

Ohio Campaign Finance Report

Form 30-A

ORC 3517,10

Committee Name						District			
Christina Shaw for City	Council	City Coun	cil			Wa	rd 3, Stow		
Street Address		City			State	Zip			
2151 Graham Road		Stow	Stow				44224		
Candidate Name OR PAC	Registration Number	Number Treasurer Name			Election Date (MM/DI			D/YYYY)	
Christina Shaw	Christina Shaw Angela Charles						11/07/2017		
Type of Report (cho	ose one):								
Annual Se	miannual Pre-Primary	/ Post-Pr	rimary 🗵	Pre-General	F	ost-	General		
Statewide Candidates	s Only:							Ye	<u>-</u>
July Monthly	August Monthly S	eptember Mont	thly					20	017
Amended Report	Termination		Short For	m Report (R.	.C. 3517	7.10((H))		
⊠ No ☐ Yes	Check this box if the co			this box if the				i.	
1. Amount brough	nt forward from last report				\$0				
2. Total monetary	contributions (From Forms	s 31-A and 31-	E)	\$4	\$4,668.00				
3. Total other income (From Form 31-A-2)					\$0				
4. Total funds ava	ilable (sum of lines 1,2, and	13)		\$4,668.00			5000	3.	
5. Total monetary	expenditures (From Forms	31-B and 31-F	=)	\$4,060.17			2		
6. Balance on han	d (line 4 min side side side side side side side side	COPY					7		
7. Value of in-kind	contributions received	ton Peny 31-J	J-1)	\$4,462.49				2	
	contributions made (Eron			\$0					
9. Outstanding loa	ans owed by committee (F	rom Form 31-C	()	\$0					
10. Outstanding debts owed by committee (From Form 31-N)			·N)	\$866.69					
11. Outstanding lo	pans owed to committee (F	From Form 31-l	K)	\$0					
12. Value of independent expenditures made (From Form 31-U)			\$0						
	IS MADE UNDER PENALITS ELECTION FALSIFICA				HE FIFT	'H D	EGREE.		
Angel 50	lela				10/	ર ક	//2		
Signature of Treasurer or					Date (M				
Contribution Pages	Expenditure Pages	Other i	Pages	Total Pa	ges				
16	15	4		35			Last U	odate	ed 09/2017

24 m/ receipt +





Form 31-A ORC 3517.10

Full Name of Committee						
Christina Shaw for City Council						
Full Name of Contributor				Registration Numb	er, if PAC	
Angela S. Charles						
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
3033 Berkeley Place	Preside	nt, PF Interactive L	check, paypal			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Stow	OH 44224 05/09/2017			\$235.00		
Full Name of Contributor	l	· · · · · · · · · · · · · · · · · · ·		Registration Numb	er, if PAC	
Pete Ziegler						
Street Address	Employe	r/Occupation/Labor O	rganizalion*		Form (Cash, Check, etc.)	
1050 Austin Ave.					check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Akron	ОН	44306	06/02/2017		\$25.00	
Full Name of Contributor	1.		<u> </u>	Registration Numb	er, if PAC	
Angela Kurlich						
Street Address	treet Address Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
7364 W. Lake Blvd.					paypal	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Kent	ОН	44240		06/08/2017	\$25.00	
Full Name of Contributor				Registration Number, if PAC		
Laura E. Root						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
1263 Ritchie Road					check	
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount	
Stow	ОН	44224		06/07/2017	\$25.00	
Full Name of Contributor Registration Number			er, if PAC			
Terrance Chung						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2304 Parker Road	State Valley Dental, dentist				check	
City	State	Zip Code	Date (MM/DI	Amount		
Akron	ОН	44313		06/22/2017	\$250.00	

*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)]





Form 31-4

ORC 3517.10

		·					
Full Name of Committee							
Christina Shaw for City Council							
Full Name of Contributor Regi					Registration Number, if PAC		
Kelly Van Dusen							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
1632 Norton Road	Co-own	er, CVD Enterprise	s Ltd.		check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Stow	ОН	44224		06/20/2017	\$50.00		
Full Name of Contributor				Registration Numb	er, if PAC		
Thomas Bahr							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
5000 Pine Point	retired				check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Stow	ОН	44224		07/18/2017	\$250.00		
Full Name of Contributor Registration N			Registration Number	er, if PAC			
Janice F. Hyne							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
2027 Crestdale Drive	sales rep	o, Prescott Revere I	and Title		check		
City	State	Zip Code	Date (MM/D	D/YYY)	Amount		
Stow	ОН	44224		07/18/2017	\$50.00		
Full Name of Contributor	•		<u> </u>	Registration Number	er, if PAC		
Patsy J. Purdon							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
2923 Circle Drive	retired				check		
City	State	Zip Code	Date (MM/D	D/YYY)	Amount		
Silver Lake	ОН	44224		08/20/2017	\$100.00		
Full Name of Contributor Registration Numbe				er, if PAC			
Sally Davenport							
Street Address	Employer	Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)		
2456 Port Charles	crowdpac-credit card				crowdpac-credit card		
City	State	Zip Code	Date (MM/D	DMYYY)	Amount		
Stow	ОН	44224		08/21/2017	\$25.00		

Page Total	\$475.00
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^{*}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)]





Form 31-A

ORC 3517.10

Full Name of Committee		· · · · · · · · · · · · · · · · · · ·				
Christina Shaw for City Council						
Full Name of Contributor	er, if PAC					
Janice F. Hyne					61, 11 FAC	
Street Address Employer/Occupation/Labor Organization*					Form (Cook Check etc.)	
2027 Crestdale Drive	1	p, Prescott Revere	-		Form (Cash, Check, etc.) crowdpac-credit card	
City				500000	·	
Stow	OH				Amount \$15.00	
	011	44224		08/21/2017		
Full Name of Contributor				Registration Numb	er, if PAC	
Richard F. Charles						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
3033 Berkeley Place					crowdpac-credit card	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Stow	он	44224		08/21/2017	\$25.00	
Full Name of Contributor Registration Number				er, if PAC		
Robert Frangos						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
12783 Williamsburg Ave.	Owner, Beef O'Brady's				check	
City	State	Zip Code	Date (MM/D	DMYYY)	Amount	
Uniontown	он	44685		08/24/2017	\$100.00	
Full Name of Contributor				Registration Number	er, if PAC	
Janice F. Hyne						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
2027 Crestdale Drive	sales rep	o, Prescott Revere l	and Title		check	
City	State	Zip Code	Date (MM/D	DAYYY)	Amount	
Stow	ОН	44224		08/25/2017	\$35.00	
Full Name of Contributor Registration Number				er, if PAC		
Neil Rothstein						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
87 Franz Drive	Kahn, Sv	vick & Foti LLC, atte	orney		check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Fairlawn	ОН	44333		09/09/2017	\$200.00	

