 8 1 6 1 7	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John R. Sans					
Street Address 355 Storer Avenue			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44302	0 8 1 6 1 7	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jonathan Sinn					
Street Address 137 South Main Street, Suite 300			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44308	0 8 1 6 1 7	\$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Joshua Sines					
Street Address 1392 North Howard Street			Employer Occupation Labor Organization*		M D Y
City Akron		State OH	Zip Code 44310	0 8 1 6 1 7	\$50.00
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 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

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Paul M. Grant							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
209 South Main Street, 8th Floor Suite 3				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Collen M. Campbell							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
3636 Minor Road				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Copley		OH	44321	Check			
Full Name of Contributor				Registration Number, if PAC			
James A. Laria							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
600 Tamiami Trail				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
Full Name of Contributor				Registration Number, if PAC			
Donald R. Hicks							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 423				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Callahan							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
137 South Main Street, Suite 300				0	8	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Candace Kim-Knox							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
137 South Main Street, Suite 300				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Rebecca Adamczyk							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
818 Sunridge Road				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Fairlawn		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

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Total expenditures this event

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Page Total \$	\$700.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
George J. Emershaw							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
120 East Mill Street, Suite 437				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Trina M. Carter							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
120 East Mill Street, Suite 437				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor				Registration Number, if PAC			
Debbie Walsh							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
38 Kuder Avenue				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
Full Name of Contributor				Registration Number, if PAC			
Michael R. Stith							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
575 Dorchester Road				0	8	16	\$60.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Check			
Full Name of Contributor				Registration Number, if PAC			
Julie A. Toth							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
221 North Portage Path, Apt. 2				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Hoover							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
489 Crestview Avenue				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Ockerman							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
424 East Mohawk				0	8	16	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Malvern		OH	44644	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

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Total expenditures this event

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	\$660.00
Page Total \$	

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

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Friends of Judge O'Brien									
Full Name of Contributor Lesley A. Wiegand				Registration Number, if PAC					
Street Address 6055 Rockside Woods Blvd., Suite 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
				0	8	16	\$100.00		
City Cleveland		State OH	Zip Code 44131	Form (Cash, Check, etc.) Cash					
Full Name of Contributor Matthew Fortado									
Street Address 1700 West Market Street, Apt. 177				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$50.00		
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) Check					
Full Name of Contributor Carmen V. Roberto									
Street Address 3988 Greenridge Drive				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$50.00		
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, etc.) Check					
Full Name of Contributor Michael D. Borowski									
Street Address 2270 Inas Drive				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$200.00		
City Akron		State OH	Zip Code 44321	Form (Cash, Check, etc.) Check					
Full Name of Contributor Annette L. Powers									
Street Address 1190 Jefferson Avenue				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$50.00		
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) Check					
Full Name of Contributor Jason A. Croston									
Street Address 2521 Greenview Drive				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$600.00		
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, etc.) Check					
Full Name of Contributor Jeffrey N. James									
Street Address 137 South Main Street, Suite 206				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	16	\$100.00		
City Akron		State OH	Zip Code 44308	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

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor				Registration Number, if PAC			
Rosanne Austin							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
636 Nutwood Avenue				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls		OH	44221	Check			
Full Name of Contributor				Registration Number, if PAC			
Eddie Sipplen Attorney at Law, LLC							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
1655 West Market Street, Suite 240				0	8	16	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
A. Russell Smith							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 503				0	8	16	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Uniontown		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					
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					
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					
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
\$3,160.00

