



Committee Name Christina Shaw for City Council		Office Sought City Council		District Ward 3, Stow
Street Address 2151 Graham Road		City Stow	State OH	Zip 44224
Candidate Name OR PAC Registration Number Christina Shaw		Treasurer Name Angela Charles		Election Date (MM/DD/YYYY) 11/07/2017

Type of Report (choose one):

Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

July Monthly
 August Monthly
 September Monthly

Year
2017

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$0
2. Total monetary contributions (From Forms 31-A and 31-E)	\$4,668.00
3. Total other income (From Form 31-A-2)	\$0
4. Total funds available (sum of lines 1,2, and 3)	\$4,668.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$4,060.17
6. Balance on hand (line 4 minus line 5)	\$607.83
7. Value of in-kind contributions received (From Form 31-J-1)	\$4,462.49
8. Value of in-kind contributions made (From Form 31-J-2)	\$0
9. Outstanding loans owed by committee (From Form 31-C)	\$0
10. Outstanding debts owed by committee (From Form 31-N)	\$866.69
11. Outstanding loans owed to committee (From Form 31-K)	\$0
12. Value of independent expenditures made (From Form 31-U)	\$0

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2017 OCT 26 PM 1:42

#1587 AUC

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.


 Signature of Treasurer or Deputy Treasurer

10/25/17
 Date (MM/DD/YYYY)

Contribution Pages
16

Expenditure Pages
15

Other Pages
4

Total Pages
35

24 w/ receipts



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor Angela S. Charles			Registration Number, if PAC	
Street Address 3033 Berkeley Place		Employer/Occupation/Labor Organization* President, PF Interactive LLC		Form (Cash, Check, etc.) check, paypal
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 05/09/2017	Amount \$235.00
Full Name of Contributor Pete Ziegler			Registration Number, if PAC	
Street Address 1050 Austin Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44306	Date (MM/DD/YYYY) 06/02/2017	Amount \$25.00
Full Name of Contributor Angela Kurlich			Registration Number, if PAC	
Street Address 7364 W. Lake Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 06/08/2017	Amount \$25.00
Full Name of Contributor Laura E. Root			Registration Number, if PAC	
Street Address 1263 Ritchie Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 06/07/2017	Amount \$25.00
Full Name of Contributor Terrance Chung			Registration Number, if PAC	
Street Address 2304 Parker Road		Employer/Occupation/Labor Organization* State Valley Dental, dentist		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 06/22/2017	Amount \$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)]