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Form 31-A

					ORC 3517.10	
Full Name of Committee				-		
Christina Shaw for City Council						
Full Name of Contributor			····	Registration Numb	per, if PAC	
Robert Lowrey						
Street Address	Employ	er/Occupation/Labor C)rganization*	·	Form (Cash, Check, etc.)	
3396 S. Marcella St.	attorn	ey	check			
City	State	Zip Code	Date (MM/D	DAYYY)	Amount	
Stow	ОН	44224		10/12/2017	\$150.00	
Full Name of Contributor	.'	····		Registration Numb	er, if PAC	
Jacquelyn Harsch						
Street Address	Employ	er/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
1908 Hibbard Drive	retired	l	paypal			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Stow	ОН	44224		10/13/2017	\$25.00	
Full Name of Contributor Registration Number					er, if PAC	
Anita Gauthier				i		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3394 Sanford Ave.	i				check	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Stow	ОН	44224		10/14/2017	\$20.00	
Full Name of Contributor				Registration Number	er, if PAC	
Nancy Kovach						
Street Address	Employe	ar/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
3069 Surrey Hill Lane					check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Stow	ОН	44224	ļ	10/15/2017	\$20.00	
Full Name of Contributor Registration Number					er, if PAC	
Kyle Herman			:			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3439 Oak Road	paypal				paypal	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Stow	он 🔻	44224		10/18/2017	\$10.00	
		·	1			

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Page	Total	\$225.00	





Form 31-4

ORC 3517.10

Full Name of Committee			<u>.</u>			
Christina Shaw for City Council						
Full Name of Contributor				Registration Number	er, if PAC	
Total Contributions from Form No. 31-E						
	Employer	Occupation/Labor Org	anization*		Form (Cash, Check, etc.)	
Street Address	Employer	Occupation/cabor On	Building		,,,	
	01-1-	7's Code	D-4- (8484)D	200000	Amount	
City	State OH	Zip Code	Date (MM/DI	05/17/2017	\$931.00	
	ОП					
Full Name of Contributor				Registration Number	er, if PAC	
Total Contributions from Form No 31-E						
Street Address	Employer/	Occupation/Labor On	janization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	он		08/03/2017		\$960.00	
Full Name of Contributor			***	Registration Numb	er, if PAC	
Total Contributions from Form No. 31-E						
Street Address	Employer/	Occupation/Labor On	ganization*	<u> </u>	Form (Cash, Check, etc.)	
010007.1247.000	' '	·				
City	State	Zip Code	Date (MM/D	D(YYYY)	Amount	
City	ОН		2010 (1111112	09/28/2017		
				Registration Numb		
Full Name of Contributor				Registration Numb	81,11 FAG	
				<u>,</u>		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН					
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
J,	ОН			,		
			<u> </u>			

Page	Total	\$3,033.00	

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Form 31-B

Full Name of Committee			-						
Christina Shaw for City Council									
To Whom Paid			Date (MM/DD/YYYY)		Amount				
Stow-Munroe Falls Community Foundation				017	17 \$40.00				
Street Address Purpose			101						
O. Box 2244 Charity Event									
City				Zip Code Check Number					
Stow				1	Debit Card				
To Whom Paid	0,11		224	De					
Ashland Marathon			Date (MM/DD/YYYY)		Amount				
•	,		05/22/2	017	\$32.80				
Street Address	Purpose								
654 U.S. Highway 250E	Gas for trip	to (OH Dem Party campaig	ın tra	aining in Columbus				
City	State Zip			Check Number					
Ashland	OH 44		805		bit Card				
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount				
Expenditures from Form 31-F					\$168.57				
Street Address	Purpose								
City	State	Zip	Code	Che	ck Number				
	ОН								
To Whom Paid	<u> </u>		D-1- /444/DD0000	Ц	A				
Portrait Innovations			Date (MM/DD/YYYY)		Amount				
			05/30/20	,,,	\$106.74				
Street Address	Purpose				;				
4338 Kent Road	campaign p	hote	D						
City	State	Zip	Code		ck Number				
Stow	ОН	44:	224	Debit Card					
To Whom Paid			Date (MM/DD/YYYY)		Amount				
City of Stow Parks & Recreation			05/31/20	17	\$51.80				
Street Address	Purpose								
3760 Darrow Road	July 4th par	ade	fee						
City	State	Zip (Code	Chec	ck Number				
Stow	он	442			oit Card				
		l							





Form 31-B

Full Name of Committee						
Christina Shaw for City Council						
<u> </u>						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Campaign Partner			05/31/2017 \$29.00			
Street Address	Purpose					
P.O. Box 118	Monthly we	₃bsit	te hosting fee			
City	State	Zip	Code Check Number			
Still River	MA 🔽	01	467	bit Card		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Charity Burton Photography			06/01/20	017	\$100.00	
Street Address	Purpose				<u> </u>	
375 Pasadena Place City Burberton	campaign p	ohote	ography			
City	State	Zip	Code	Code Chec		
Burberton	ОН	4	4203	Ca	sh	
To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount	
Office Max			06/02/2017 \$81.86			
Street Address	Purpose					
4220 Kent Road	print cartrid	ges	, mail labels, printer pap	oer f	for letters, flyers	
City	State	Zip	Code	Che	ck Number	
Stow	он	44:	224	De	bit Card	
To Whom Paid	l————		Date (MM/DD/YYYY)		Amount	
U.S. Post Office			06/05/2017 \$6		\$63.70	
Street Address	Purpose	_				
3900 Darrow Road	stamps +	ca	Ionation letters			
City	State	Zip	Code	Check Number		
Stow	ОН	442	224	Del	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Bruegger's Bagels			06/05/20)17	\$12.15	
Street Address	Purpose					
4963 Darrow Road	Food for Meet the Candidate Event					
City	State	Zip (Code	Che	ck Number	
Stow	ОН	442	224	Del	bit Card	

Page Total	\$ <mark>286.71</mark>





Form 31-B

Full Name of Committee		_			
Christina Shaw for City Council					
To Whom Paid		—	Date (MM/DD/YYYY)		Amount
U.S. Post Office			06/06/20	017	
Street Address	Purpose		<u></u>		
3900 Darrow Road		func	draising letter mailer		
City	State		Code	Chr	eck Number
Stow	ОН	44	224	De	ebit Card
To Whom Paid	<u></u> ,		Date (MM/DD/YYYY)		Amount
Summit County Board of Elections		,	06/09/20	017	\$45.00
Street Address	Purpose	—			
470 Grant St.	Petition filin	ıg fe) e		
City	State	Zip	Code	Che	eck Number
Akron	он	44:	311	995617	
To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount
Target		1	06/12/20	017	\$10.66
Street Address	Purpose				
4200 Kent Road	Thank You	carc	at		
City	State	Zip	Code	Che	eck Number
Stow	ОН	447	224	AT	M withdrawal 988112
To Whom Paid	<u> </u>	7	Date (MM/DD/YYYY)	\vdash	Amount
Icon Ad Agency			06/16/20)17	\$371.75
Street Address	Purpose			_	
243 Elizabeth Parkway	Printing cos	t for	r door hangers		
City	State	Zip (Code	Che	ck Number
Akron	он	443	304	Del	bit Card
To Whom Paid		\neg	Date (MM/DD/YYYY)	Т	Amount
FedEx Office			06/21/20)17	\$42.89
Street Address	Purpose			<u>+</u>	
427 E. Main St.	Business ca	ırds			
City	State	Zip C	Code	Chec	ck Number
Kent	он	442	1		bit Card