Total expenditures this event
\$0.00

Page Total \$ \$200.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Friends of Judge O'Brien									
Full Name of Contributor Candace Kim-Knox				Registration Number, if PAC					
Street Address 137 South Main Street, Suite 300		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
				0	8	3017	\$100.00		
City Akron	State OH	Zip Code 44308		Form (Cash, Check, etc.) Check					
Full Name of Contributor Diana M. Stevenson									
Street Address 639 East Baird Avenue				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$200.00		
City Barberton	State OH	Zip Code 44203		Form (Cash, Check, etc.) Check					
Full Name of Contributor Keep Judge Dave Lombardi Committee									
Street Address 209 South Main Street				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$50.00		
City Akron	State OH	Zip Code 44309		Form (Cash, Check, etc.) Check					
Full Name of Contributor Paul M. Grant									
Street Address 209 South Main Street, Suite 803				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$100.00		
City Akron	State OH	Zip Code 44308		Form (Cash, Check, etc.) Check					
Full Name of Contributor Richard P. Kutuchief									
Street Address 159 South Main Street, Suite 807				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$125.00		
City Akron	State OH	Zip Code 44308		Form (Cash, Check, etc.) Check					
Full Name of Contributor Sremack Law Firm, LLC									
Street Address 2745 South Arlington Road				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$100.00		
City Akron	State OH	Zip Code 44312		Form (Cash, Check, etc.) Check					
Full Name of Contributor Justin D. McCarty									
Street Address 3570 Executive Drive, Suite 203				Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3017	\$100.00		
City Uniontown	State OH	Zip Code 44685		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

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Total expenditures this event

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Page Total \$ **\$775.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Judge O'Brien							
Full Name of Contributor			Registration Number, if PAC				
George G. Keith							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
135 Portage Trail				0	8	3	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Cuyahoga Falls		OH	44221	Check			
Full Name of Contributor			Registration Number, if PAC				
Patricia A. Cosgrove							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
42 Forest Cove Drive				0	8	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44319	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	8	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44312	Check			
Full Name of Contributor			Registration Number, if PAC				
John E. Codrea							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
6563 Olde Eight Road				0	8	3	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Peninsula		OH	44264	Check			
Full Name of Contributor			Registration Number, if PAC				
L. Terrence Ufholz							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
304 North Cleveland Massillon Road				0	8	3	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44333	Check			
Full Name of Contributor			Registration Number, if PAC				
Charles Tyler, Sr. Legal Consulting Group LLC							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
1700 West Main Street, Suite 307				0	8	3	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			
Full Name of Contributor			Registration Number, if PAC				
William H. Corgan							
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
3041 Derling Road				0	8	3	\$100.00
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

\$1,975.00

Total expenditures this event

\$0.00

Page Total \$ **\$1,200.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends of Judge O'Brien					
Full Name of Contributor David P. Bertsch			Registration Number, if PAC		
Street Address 3475 Ridgewood Road		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$75.00
City Akron		State OH	Zip Code 44333	Form (Cash, Check, etc.) Check	
Lynne S. Callahan					
Street Address 2275 Rickel Drive			Registration Number, if PAC		
Street Address 2275 Rickel Drive		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$100.00
City Akron		State OH	Zip Code 44333	Form (Cash, Check, etc.) Check	
Ronald J. Koehler					
Street Address 8900 Starlight Drive			Registration Number, if PAC		
Street Address 8900 Starlight Drive		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$100.00
City Macedonia		State OH	Zip Code 44056	Form (Cash, Check, etc.) Check	
Donald R. Hicks					
Street Address 159 South Main Street, Suite 423			Registration Number, if PAC		
Street Address 159 South Main Street, Suite 423		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$75.00
City Akron		State OH	Zip Code 44308	Form (Cash, Check, etc.) Check	
Tamara A. O'Brien					
Street Address 1625 Orchard Drive			Registration Number, if PAC		
Street Address 1625 Orchard Drive		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$100.00
City Akron		State OH	Zip Code 44333	Form (Cash, Check, etc.) Check	
Debbie Walsh					
Street Address 38 Kuder Avenue			Registration Number, if PAC		
Street Address 38 Kuder Avenue		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$100.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) Check	
Roderick Linton Belfance LLP (Stephen J. Pruneski)					
Street Address 50 South Main Street, 10th Floor			Registration Number, if PAC		
Street Address 50 South Main Street, 10th Floor		Employer Occupation/Labor Organization*		M D Y	Amount
				0 9 2 1 1 7	\$75.00
City Akron		State OH	Zip Code 44308	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