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor Kelly Van Dusen			Registration Number, if PAC	
Street Address 1632 Norton Road		Employer/Occupation/Labor Organization* Co-owner, CVD Enterprises Ltd.		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 06/20/2017	Amount \$50.00
Full Name of Contributor Thomas Bahr			Registration Number, if PAC	
Street Address 5000 Pine Point		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 07/18/2017	Amount \$250.00
Full Name of Contributor Janice F. Hyne			Registration Number, if PAC	
Street Address 2027 Crestdale Drive		Employer/Occupation/Labor Organization* sales rep, Prescott Revere Land Title		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 07/18/2017	Amount \$50.00
Full Name of Contributor Patsy J. Purdon			Registration Number, if PAC	
Street Address 2923 Circle Drive		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check
City Silver Lake	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/20/2017	Amount \$100.00
Full Name of Contributor Sally Davenport			Registration Number, if PAC	
Street Address 2456 Port Charles		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) crowdpac-credit card
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/21/2017	Amount \$25.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor Janice F. Hyne			Registration Number, if PAC	
Street Address 2027 Crestdale Drive		Employer/Occupation/Labor Organization* sales rep, Prescott Revere Land Title		Form (Cash, Check, etc.) crowdpac-credit card
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/21/2017	Amount \$15.00
Full Name of Contributor Richard F. Charles			Registration Number, if PAC	
Street Address 3033 Berkeley Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) crowdpac-credit card
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/21/2017	Amount \$25.00
Full Name of Contributor Robert Frangos			Registration Number, if PAC	
Street Address 12783 Williamsburg Ave.		Employer/Occupation/Labor Organization* Owner, Beef O'Brady's		Form (Cash, Check, etc.) check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 08/24/2017	Amount \$100.00
Full Name of Contributor Janice F. Hyne			Registration Number, if PAC	
Street Address 2027 Crestdale Drive		Employer/Occupation/Labor Organization* sales rep, Prescott Revere Land Title		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/25/2017	Amount \$35.00
Full Name of Contributor Neil Rothstein			Registration Number, if PAC	
Street Address 87 Franz Drive		Employer/Occupation/Labor Organization* Kahn, Swick & Foti LLC, attorney		Form (Cash, Check, etc.) check
City Fairlawn	State OH	Zip Code 44333	Date (MM/DD/YYYY) 09/09/2017	Amount \$200.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor Robert Lowrey			Registration Number, if PAC	
Street Address 3396 S. Marcella St.		Employer/Occupation/Labor Organization* attorney		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/12/2017	Amount \$150.00
Full Name of Contributor Jacquelyn Harsch			Registration Number, if PAC	
Street Address 1908 Hibbard Drive		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) paypal
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/13/2017	Amount \$25.00
Full Name of Contributor Anita Gauthier			Registration Number, if PAC	
Street Address 3394 Sanford Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/14/2017	Amount \$20.00
Full Name of Contributor Nancy Kovach			Registration Number, if PAC	
Street Address 3069 Surrey Hill Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/15/2017	Amount \$20.00
Full Name of Contributor Kyle Herman			Registration Number, if PAC	
Street Address 3439 Oak Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/18/2017	Amount \$10.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor			Registration Number, if PAC	
Total Contributions from Form No. 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		05/17/2017	\$931.00
Full Name of Contributor			Registration Number, if PAC	
Total Contributions from Form No 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		08/03/2017	\$960.00
Full Name of Contributor			Registration Number, if PAC	
Total Contributions from Form No. 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		09/28/2017	\$1,142.00
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Stow-Munroe Falls Community Foundation		Date (MM/DD/YYYY) 05/22/2017	Amount \$40.00
Street Address P.O. Box 2244		Purpose Charity Event	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Ashland Marathon		Date (MM/DD/YYYY) 05/22/2017	Amount \$32.80
Street Address 654 U.S. Highway 250E		Purpose Gas for trip to OH Dem Party campaign training in Columbus	
City Ashland	State OH	Zip Code 44805	Check Number Debit Card
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY)	Amount \$168.57
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Portrait Innovations		Date (MM/DD/YYYY) 05/30/2017	Amount \$106.74
Street Address 4338 Kent Road		Purpose campaign photo	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid City of Stow Parks & Recreation		Date (MM/DD/YYYY) 05/31/2017	Amount \$51.80
Street Address 3760 Darrow Road		Purpose July 4th parade fee	
City Stow	State OH	Zip Code 44224	Check Number Debit Card

Page Total \$ 399.91



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 05/31/2017	Amount \$29.00
Street Address P.O. Box 118		Purpose Monthly website hosting fee	
City Still River	State MA <input type="checkbox"/>	Zip Code 01467	Check Number Debit Card
To Whom Paid Charity Burton Photography		Date (MM/DD/YYYY) 06/01/2017	Amount \$100.00
Street Address 375 Pasadena Place		Purpose campaign photography	
City Barberton	State OH	Zip Code 44203	Check Number Cash
To Whom Paid Office Max		Date (MM/DD/YYYY) 06/02/2017	Amount \$81.86
Street Address 4220 Kent Road		Purpose print cartridges, mail labels, printer paper for letters, flyers	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 06/05/2017	Amount \$63.70
Street Address 3900 Darrow Road		Purpose stamps for donation letters	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Bruegger's Bagels		Date (MM/DD/YYYY) 06/05/2017	Amount \$12.15
Street Address 4963 Darrow Road		Purpose Food for Meet the Candidate Event	
City Stow	State OH	Zip Code 44224	Check Number Debit Card

Page Total \$ 286.71



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 06/06/2017	Amount \$19.60
Street Address 3900 Darrow Road		Purpose stamps for fundraising letter mailer	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Summit County Board of Elections		Date (MM/DD/YYYY) 06/09/2017	Amount \$45.00
Street Address 470 Grant St.		Purpose Petition filing fee	
City Akron	State OH	Zip Code 44311	Check Number 995617
To Whom Paid Target		Date (MM/DD/YYYY) 06/12/2017	Amount \$10.66
Street Address 4200 Kent Road		Purpose Thank You cards	
City Stow	State OH	Zip Code 44224	Check Number ATM withdrawal 988112
To Whom Paid Icon Ad Agency		Date (MM/DD/YYYY) 06/16/2017	Amount \$371.75
Street Address 243 Elizabeth Parkway		Purpose Printing cost for door hangers	
City Akron	State OH	Zip Code 44304	Check Number Debit Card
To Whom Paid FedEx Office		Date (MM/DD/YYYY) 06/21/2017	Amount \$42.89
Street Address 427 E. Main St.		Purpose Business cards	
City Kent	State OH	Zip Code 44240	Check Number Debit Card