Page Total:	489.90	



Form 31-B

Full Name of Committee						
Christina Shaw for City Council					<u> </u>	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Stow-Munroe Falls Chamber of Commerce			06/22/20)17	\$20.00	
Street Address	Purpose					
4301 Darrow Road	2 tickets for	Sto	ow Community Pride breakfast			
City	State	Zip	Code Check Number			
Stow	ОН	44	224	De	bit Card	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Campaign Partner			07/03/20)17	\$29.00	
Street Address	Purpose					
P.O. Box 118	Monthly we	bsit	e hosting fee			
City	State	Zip	Code	Che	Check Number	
Still River	MA 🔽	014	467 I		bit Card	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Budget Rent-A-Car			07/05/2017 \$247.00			
Street Address	Purpose		<u> </u>	,		
5430 Lauby Road	car rental fo	or Ju	ily 4 parade			
City	State	Zip	Code	Che	ck Number	
Stow	он	44:	224	De	bit Card	
To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount	
Sam's Club			07/05/2017 \$87.78			
Street Address	Purpose					
1189 Bucholzer Blvd.	candy for pa	arac	le			
City	State	Zip	Code Ch		heck Number	
Cuyahoga Falls	он	442	221	De	bit Card	
To Whom Paid		Date (MM/DD/YYYY)		Amount		
Akron-Canton Airport Parking			07/06/2017 \$2.00			
Street Address	Purpose					
5400 Lauby Road	parking fee	to r	etrieve purse after retur	ning	g rental car	
City	State	Zip	Code	Che	ck Number	
North Canton	nton OH 44			Debit Card		
						

	205 70	
Page Total	\$ ^{385.78}	



Form 31-B

Full Name of Committee							
Christina Shaw for City Council							
To Whom Paid	Date (MM/DD/YYYY)		Amount				
Bruegger's Bagels			07/10/2	017	\$12.15		
Street Address	Purpose				<u> </u>		
4963 Darrow Road	food for Me	eet ti	ne Candidate event				
City	State Zip (Check Number			
Stow	ОН	44	224	bit Card			
To Whom Paid		1	Date (MM/DD/YYYY)		Amount		
Stow Chamber of Commerce			7/17/2	017	\$17.00		
Street Address	Purpose						
4301 Darrow Road	Chamber of	f Co	mmerce luncheon				
City	State	Zip	Code		Check Number		
Stow	ОН	44:	1224		bit Card		
To Whom Paid Date (MM/DD/YYYY) Amount							
U.S. Post Office			07/17/2017 \$11.27				
Street Address	Purpose						
3900 Darrow Road	stamps for	cam	paign donation letters				
City	State	Zip	Code Che		ck Number		
Stow	он	442	224	De	bit Card		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
FedEx Office			07/26/2017 \$96.53		\$96.53		
Street Address	Purpose		· · · · · · · · · · · · · · · · · · ·				
427 East Main St.	Vehicle ma	gnet	s for July 4th parade				
City	State	Zip (Code	Check Number			
Kent	он	442	240	Del	bit Card		
To Whom Paid Date (MM/DD/YYYY) Amount					Amount		
Campaign Partner		07/31/2017 \$29.00					
Street Address	Purpose						
P.O. Box 118	Monthly website hosting fee						
City	State	Zip (Code	Che	ck Number		
Still River	MA Debit Card				oit Card		

Page Total	\$_165.95	





Form 31-B

Full Name of Committee						
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)	- "-	Amount	
Giant Eagle #4032			i	017	\$13.85	
Street Address	Purpose				7.5.55	
1700 Norton Road		s, glo	oves for park cleanup c	amo	paign event	
City	State		p Code Check Number			
Stow	ОН	1 '	224	ish		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Friends of Debbie Ziccardi			08/09/2	017	\$20.00	
Street Address	Purpose					
3090 9th St.	Campaign	fund	raiser			
City	State	Zip	Code	Che	eck Number	
Cuyahoga Falls	ОН	442	221	Cash		
To Whom Paid	1	┶	Date (MM/DD/YYYY)		Amount	
Icon Ad Agency			08/10/2017 \$210.00			
Street Address	Purpose					
243 Elizabeth Parkway	Campaign i	logo,	door hanger graphic o	desig	ın fee	
City	State	Zip (Code	Che	ck Number	
Akron	он	443	304	Dei	bit Card	
To Whom Paid	<u></u>	┧	Date (MM/DD/YYYY)		Amount	
Chief Louis A. Dirker Memorial 5K Fundraiser			08/18/2017 \$2		\$22.61	
Street Address	Purpose					
PO Box 2124	charity fund	Iraise	er			
City	State	Zip C	Code	Che	ck Number	
Stow	он	442	24	Del	bit Card	
To Whom Paid	<u> </u>	Т	Date (MM/DD/YYYY)		Amount	
Don Walters Campaign Fundrais	ECT 8/30	0	08/28/20	17	\$40.00	
Street Address	Purpose					
450 Portage Trail City Cuyahoga Falls						
City	State	Zip C	ode	Chec	ck Number	
Cuyahoga talls	ОН	4	4221	Cas	sh	

Page Total	\$ 306.46	





Form 31-B

Full Name of Committee						
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Campaign Partner			08/31/2	017	\$29.00	
Street Address	Purpose				J	
PO Box 118	Monthly we	ebsit	e hosting fee			
City	State	Zip	Code Check Number			
Still River	MA 🔽	01	467	ebit Card		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
On Tap Stow			09/01/20	017	\$7.60	
Street Address	Purpose	•				
4396 Kent Road	camp	سے	n meeting			
City	State		Code	Che	ck Number	
Stow	он	44	224	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Icon Ad Agency			09/05/2017 \$371.75			
Street Address	Purpose					
243 Elizabeth Parkway	Print cost fo	or 2,	500 door hangers			
City	State	Zip	Code	Che	ck Number	
Akron	ОН	443	304	Del	bit Card	
To Whom Paid	•		Date (MM/DD/YYYY) Amount		Amount	
Great Geauga County Fair			09/05/2017 \$8.00			
Street Address	Purpose					
14373 N. Cheshire St.	Democratic	Par	ty campaign event			
City	State	Zip (Code	Check Number		
Burton	ОН	440)21	Dei	oit Card	
To Whom Paid			Date (MM/DD/YYYY) Amou		Amount	
Gas For trip to Geauge County Fair			09/07/2017 \$40.00			
	Purpose					
14373 N. Cheshire St.	gas - 72 miles					
City	State	Zip (Chec	k Number	
Burton	ОН	4	4021	Cas	sh	
	7.00			_		