--	--

	Page Total \$ \$625.00
--	-------------------------------

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien												
Full Name of Contributor Cynthia Blake			Registration Number, if PAC									
Street Address 928 Bisson Avenue		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">2</td> <td style="text-align: right;">\$25.00</td> </tr> </table>	M	D	Y	Amount	0	9	2	\$25.00
M	D	Y	Amount									
0	9	2	\$25.00									
City Akron	State OH	Zip Code 44307	Form (Cash, Check, etc.) Cash									
Full Name of Contributor James M. Henshaw			Registration Number, if PAC									
Street Address 54 East Mill Street, Suite 400		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">2</td> <td style="text-align: right;">\$75.00</td> </tr> </table>	M	D	Y	Amount	0	9	2	\$75.00
M	D	Y	Amount									
0	9	2	\$75.00									
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) Check									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	M	D	Y	Amount				
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City	State	Zip Code	Form (Cash, Check, etc.)									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	M	D	Y	Amount				
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*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	M	D	Y	Amount				
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City	State	Zip Code	Form (Cash, Check, etc.)									
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Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">M</td> <td style="width: 10%;">D</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State	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

\$725.00

Total expenditures this event

\$0.00

Page Total \$ **\$100.00**

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Judge O'Brien				
Full Name of Contributor William Fritz		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1444 Hampton Knoll Drive		Description of Item or Service Food and Beverage/Room Rental		M D Y Fair Market Value 0 5 2 5 1 7 \$198.66
City Akron		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Nemes Creative Photography & Design LLC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4554 Greenlawn Drive		Description of Item or Service Discount on Photography Fees		M D Y Fair Market Value 0 8 0 1 1 7 \$125.00
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Gary and Susan Hagen		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 30 Harcourt Drive		Description of Item or Service Food and Beverage		M D Y Fair Market Value 0 8 1 6 1 7 \$443.95
City Akron		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Larry Poulos		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 701 Delaware Street		Description of Item or Service Food and Beverage		M D Y Fair Market Value 0 8 3 0 1 7 \$300.00
City Akron		State OH	Zip Code 44303	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Nemes Creative Photography & Design LLC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4554 Greenlawn Drive		Description of Item or Service Discount on Photography Fees		M D Y Fair Market Value 0 9 2 5 1 7 \$75.00
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee
Friends of Judge O'Brien

To Whom Owed
Ann Marie O'Brien

Address
323 Castle Blvd.

City
Akron

Date Debt was originally Incurred
MI 10 18 17
D Y

State
OH

Zip Code
44313

Payments This Period
Date
MI D Y
D Y S

Registration Number, if PAC

Date Debt was originally Incurred

Registration Number, if PAC

To Whom Owed

Address

City

Date Debt was originally Incurred
MI D Y
D Y S

State

Zip Code

Payments This Period
Date
MI D Y
D Y S

Registration Number, if PAC

Date Debt was originally Incurred

Registration Number, if PAC

To Whom Owed

Address

City

Date Debt was originally Incurred
MI D Y
D Y S

State

Zip Code

Payments This Period
Date
MI D Y
D Y S

Registration Number, if PAC

Date Debt was originally Incurred

Registration Number, if PAC

To Whom Owed

Address

City

Full Name of Committee	To Whom Owed	Address	City	Date Debt was originally Incurred	Registration Number, if PAC	To Whom Owed	Address	City	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Item or Purpose of Debt	Outstanding Balance	Payments This Period	Date	MI	D	Y	S
Friends of Judge O'Brien	Ann Marie O'Brien	323 Castle Blvd.	Akron	MI 10 18 17 D Y							\$0.00	Campaign Postage	\$490.00	MI D Y D Y S					

Total Outstanding Balance \$490.00 (also record on cover page)

Total Payments this Period \$0.00 (also record on Form 31-B)

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the "In-Kind Contributions Received" column. (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.