Page Total \$ 489.90



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Stow-Munroe Falls Chamber of Commerce		Date (MM/DD/YYYY) 06/22/2017	Amount \$20.00
Street Address 4301 Darrow Road		Purpose 2 tickets for Stow Community Pride breakfast	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 07/03/2017	Amount \$29.00
Street Address P.O. Box 118		Purpose Monthly website hosting fee	
City Still River	State MA <input type="text" value="v"/>	Zip Code 01467	Check Number Debit Card
To Whom Paid Budget Rent-A-Car		Date (MM/DD/YYYY) 07/05/2017	Amount \$247.00
Street Address 5430 Lauby Road		Purpose car rental for July 4 parade	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Sam's Club		Date (MM/DD/YYYY) 07/05/2017	Amount \$87.78
Street Address 1189 Bucholzer Blvd.		Purpose candy for parade	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number Debit Card
To Whom Paid Akron-Canton Airport Parking		Date (MM/DD/YYYY) 07/06/2017	Amount \$2.00
Street Address 5400 Lauby Road		Purpose parking fee to retrieve purse after returning rental car	
City North Canton	State OH	Zip Code 44720	Check Number Debit Card

Page Total \$ 385.78



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Bruegger's Bagels		Date (MM/DD/YYYY) 07/10/2017	Amount \$12.15
Street Address 4963 Darrow Road		Purpose food for Meet the Candidate event	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Stow Chamber of Commerce		Date (MM/DD/YYYY) 7/17/2017	Amount \$17.00
Street Address 4301 Darrow Road		Purpose Chamber of Commerce luncheon	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 07/17/2017	Amount \$11.27
Street Address 3900 Darrow Road		Purpose stamps for campaign donation letters	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid FedEx Office		Date (MM/DD/YYYY) 07/26/2017	Amount \$96.53
Street Address 427 East Main St.		Purpose Vehicle magnets for July 4th parade	
City Kent	State OH	Zip Code 44240	Check Number Debit Card
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 07/31/2017	Amount \$29.00
Street Address P.O. Box 118		Purpose Monthly website hosting fee	
City Still River	State MA	Zip Code 01467	Check Number Debit Card

Page Total \$ 165.95



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Giant Eagle #4032		Date (MM/DD/YYYY) 07/31/2017	Amount \$13.85
Street Address 1700 Norton Road		Purpose Trash bags, gloves for park cleanup campaign event	
City Stow	State OH	Zip Code 44224	Check Number Cash
To Whom Paid Friends of Debbie Ziccardi		Date (MM/DD/YYYY) 08/09/2017	Amount \$20.00
Street Address 3090 9th St.		Purpose Campaign fundraiser	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number Cash
To Whom Paid Icon Ad Agency		Date (MM/DD/YYYY) 08/10/2017	Amount \$210.00
Street Address 243 Elizabeth Parkway		Purpose Campaign logo, door hanger graphic design fee	
City Akron	State OH	Zip Code 44304	Check Number Debit Card
To Whom Paid Chief Louis A. Dirker Memorial 5K Fundraiser		Date (MM/DD/YYYY) 08/18/2017	Amount \$22.61
Street Address PO Box 2124		Purpose charity fundraiser	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid <i>Don Walters Campaign Fundraiser 8/30</i>		Date (MM/DD/YYYY) 08/28/2017	Amount \$40.00
Street Address <i>450 Portage Trail</i>		Purpose	
City <i>Cuyahoga Falls</i>	State OH	Zip Code <i>44221</i>	Check Number Cash