Page To	tal \$ 456.35	





Form 31-E

Full Name of Committee						
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Friends of Jason Whitacre	09/11/20)17	25.00			
Street Address	Purpose					
4737 Gamet Circle	Campaign t	iund	raiser			
City	State	Zip	Code	Che	eck Number	
Stow	он	44	224	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Ziccardi for Council Fundraise	<u></u>		09/12/20)17	40.00	
Street Address	Purpose		· · · · · · · · · · · · · · · · · · ·			
3090 9th St.	camp	يما	son fundraise			
	State	Zip	Code	Che	ock Number	
Cuyahoga falls	он	4	4221	Ca	sh	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Summit County Democrats Fure	laise	-	09/14/20	17	40.00	
Street Address	I Purpose I					
438 Grant St.	cam	14	g-Andraise	2		
City	State	Zip	Code	Che	ck Number	
Akron	он	_	44311	Са	sh	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Bellacino's Pizza and Grinders			09/22/20)17	\$52.61	
Street Address	Purpose	irpose				
3657 Fishcreek Road	campaign s	taff	meeting			
City	State	Zip (Code CI		ck Number	
Stow	ОН	442	224	De	bit Card	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)		Amount	
Dunkin Donuts			09/25/20)17	\$30.85	
Street Address	Purpose				_	
3027 Graham Road	suppor	+	for Staw safe	4	forces	
City	State	Zip (Code	Chè	ck Number	
Stow	ОН	442	224	De	bit Card	

Page To	otal \$	188.46	





Form 31-B

Full Name of Committee					11.0. 3317.10	
Christina Shaw for City Council						
To Whom Paid						
			Date (MM/DD/YYYY)		Amount	
Bruegger's Bagels	09/25/2	017	\$12.05			
Street Address	Purpose					
4963 Darrow Road	food for Me	et ti	he Candidate event			
City	State	Zip	Code	Che	eck Number	
Stow	он	44	224	De	bit Card	
To Whom Paid	<u>'</u>	-	Date (MM/DD/YYYY)		Amount	
U.S. Post Office			09/25/20	017	\$9.80	
Street Address	Purpose			,		
3900 Darrow Road	Stamps for donation letters					
City	State	Zip	Code	Che	ck Number	
Stow	он	44	224	De	bit Card	
To Whom Paid	Date (MM/DD/YYYY) Amount					
U.S. Post Office			09/25/2017 \$9.80			
Street Address	Purpose					
3900 Darrow Road	Stamps for	don	ation letters			
City	State	Zip	Code	Che	ck Number	
Stow	ОН	44:	224	Del	bit Card	
To Whom Paid	•		Date (MM/DD/YYYY)		Amount	
Starbucks			09/28/2017 \$9.55			
Street Address	Purpose					
4294 Kent Road	lunch break	dur	ing canvassing			
City	State	Zip	Code	Che	ck Number	
Stow	он	442	224	Del	oit Card	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Campaign Partner			10/02/20)17	\$29.00	
Street Address	Purpose				- `	
PO Box 118	month	4 L	website hosting			
City	State	Zip (Code	Che	ck Number	
Still River	MA 🔻	014	167	Deb	oit Card	

Page 1	otal \$ 70.2	0	





Form 31-B

Full Name of Committee		_				
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
RedFish Promotions LLC			10/04/20	017		
Street Address	Purpose		10.01.	0	Ψ2/0.00	
149 Portage Trail	1	+ sh	ida for namanian tanm		· •	
City			irts for campaign team,	,		
Cuyahoga Falls	State OH		Code 1221	i i	eck Number	
	Uri	44		De	ebit Card	
To Whom Paid			Date (MM/DD/YYYY)	_	Amount	
Green Light Technologies Group			10/05/20	017	\$500.00	
Street Address	Purpose					
3651 Hawthorne Drive	Partial pay	men	nt for campaign signs			
City	State	Zip	Code	Che	eck Number	
Richfield	он	44	286	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Icon Ad Agency			10/10/20	017	\$107.30	
Street Address	Purpose					
243 Elizabeth Parkway	Printing cos	st fo	r Dear Friend cards			
City	State	Zip	Code	Che	ck Number	
Akron	ОН	44:	304	De	bit Card	
To Whom Paid PayPal for			Date (MM/DD/YYYY)		Amount	
To Whom Paid PayPal for Staw Community Foundation Bee Street Address	infest		10/10/20)17	\$40.00	
	F				<u> </u>	
P.O. Box 2244	chari	ty	fundraiser			
	State	Zip	C008	Che	ck Number	
57-ow	он	4	14224	Del	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Dunkin Donuts			10/10/20	17	\$6.18	
Street Address	Purpose					
3027 Graham Road	camp	idie	on meeting			
City	State			Che	ck Number	
Stow	он	442	224	Del	bit Card	
			<u> </u>			

Page Total \$	923.48





Form 31-B

Full Name of Committee						
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
U.S. Post Office			10/12/20	017	\$43.82	
Street Address	Purpose					
3900 Darrow Road	stamps for	Dea	r Friend cards			
City	State	Zip	Code	Che	ick Number	
Stow	он	44	224	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Ohio Ethics Commission			10/12/20	017	\$35.00	
Street Address	Purpose					
30 W. Spring St.	Financial D	iscl	osure filing			
City	State Zip Code			Check Number		
Columbus	он	43	215	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Panera Bread			10/13/2017 \$11.07			
Street Address	Purpose					
4338 Kent Road	meeting wit	h hi	gh school student cons	titue	nt to discuss city Issues	
City	State	Zip	Code Chec		ck Number	
Stow	он	44:	224	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
U.S. Post Office			10/16/20)17	\$22.00	
Street Address	Purpose				···	
626 Franklin Ave.	stamps for	Dea	r Friend cards			
City	State	Zip	Code	Che	ck Number	
Kent	он	442	240	Cas	sh	
To Whom Paid	-		Date (MM/DD/YYYY)		Amount	
Paper Mill Studio			10/16/20	117	\$17.61	
Street Address	Purpose					
42 Sand Run Road	Envelopes					
City	State	Zip (Code	Che	ck Number	
Akron	он	443	313	Det	oit Card	

Page Total	\$	
_	**	





Form 31-B

Full Name of Committee						
Christina Shaw for City Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Wal-Mart	10/16/20	017	\$4.88			
Street Address	Purpose					
3520 Hudson Drive	Thank you	card	ts			
City	State	Zip	Code	Che	eck Number	
Stow	он	44	224	De	ebit Card	
To Whom Paid		1	Date (MM/DD/YYYY)		Amount	
U.S. Post Office			10/17/20)17	\$59.29	
Street Address	Purpose					
3900 Darrow Road	stamps for	Dea	r Friend cards			
City	State Zip Code Chec			eck Number		
Stow	ОН	44	224	De	ebit Card	
To Whom Paid	Date (MM/DD/YYYY) Amount					
Walgreens			10/17/2017 \$7.31			
Street Address	Purpose					
2086 Graham Road	office suppl	ies				
City	State	Zip	Code	Che	eck Number	
Stow	ОН	44:	224	Са	sh	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
U.S. Post Office		:	10/18/2017 \$3.73			
Street Address	Purpose					
3900 Darrow Road	stamps for	Dea	r Friend cards			
City	State	Zip	Code	Che	eck Number	
Stow	ОН	442	224	De	bit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
PayPal			10/18/2	917	^{\$} 13.69	
Street Address	Donor booline payment transaction fee					
	Donor	P	nline payment	tr	ansaction fees	
City	State		Code		ck Number	
	ОН			P	paypal	





Total Outstanding Balance \$ 0

Statement of Loans Received

Form 31-0

R.C. 3517.10

Full Name of Con	nmittee								
Christina Shaw for	City Coun	cil							
From Whom Received							Prior Amount	Amt. In	ncurred this Period
None	\$0	\$ 0							
Street Address								Outsta	nding Balance
								\$0	
City	Is	State	Zip Code						
	ď	ЭН	•	Loans Red	ceived TI	his Period	Payments Red	eived	This Period
	Date of Origi	inal Loan	(MM/DD/YYYY)	Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Registration Number, if	PAC			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYY)	Amount
Employer/Occupation/L	abor Organiz	ation*		Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
From Whom Received							Prior Amount	Amt. In	curred this Period
Street Address								Outsta	nding Balance
City	1	State OH	Zip Code	Loans Red	ceived TI	his Period	Payments Rec	eived	This Period
	Date of Origi	inal Loan	(MM/DD/YYYY)	Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Registration Number, if	PAC		• · · · · · · · · · · · · · · · · · · ·	Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/L	abor Organiza	ation*		Date of Loan (MM/	DD/YYY)	Amount	Date of Payment (MM/D	D/YYY)	Атоилт
* 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)] 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).									
Total Prior Amount	\$ <u>0</u>								
Total Received Thi	is Period \$	0			(also reco	ord on Form 31-A-	2)		
Total Payments Re	eceived this	s Period	1\$0		(also reco	rd on Form 31-B)			

(also record on Form 30-A)



0511770049	
05/17/2017	

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

Form 31-E

Fuli Name of Committee					R.C. 3517.10(B
Christina Shaw for City Council					
Full Name of Contributor	Registration Number, if PAC				
Contributors of \$25 or Less					
Street Address	Employer/Occupation/Labor Organization* [ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
				05/17/2017	\$325.00
City		State	Zip Code	Form (Cash, Check, Etc	
		ОН	!	checks, cash, credit card	
Full Name of Contributor	Registration Number, if PAC	The second secon			
Rick Meier					
Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
685 Senn Drive	retired			05/17/2017	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Tallmadge		ОН	44278	check	
Full Name of Centributor			Registration Number, if PAC		
Karen Greenlee					
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
2825 Hastings Road	retired			05/17/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	
Full Name of Contributor				Registration Number, if PAC	
Cynthia Pribonic					
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4210 Cheval Circle				05/17/2017	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	
Full Name of Contributor			Registration Number, if PAC		
Sara Kline					
Street Address	Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3586 Adeline Drive	City of	Stow, N	1ayor	05/17/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	

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 No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event
\$931.00		

Total Expenditures This Event \$168.57

Page	Total	\$ 555.00	
"		`	

^{*} 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 at a Social or Fund-Raising Event

Form 31-E

					R.C. 3517.10(B)
Full Name of Committee					
Christina Shaw for City Council					
Full Name of Contributor				Registration Number, if PAC	
Karen Fritschel					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
3956 Red Wing Circle	retired			05/17/2017	\$100.00
City	State Zip Code		Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	
Full Name of Contributor				Registration Number, if PAC	
Amber Zibritosky					
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2203 Crockett Circle				05/17/2017	\$26.00
City		State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	cash	
Full Name of Contributor			Registration Number, if PAC		
Judith A. Heasley					
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
3011 Northview Road	retired			05/20/2017	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Uniontown		ОН	44685	check	
Full Name of Contributor			Registration Number, if PAC		
Diana Colavecchio					
Street Address	Employe	r/Occupal	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3414 Haggarty Way				05/24/2017	\$100.00
City	<u>'</u>	State	Zip Code	Form (Cash, Check, Etc	
Cuyahoga Falls		ОН	44223	check	
Full Name of Contributor			Registration Number, if PAC		
Kenneth Eschliman					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1012 Bunker Dr., Apt. 307				05/31/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Fairlawn		ОН	44333	check	

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
\$93	1.00	

Total Expenditures This Event \$168.57

Page	Total \$	376.00	

^{*} 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 at a Social or Fund-Raising Event

Form 31-E

Full Name of Committee Christina Shaw for City Council Full Name of Contributor Contributions of \$25 or Less Street Address Employer/Occupation/Labor Organization* OH State OH State Contributor Cash, Check, Etc Cash, Checks Full Name of Contributor Larry P. Brimlow Street Address Employer/Occupation/Labor Organization* OH State OH State City Code OH State OH State Code OH State OH State OH State Code OH State OH	
Contributions of \$25 or Less Street Address Employer/Occupation/Labor Organization* O8/03/2017 O9/03/1/2017 O7/31/2017 O9/03/1/2017 O9/03/1/2	
Street Address Employer/Occupation/Labor Organization* O8/03/2017 State OH State OH Form (Cash, Check, Etc cash, checks Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* O7/31/2017 State OH State OH	
City State Zip Code Form (Cash, Check, Etc cash, checks Full Name of Contributor Larry P. Brimlow Street Address Employer/Occupation/Labor Organization* 2661 L'Ermitage Place State Zip Code Code Cash, Check Check Check Stow OH Zip Code Form (Cash, Check, Etc Check	
City State Zip Code Form (Cash, Check, Etc cash, checks Full Name of Contributor Larry P. Brimlow Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 2661 L'Ermitage Place State Zip Code Form (Cash, Check, Etc City State Zip Code Form (Cash, Check, Etc Check Check Check Stow OH 44224 Check Cash, Check, Etc Check Check Check Check Cash, Check, Etc Check Check Check Cash, Check, Etc Cash, Check, Etc Check Check Cash, Check, Etc Cash, Check Check Check Cash, Check Cash, Check Check Check Check Check Cash, Check	
Full Name of Contributor Larry P. Brimlow Street Address 2661 L'Ermitage Place State Stow OH Cash, checks Registration Number, if PAC Date (MM/DD/YYYY) Amount 950.00 Amount \$50.00	00
Full Name of Contributor Larry P. Brimlow Street Address 2661 L'Ermitage Place City Stow State OH 44224 Registration Number, if PAC Registration Number, if PAC Date (MM/DD/YYYY) Amount 07/31/2017 \$50.00	
Street Address 2661 L'Ermitage Place State Stow Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 07/31/2017 \$50.00 Amount \$50.00	
Street Address 2661 L'Ermitage Place Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 950.00 City State City OH 44224 Check	
2661 L'Ermitage Place 07/31/2017 \$50.00 City State Zip Code Form (Cash, Check, Etc Check	
City State Zip Code Form (Cash, Check, Etc Check	
Stow OH 44224 check	
	ALCO ON
Full Name of Contributor Registration Number, if PAC	
Elizabeth Rader	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	_
8283 Fairmount Road 08/03/2017 \$50.00	
City State Zip Code Form (Cash, Check, Etc	
Novelty OH 44072 credit card	
Full Name of Contributor Registration Number, if PAC	
Rick Meier	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	
685 Senn Drive retired 08/03/2017 \$50.00	
City State Zip Code Form (Cash, Check, Etc	
Tallmadge OH 44278 check	
Full Name of Contributor Registration Number, if PAC	
Katrina M. Djekic	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	
782 Covington Oval 08/03/2017 \$30.00	l
City State Zip Code Form (Cash, Check, Etc	
Kent OH 44340 check	