Page Total \$ 306.46



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 08/31/2017	Amount \$29.00
Street Address PO Box 118		Purpose Monthly website hosting fee	
City Still River	State MA <input type="checkbox"/>	Zip Code 01467	Check Number Debit Card
To Whom Paid On Tap Stow		Date (MM/DD/YYYY) 09/01/2017	Amount \$7.60
Street Address 4396 Kent Road		Purpose <i>campaign meeting</i>	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Icon Ad Agency		Date (MM/DD/YYYY) 09/05/2017	Amount \$371.75
Street Address 243 Elizabeth Parkway		Purpose Print cost for 2,500 door hangers	
City Akron	State OH	Zip Code 44304	Check Number Debit Card
To Whom Paid Great Geauga County Fair		Date (MM/DD/YYYY) 09/05/2017	Amount \$8.00
Street Address 14373 N. Cheshire St.		Purpose Democratic Party campaign event	
City Burton	State OH	Zip Code 44021	Check Number Debit Card
To Whom Paid <i>Gas for trip to Geauga County Fair</i>		Date (MM/DD/YYYY) 09/07/2017	Amount \$40.00
Street Address <i>14373 N. Cheshire St.</i>		Purpose <i>gas - 72 miles</i>	
City <i>Burton</i>	State OH	Zip Code <i>44021</i>	Check Number Cash

Page Total \$ 456.35



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council				
To Whom Paid Friends of Jason Whitacre		Date (MM/DD/YYYY) 09/11/2017		Amount 25.00
Street Address 4737 Gamet Circle		Purpose Campaign fundraiser		
City Stow	State OH	Zip Code 44224	Check Number Debit Card	
To Whom Paid Ziccardi for Council Fundraiser		Date (MM/DD/YYYY) 09/12/2017		Amount 40.00
Street Address 3090 9th St.		Purpose campaign fundraiser		
City Cuyahoga falls	State OH	Zip Code 44221	Check Number Cash	
To Whom Paid Summit County Democrats fundraiser		Date (MM/DD/YYYY) 09/14/2017		Amount 40.00
Street Address 438 Grant St.		Purpose campaign fundraiser		
City Akron	State OH	Zip Code 44311	Check Number Cash	
To Whom Paid Bellacino's Pizza and Grinders		Date (MM/DD/YYYY) 09/22/2017		Amount \$52.61
Street Address 3657 Fishcreek Road		Purpose campaign staff meeting		
City Stow	State OH	Zip Code 44224	Check Number Debit Card	
To Whom Paid Dunkin Donuts		Date (MM/DD/YYYY) 09/25/2017		Amount \$30.85
Street Address 3027 Graham Road		Purpose support for Stow safety forces		
City Stow	State OH	Zip Code 44224	Check Number Debit Card	

Page Total \$ 188.46



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Bruegger's Bagels		Date (MM/DD/YYYY) 09/25/2017	Amount \$12.05
Street Address 4963 Darrow Road		Purpose food for Meet the Candidate event	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 09/25/2017	Amount \$9.80
Street Address 3900 Darrow Road		Purpose Stamps for donation letters	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 09/25/2017	Amount \$9.80
Street Address 3900 Darrow Road		Purpose Stamps for donation letters	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Starbucks		Date (MM/DD/YYYY) 09/28/2017	Amount \$9.55
Street Address 4294 Kent Road		Purpose lunch break during canvassing	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Campaign Partner		Date (MM/DD/YYYY) 10/02/2017	Amount \$29.00
Street Address PO Box 118		Purpose monthly website hosting	
City Still River	State MA	Zip Code 01467	Check Number Debit Card

Page Total \$ 70.20



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid RedFish Promotions LLC		Date (MM/DD/YYYY) 10/04/2017	Amount \$270.00
Street Address 149 Portage Trail		Purpose Campaign t-shirts for campaign team, canvassers	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number Debit Card
To Whom Paid Green Light Technologies Group		Date (MM/DD/YYYY) 10/05/2017	Amount \$500.00
Street Address 3651 Hawthorne Drive		Purpose Partial payment for campaign signs	
City Richfield	State OH	Zip Code 44286	Check Number Debit Card
To Whom Paid Icon Ad Agency		Date (MM/DD/YYYY) 10/10/2017	Amount \$107.30
Street Address 243 Elizabeth Parkway		Purpose Printing cost for Dear Friend cards	
City Akron	State OH	Zip Code 44304	Check Number Debit Card
To Whom Paid <i>PayPal for Stow Community Foundation Beerfest</i>		Date (MM/DD/YYYY) 10/10/2017	Amount \$40.00
Street Address <i>P.O. Box 2244</i>		Purpose <i>charity fundraiser</i>	
City <i>Stow</i>	State OH	Zip Code <i>44224</i>	Check Number Debit Card
To Whom Paid Dunkin Donuts		Date (MM/DD/YYYY) 10/10/2017	Amount \$6.18
Street Address 3027 Graham Road		Purpose <i>campaign meeting</i>	
City Stow	State OH	Zip Code 44224	Check Number Debit Card

Page Total \$ 923.48



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/12/2017	Amount \$43.82
Street Address 3900 Darrow Road		Purpose stamps for Dear Friend cards	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/12/2017	Amount \$35.00
Street Address 30 W. Spring St.		Purpose Financial Disclosure filing	
City Columbus	State OH	Zip Code 43215	Check Number Debit Card
To Whom Paid Panera Bread		Date (MM/DD/YYYY) 10/13/2017	Amount \$11.07
Street Address 4338 Kent Road		Purpose meeting with high school student constituent to discuss city issues	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/16/2017	Amount \$22.00
Street Address 626 Franklin Ave.		Purpose stamps for Dear Friend cards	
City Kent	State OH	Zip Code 44240	Check Number Cash
To Whom Paid Paper Mill Studio		Date (MM/DD/YYYY) 10/16/2017	Amount \$17.61
Street Address 42 Sand Run Road		Purpose Envelopes	
City Akron	State OH	Zip Code 44313	Check Number Debit Card

Page Total \$ 129.50



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Paid Wal-Mart		Date (MM/DD/YYYY) 10/16/2017	Amount \$4.88
Street Address 3520 Hudson Drive		Purpose Thank you cards	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/17/2017	Amount \$59.29
Street Address 3900 Darrow Road		Purpose stamps for Dear Friend cards	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid Walgreens		Date (MM/DD/YYYY) 10/17/2017	Amount \$7.31
Street Address 2086 Graham Road		Purpose office supplies	
City Stow	State OH	Zip Code 44224	Check Number Cash
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/18/2017	Amount \$3.73
Street Address 3900 Darrow Road		Purpose stamps for Dear Friend cards	
City Stow	State OH	Zip Code 44224	Check Number Debit Card
To Whom Paid <i>PayPal</i>		Date (MM/DD/YYYY) 10/18/2017	Amount \$13.69
Street Address		Purpose Donor online payment transaction fees ^{5/9-10/18}	
City	State OH	Zip Code	Check Number <i>Paypal</i>

Page Total \$ ~~78.24~~ ^{\$} 88.90



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Christina Shaw for City Council					
From Whom Received <i>None</i>				Prior Amount \$0	Amt. Incurred this Period \$0
Street Address					Outstanding Balance \$0
City	State OH	Zip Code	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State OH	Zip Code	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

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

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 \$ 0

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on Form 30-A)



**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 Contributors of \$25 or Less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/17/2017
				Amount \$325.00
City		State OH	Zip Code	Form (Cash, Check, Etc checks, cash, credit card)
Full Name of Contributor Rick Meier			Registration Number, if PAC	
Street Address 685 Senn Drive		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 05/17/2017
				Amount \$100.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc check)
Full Name of Contributor Karen Greenlee			Registration Number, if PAC	
Street Address 2825 Hastings Road		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 05/17/2017
				Amount \$50.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc check)
Full Name of Contributor Cynthia Pribonic			Registration Number, if PAC	
Street Address 4210 Cheval Circle		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/17/2017
				Amount \$30.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc check)
Full Name of Contributor Sara Kline			Registration Number, if PAC	
Street Address 3586 Adeline Drive		Employer/Occupation/Labor Organization* City of Stow, Mayor		Date (MM/DD/YYYY) 05/17/2017
				Amount \$50.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc check)

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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
\$931.00

Total Expenditures This Event
\$168.57

Page Total \$ **555.00**



**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 Karen Fritschel			Registration Number, if PAC	
Street Address 3956 Red Wing Circle		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 05/17/2017
Amount \$100.00				
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) check
Full Name of Contributor Amber Zibritosky			Registration Number, if PAC	
Street Address 2203 Crockett Circle		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/17/2017
Amount \$26.00				
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) cash
Full Name of Contributor Judith A. Heasley			Registration Number, if PAC	
Street Address 3011 Northview Road		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 05/20/2017
Amount \$100.00				
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, Etc) check
Full Name of Contributor Diana Colavecchio			Registration Number, if PAC	
Street Address 3414 Haggarty Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/24/2017
Amount \$100.00				
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, Etc) check
Full Name of Contributor Kenneth Eschliman			Registration Number, if PAC	
Street Address 1012 Bunker Dr., Apt. 307		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/31/2017
Amount \$50.00				
City Fairlawn		State OH	Zip Code 44333	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
\$931.00