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
\$960.00		

Total Expenditures This Event \$0

Page	Total 4	4 80, 0 0	505.00
Page	Loral 1)	5-5.00

^{*} 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)]



08/03/2017
COLOCATED IL

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

Form 31-E

					R.C. 3517.10(B)
Full Name of Committee					
Christina Shaw for City Council					
Full Name of Contributor		<u></u>		Registration Number, if PAC	
Brian J. Jul i ao					
Street Address	Employer	/Occupa	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount
664 Bettes Ave.				08/03/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Akron	- 1	ОН	44310	check	
Full Name of Contributor			'	Registration Number, if PAC	
Meika M. Penta					
Street Address	Employer	/Occupa	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2467 23rd St.				08/03/2017	\$50.00
City	!	State	Zip Code	Form (Cash, Check, Etc	
Cuyahoga Falls	- 1	ОН	44223	check	
Full Name of Contributor	,			Registration Number, if PAC	
Sandra J. Kurt					
Street Address	Employer	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
140 Mayfield Ave.				08/03/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Akron	į.	ОН	44313	check	
Full Name of Contributor			Registration Number, if PAC		
Patricia A. Matthews					
Street Address	Employer	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3390 Adaline Drive				08/03/2017	\$50.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	
Full Name of Contributor	·		•	Registration Number, if PAC	
David A. Licate					
Street Address	Employer	/Occupa	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2946 Crown Pointe Drive				08/03/2017	\$30.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Stow	į.	ОН	44224	check	

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 \$	230.00

^{*} 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)]



0000000043	
08/03/2017	

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

Form 31-E

E-11 N 10		 .			R.C. 3517.10(E
Full Name of Committee					
Christina Shaw for City Council					
Full Name of Contributor				Registration Number, if PAC	
Dana M. Capriulo					
Street Address	Employer	r/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
595 Eastglen Circle				08/03/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Tallmadge	-	ОН	44278	check	
Full Name of Contributor	-			Registration Number, if PAC	
Anthony D. Gomez					
Street Address	Employer	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3070 9th St.				08/03/2017	\$35.00
City		State	Zip Code	Form (Cash, Check, Etc	
Cuyahoga Falls	0	ОН	44221	check	
Full Name of Contributor			Registration Number, if PAC		
Amber Zibritosky					
Street Address	Employer/	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2203 Crockett Circle				08/03/2017	\$40.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Stow	c	ЭН	44224	cash	
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Robert M. Gippin					
Street Address	Employer/	/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
929 Eaton Ave.				08/08/2017	\$100.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Akron	0	ЭH	44303	check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/0	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	S	itate	Zip Code	Form (Cash, Check, Etc	
	0	H			
Required for contributions from individuals over \$100 to			1.4 1.4		

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 No. 31-E" and list the date of the event in the date column

Total	Contri	butions	This	Event

Total Expenditures This Event

Page 1	Total \$	225.00
_		

^{*} 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)]



09/28/2017

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

Form 31-E

					R.C. 3517.10(B
Full Name of Committee					
Christina Shaw for City Council					
Full Name of Contributor				Registration Number, if PAC	
Contributors of \$25 or Less					
Street Address	Employ	rer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
				09/28/2017	\$265.00
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
		ОН		checks, cash, paypal	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	10.1-
Janice Hyne					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2027 Cresdale Drive	sales	rep, Pre	scott Revere Land	09/25/2017	\$100.00
City	-	State	Zip Code	Form (Cash, Check, Etc	
Stow		ОН	44224	check	
Full Name of Contributor	Registration Number, if PAC				
William Zavarello					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
313 S. High St.	Willian	n Zavare	ello Co., LPA	09/28/2017	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Akron		ОН	44308	check	
Full Name of Contributor			J	Registration Number, if PAC	
Thomas Bevan					
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
530 Meadowridge Way	Bevan	& Asso	ciates LPA, Inc.	09/28/2017	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Hudson		ОН	44236	check	
Full Name of Contributor				Registration Number, if PAC	
Jennifer Huffman					
Street Address Employer/Occupatio		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
251 Deepwood Drive				09/28/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Wadsworth		ОН	44281	check	

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
\$1,1	42.00		

Total Expenditures This Event \$0

Page	Total	\$	765.00		
-		٠,		 	

^{*} 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)]



09	/28	V20	117

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

Form 31-E

					R.C. 3517.10(B
Full Name of Committee					
Christina Shaw for City Council					
Full Name of Contributor		. <u>-</u>		Registration Number, if PAC	
Jacquelyn Harsch					
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1908 Hibbard	retired			09/16/2017	\$50.00
City	' 	State	Zip Code	Form (Cash, Check, Etc	Name of the last o
Stow		ОН	44224	paypal	
Full Name of Contributor				Registration Number, if PAC	
Portia Bolger					
Street Address	Employer	r/Occupa	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount
22822 State Route 104				09/17/2017	\$27.00
City	!	State	Zip Code	Form (Cash, Check, Etc	
Chillicothe		ОН	45601	paypal	
Full Name of Contributor				Registration Number, if PAC	
Jason Edwards					
Street Address Employer/Occupation/Labor Organization*				Date (MM/DD/YYYY)	Amount
2971 Abbey Knoll Drive	ey Knoll Drive		09/18/2017	\$50.00	
City	1	State	Zip Code	Form (Cash, Check, Etc	
Lewis Center	l (ОН	43035	paypal	
Full Name of Contributor				Registration Number, if PAC	Per - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2
John Galonski					
Street Address	Employer	/Occupat	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1137 Allendale Ave.				09/28/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Akron	d	ОН		check	
Full Name of Contributor				Registration Number, if PAC	
Vernon Sykes					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
133 Furnace Run Drive	Ohio St	ate Ser	nator	09/28/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Akron	C	OH	44307	check	