Total Expenditures This Event
\$168.57

Page Total \$ **376.00**



**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 Contributions of \$25 or Less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/03/2017	\$500.00 \$325.00
City		State	Zip Code	Form (Cash, Check, Etc)
		OH		cash, checks
Full Name of Contributor Larry P. Brimlow			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2661 L'Ermitage Place			07/31/2017	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc)
Stow		OH	44224	check
Full Name of Contributor Elizabeth Rader			Registration Number, if PAC	
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 Rick Meier			Registration Number, if PAC	
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 Katrina M. Djekic			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
782 Covington Oval			08/03/2017	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc)
Kent		OH	44340	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
\$960.00

Total Expenditures This Event
\$0

Page Total \$ ~~486.00~~ 505.00



**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 Brian J. Juliao			Registration Number, if PAC	
Street Address 664 Bettes Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017	Amount \$50.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, Etc) check	
Full Name of Contributor Meika M. Penta			Registration Number, if PAC	
Street Address 2467 23rd St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017	Amount \$50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) check	
Full Name of Contributor Sandra J. Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017	Amount \$50.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) check	
Full Name of Contributor Patricia A. Matthews			Registration Number, if PAC	
Street Address 3390 Adaline Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017	Amount \$50.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) check	
Full Name of Contributor David A. Licate			Registration Number, if PAC	
Street Address 2946 Crown Pointe Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017	Amount \$30.00
City Stow	State OH	Zip Code 44224	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 \$ 230.00



**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 Dana M. Capriulo			Registration Number, if PAC	
Street Address 595 Eastglen Circle		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017
				Amount \$50.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) check
Full Name of Contributor Anthony D. Gomez			Registration Number, if PAC	
Street Address 3070 9th St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017
				Amount \$35.00
City Cuyahoga Falls		State OH	Zip Code 44221	Form (Cash, Check, Etc) check
Full Name of Contributor Amber Zibritosky			Registration Number, if PAC	
Street Address 2203 Crockett Circle		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/03/2017
				Amount \$40.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) cash
Full Name of Contributor Robert M. Gippin			Registration Number, if PAC	
Street Address 929 Eaton Ave.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/08/2017
				Amount \$100.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, Etc) check
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
				Amount
City		State OH	Zip Code	Form (Cash, Check, Etc)

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

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

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 225.00



**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 Contributors of \$25 or Less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/28/2017
				Amount \$265.00
City		State OH	Zip Code	Form (Cash, Check, Etc) checks, cash, paypal
Full Name of Contributor Janice Hyne			Registration Number, if PAC	
Street Address 2027 Cresdale Drive		Employer/Occupation/Labor Organization* sales rep, Prescott Revere Land		Date (MM/DD/YYYY) 09/25/2017
				Amount \$100.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) check
Full Name of Contributor William Zavarello			Registration Number, if PAC	
Street Address 313 S. High St.		Employer/Occupation/Labor Organization* William Zavarello Co., LPA		Date (MM/DD/YYYY) 09/28/2017
				Amount \$250.00
City Akron		State OH	Zip Code 44308	Form (Cash, Check, Etc) check
Full Name of Contributor Thomas Bevan			Registration Number, if PAC	
Street Address 530 Meadowridge Way		Employer/Occupation/Labor Organization* Bevan & Associates LPA, Inc.		Date (MM/DD/YYYY) 09/28/2017
				Amount \$100.00
City Hudson		State OH	Zip Code 44236	Form (Cash, Check, Etc) check
Full Name of Contributor Jennifer Huffman			Registration Number, if PAC	
Street Address 251 Deepwood Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/28/2017
				Amount \$50.00
City Wadsworth		State OH	Zip Code 44281	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
\$1,142.00