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	\$ 227.00	

^{*} 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)]



09/28/2017	
A345045011	

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

Form 31-E R.C. 3517.10(B)

Full Name of Committee						
Christina Shaw for City Council						
Full Name of Contributor				Registration Number, if PAC		
Bradley McKitrick						
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
1490 Verndale Drive	retired		-	09/29/2017		
City		State	Zip Code	Form (Cash, Check, Etc		
Akron		ОН	44306	check		
Full Name of Contributor	Registration Number, if PAC					
Friends of Aftab Pureval						
Street Address Employer/Occupation/Labor Organization*				Date (MM/DD/YYYY)	Amount	
PO Box 12898	Hamilto	on Cour	nty Clerk of Courts	10/10/2017	\$100.00	
City				Form (Cash, Check, Etc		
Cincinnati		ОН	45212	check		
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City		State	Zip Code	Form (Cash, Check, Etc		
		ОН				
Full Name of Contributor			<u> </u>	Registration Number, if PAC		
				_		
Street Address	Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
			Ī			
City	. ;	State	Zip Code	Form (Cash, Check, Etc		
		ОН				
Full Name of Contributor		:		Registration Number, if PAC		
Street Address Employer/Occupation/Labor Organization		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount		
City	L (State	Zip Code	Form (Cash, Check, Etc	FOR ANY CONTRACT	
		он				
			<u> </u>			

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 \$ ¹⁵⁰	.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 Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee	<u>;;</u>			11.0. 3317.
Christina Shaw for City Council				
To Whom Paid	·		Date (MM/DD/YYYY)	Amount
Beef O'Brady's			05/24/2017	1
Street Address	Purpos	;e		
3732 Darrow Road	Food	, drinks		
City	State	Zip Code	Check Number	Party Mark and China
Stow	ОН	44224	Online bill pay	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpos	6		
City	State	Zip Code	Check Number	
	ОН	1		
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	9		
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	ı		
City	State	Zip Code	Check Number	
	ОН			
o Whom Paid			Date (MM/DD/YYYY)	Amount
treet Address	Purpose			
ity	State	Zip Code	Check Number	
	ОН			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	168.57		





Contributors in Officeholder's Employ

Form 31-G R.C. 3517.10

Full Name of Committee				
Christina Shaw for City Council				
Full Name of Contributor				
None				
Street Address			Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		_!		
Street Address	<u> </u>		Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	- <u>-</u>			
Street Address			Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
The above are employees of a unit or departme	ent under th	e direct superv	ision and control of	
vho currently holds the public office				Name of Officeholder
hereby affirm that each contribution was volur	Name of Pu ntarily made		 •	
(Signature of Treasurer or Deputy Treasurer)				





In-Kind Contributions Received

Form 31-J-1

							R.C. 3317.10
Full Name of Committee							
Christina Shaw for City Council							
Full Name of Contributor			<u>-</u>	Employer, Occupat	ion, Labor Organization	* Registration Number	. if PAC
Angela S. Charles				PF Interactive L			,
Street Address	Descr	iption of Ite	m or	Service		Date (MM/DD/YYYY)	Fair Market Value
3033 Berkeley Place	webs	site devel	lopn	ment	05/09/2017		
City		State		Zip Code	Received at Fundrais	l sing Event?	
Stow		ОН		44224	Yes X No		
Full Name of Contributor			-	Employer, Occupati	on, Labor Organization	Registration Number,	If PAC
Angela S. Charles				PF Interactive L			
Street Address	Descri	ption of Iter	n or	Service		Date (MM/DD/YYYY)	Fair Market Value
3033 Berkeley Place	Emai	i newslet	ter (development		05/15/2017	1
City		State		Zip Code	Received at Fundrais	<u></u>	
Stow		ОН		44224	☐ Yes ☒ No	g _voiit!	
Full Name of Contributor		·!		Employer, Occupation, Labor Organization* Registration Number, if PAC			if PAC
Angela S. Charles				PF Interactive L			
Street Address	Descrip	otion of Iten	n or s	Service		Date (MM/DD/YYYY)	Fair Market Value
3033 Berkeley Place	Stow	Chambe	r of	Commerce Luncl	heon fee	05/17/2017	\$22.00
City		State		Zip Code	Received at Fundraisi	ng Event?	
Stow		ОН		44224	Yes X No		
Full Name of Contributor				Employer, Occupation	en, Labor Organization*	Registration Number.	if PAC
Angela S. Charles					active LLC, President		
Street Address	Descrip	tion of Item	or S	Service	 -	Date (MM/DD/YYYY)	Fair Market Value
3033 Berkeley Place	printe	r paper, o	offic	e supplies	j	05/18/2017	\$25.60
City		State		Zip Code	Received at Fundraisi	ng Event?	
Stow		ОН	-	44224	☐ Yes 🗵 No		
Full Name of Contributor				Employer, Occupation, Labor Organization*		Registration Number, i	f PAC
In-Kind Contributions Received at a Fundraising Event \$2!						, , , , , , , , , , , , , , , , , , ,	
itreet Address Description of Item or S		or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
	8/3 Fu	ındraiser	foo	out (mm/bb/////) au i		\$215.94	
City		State		Zip Code	Received at Fundraisin		
		ОН			X Yes ☐ No		

Page	4,013.54 Total \$	
-3-		

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





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

					14.0. 5517.10
Full Name of Committee		· · · · · · · · · · · · · · · · · · ·			
Christina Shaw for City Council					
Full Name of Contributor		Employer, Occupa	ntion, Labor Organization	Registration Number	, if PAC
In-Kind Contributions Received at a Fu	ndraising Event	\$2!			-
Street Address	Description of Item	n or Service	-	Date (MM/DD/YYYY) Fair Market Value
				08/03/2017	1
City	State	Zip Code	Received at Fundrais	lina Event?	
	он				
Full Name of Contributor		Employer, Occupat	 tion, Labor Organization*	Registration Number	if PAC
In-Kind Contributions Received at a Fur			1 togranduon (10,1150)	HPAU	
Street Address	Description of Item	or Service		Date (MM/DD/YYYY)	Fair Market Value
				09/28/2017	
City	State	Zip Code	Received at Fundralsi	<u> </u>	10.00
	ОН		X Yes	ing Evenit	
Full Name of Contributor	I E-clause Convert		15		
Tara Mosley-Samples			Employer, Occupation, Labor Organization* Registration Number, if PAC		
· ·			City of Akron, Councilwoman		
Street Address	Description of Item			Date (MM/DD/YYYY)	Fair Market Value
243 Elizabeth Parkway	Envelopes for I	Dear Friend cards, o	canvassing snacks	10/06/2017	\$35.00
City	State	Zip Code	Received at Fundraisin	ng Event?	
Akron	ОН	44304	☐ Yes ☒ No		
Full Name of Contributor		Employer, Occupati	ion, Labor Organization*	Registration Number,	if PAC
Janice F. Hyne		1	scott Revere Land T		
Street Address	Description of Item	or Service		Date (MM/DD/YYYY)	Fair Market Value
2027 Crestdale Drive	stamps for Dea	r Friend mailers		10/10/2017	\$49.00
City	State	Zip Code	Received at Fundraisin	ng Event?	
Stow	ОН	44224	☐ Yes ☒ No		
Full Name of Contributor	-	Employer, Occupation	Employer, Occupation, Labor Organization* Registration Number, if PA		if PAC
					EMC.
Street Address	Description of Item	or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraisin	g Event?	
	ОН		Yes No		

Page	Totai	\$ 448.95	·	
		<u>*</u>		

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





In-Kind Contributions Made

Form 31-J-2 R.C. 3517.10

Full Name of Committee					
Christina Shaw for City Coun	cil				
Recipient Committee			in the second		
none			1		
Street Address	Description of I	tem or S	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
Recipient Committee		1			
Street Address	Description of I	tem or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
Recipient Committee		I			
Street Address	Description of It	em or Se	ervice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee		<u> </u>			
Street Address	Description of Ite	em or Se	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		
Recipient Committee	·				
Street Address	Description of Ite	em or Se	rvice	Date (MM/DD/YYYY)	Fair Market Value
City		State OH	Zip Code		

Page Total \$0





Total Payments Received this Period \$ 0

Statement of Loans Made

Form 31-K R.C. 3517.10

Full Name of Committee							
Christina Shaw for City Council							
To Whom Made	· · · · · ·						
None				Prior A	mount	Атоил	t Loaned this Period
Street Address						Outsta	nding Balance
City	- 1	State OH	Zip Code		Payments	Received	This Period
	Date of C	Original L	oan (MM/DD/YY	YY) Date of	Payment (MM/DD	PYYYY)	Amount
				Date of	Payment (MM/DD)/YYYY)	Amount
				Date of	Payment (MM/DD	YYYY)	Amount
To Whom Made				Prior A	nount	Amoun	Loaned this Period
Street Address	 					Outstan	d'- B-t-
						Outstan	iding Balance
City		itate)H	Zip Code		Payments F	Received	This Period
	Date of O	riginal Lo	oan (MM/DD/YY	(Y) Date of	Payment (MM/DD	MYY)	Amount
				Date of	Payment (MM/DD	YYYY)	Amount
				Date of	Payment (MM/DD/	YYYY)	Amount
if a loan is forgiven. write "Forgiven" in the "Outstanding (Form No. 31-B). Transfer total of all payments received the cover page.	Balance" s _l In this perio	pace. Tri	ansfer total of all Statement of Ot	loans made her Income (l	his period to the S Form No. 31-A-2).	tatement of Transfer To	Expenditures tal Outstanding Balance to
Total Loans This Period \$			(also re	cord on Form	31-B)		
Page Outstanding Balance \$ 0			(also red	cord on cover	page)		

(also record on Forms 31-A-2)





Statement of Outstanding Debts

Form 31-N R.C. 3517.10

				The second secon	_	
Full Name of Committee Christina Shaw for City Council						
To Whom Owed Christina Shaw				Prior Amount	Amour \$55.4	nt incurred this Period
Street Address				Item or Purpose of Debt	Outsta	anding Balance
2151 Graham Road				campaign supplies	\$55.4	45
City Stow	l.	tate H	Zip Code 44224	Payments Re	ceive	d This Period
	Date of Origi	nal Loa	04/09/2017	Date of Payment (MM/DD/Y	YYY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/Y	YYY)	Amount
				Date of Payment (MM/DD/Y	YYY)	Amount
To Whom Owed				Prior Amount	Amoun	t Incurred this Period
Christina Shaw					\$110	
Street Address 2151 Graham Road				Item or Purpose of Debt fundraiser donations	Outstar \$110	nding Balance
City Stow	St	ate -	Zip Code 44224	Payments Re	ceived	This Period
	Date of Origin	nal Loa	n (MM/DD/YYYY) 04/12/2017	Date of Payment (MM/DD/Y)	YY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/Y)	YY)	Amount
				Date of Payment (MM/DD/YY	YY)	Amount

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

Total Payments This Period \$	(also record on Form 31-B)
Total Outstanding Balance \$ 866.69	(also record on cover page)





Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee			-1000			
Christina Shaw for City Council						
To Whom Owed				Prior Amount	Amou	nt Incurred this Period
Angela Charles					\$701	.24
Street Address				Item or Purpose of Debt	Outsta	nding Balance
3033 Berkeley Place				campaign signs, suppl	\$701	.24
City		State	Zip Code			
Stow		ОН	44224	Payments Re	ceived	I This Period
	Date of On	iginal Lo	on (MM/DD/YYYY) 09/28/2017	Date of Payment (MM/DD/Y)	(YY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/Y)	(YY)	Amount
				Date of Payment (MM/DD/Y)	YY)	Amount
To Whom Owed			*	Prior Amount	Amour	nt Incurred this Period
Street Address			200	Item or Purpose of Debt	Outsta	nding Balance
City		State OH	Zip Code	Payments Re	ceived	l This Period
	Date of Ori	ginal Loa	an (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/YY	YY)	Amount
				Date of Payment (MM/DD/YY	YY)	Amount
		7.57				

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

Total Payments This Period \$	(also record on Form 31-B)
Total Outstanding Balance \$ 866.69	(also record on cover page)





Independent Expenditures Made by a Campaign Committee, PAC, Political Party or Legislative Campaign Fund

Form 31-U

								R.C. 3517.105
Full Name of Committee	•							
Christina Shaw for City Council								
Candidate or Ballot Issue					If Candid	date, Office	Sought	
None		(Support	□ Орро	ose			
To Whom Paid								
Street Address	Purpose			1	Date (MM/DD/YY)	YY)	Amount	
City		State	Zip Code	1				
		ОН	1					
Candidate or Ballot Issue			Support	Орро		date, Office	Sought	
To Whom Paid							<u></u>	
Street Address	Purpose			[Date (MM/DD/YYY	Υ)	Amount	
City		State	Zip Code	100				
Candidate or Ballot Issue	- .			9	If Candid	date, Office	Sought	
] [Support	□ Орро	- I	auto, Omoc	Googni	
To Whom Paid							···	
Street Address	Purpose			C	Pate (MM/DD/YYY	Υ)	Amount	
City		State	Zip Code					
Candidate or Ballot Issue			Support	Орро		late, Office	Sought	
To Whom Paid	·				<u>_</u>		····	
Street Address	Purpose			D	ate (MM/DD/YYY	Υ)	Amount	
City		State	Zip Code					
***		ОН						