Total Expenditures This Event
\$0

Page Total \$ **765.00**



**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 Jacquelyn Harsch			Registration Number, if PAC	
Street Address 1908 Hibbard		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 09/16/2017
				Amount \$50.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) paypal
Full Name of Contributor Portia Bolger			Registration Number, if PAC	
Street Address 22822 State Route 104		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/17/2017
				Amount \$27.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, Etc) paypal
Full Name of Contributor Jason Edwards			Registration Number, if PAC	
Street Address 2971 Abbey Knoll Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/18/2017
				Amount \$50.00
City Lewis Center		State OH	Zip Code 43035	Form (Cash, Check, Etc) paypal
Full Name of Contributor John Galonski			Registration Number, if PAC	
Street Address 1137 Allendale Ave.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/28/2017
				Amount \$50.00
City Akron		State OH	Zip Code	Form (Cash, Check, Etc) check
Full Name of Contributor Vernon Sykes			Registration Number, if PAC	
Street Address 133 Furnace Run Drive		Employer/Occupation/Labor Organization* Ohio State Senator		Date (MM/DD/YYYY) 09/28/2017
				Amount \$50.00
City Akron		State OH	Zip Code 44307	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

Total Expenditures This Event

Page Total \$ 227.00



**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 Bradley McKitrick			Registration Number, if PAC	
Street Address 1490 Verndale Drive		Employer/Occupation/Labor Organization* retired	Date (MM/DD/YYYY) 09/29/2017	Amount \$50.00
City Akron		State OH	Zip Code 44306	Form (Cash, Check, Etc) check
Full Name of Contributor Friends of Aftab Pureval			Registration Number, if PAC	
Street Address PO Box 12898		Employer/Occupation/Labor Organization* Hamilton County Clerk of Courts	Date (MM/DD/YYYY) 10/10/2017	Amount \$100.00
City Cincinnati		State OH	Zip Code 45212	Form (Cash, Check, Etc) check
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State OH	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State OH	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State OH	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	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

Total Expenditures This Event

Page Total \$ 150.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Christina Shaw for City Council				
To Whom Paid Beef O'Brady's		Date (MM/DD/YYYY) 05/24/2017		Amount \$168.57
Street Address 3732 Darrow Road		Purpose Food, drinks		
City Stow	State OH	Zip Code 44224	Check Number Online bill pay	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

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

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

Zip Code

Form (Cash, Check, etc.)

OH

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

Form (Cash, Check, etc.)

OH

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

Form (Cash, Check, etc.)

OH

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

Form (Cash, Check, etc.)

OH

The above are employees of a unit or department under the direct supervision and control of _____

Name of Officeholder

who currently holds the public office _____

Name of Public Office

I hereby affirm that each contribution was voluntarily made.

[Handwritten Signature]

(Signature of Treasurer or Deputy Treasurer)



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor Angela S. Charles		Employer, Occupation, Labor Organization* PF Interactive LLC, President		Registration Number, if PAC
Street Address 3033 Berkeley Place	Description of Item or Service website development		Date (MM/DD/YYYY) 05/09/2017	Fair Market Value \$2,250.00
City Stow	State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Angela S. Charles		Employer, Occupation, Labor Organization* PF Interactive LLC, President		Registration Number, if PAC
Street Address 3033 Berkeley Place	Description of Item or Service Email newsletter development		Date (MM/DD/YYYY) 05/15/2017	Fair Market Value \$1,500.00
City Stow	State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Angela S. Charles		Employer, Occupation, Labor Organization* PF Interactive LLC, President		Registration Number, if PAC
Street Address 3033 Berkeley Place	Description of Item or Service Stow Chamber of Commerce Luncheon fee		Date (MM/DD/YYYY) 05/17/2017	Fair Market Value \$22.00
City Stow	State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Angela S. Charles		Employer, Occupation, Labor Organization* PF Interactive LLC, President		Registration Number, if PAC
Street Address 3033 Berkeley Place	Description of Item or Service printer paper, office supplies		Date (MM/DD/YYYY) 05/18/2017	Fair Market Value \$25.60
City Stow	State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor In-Kind Contributions Received at a Fundraising Event \$2!		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service 8/3 Fundraiser food, beverages		Date (MM/DD/YYYY) 08/03/2017	Fair Market Value \$215.94
City	State OH	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total \$ 4,013.54



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Christina Shaw for City Council				
Full Name of Contributor In-Kind Contributions Received at a Fundraising Event \$2:		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) 08/03/2017
				Fair Market Value \$184.53
City		State OH	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor In-Kind Contributions Received at a Fundraising Event \$2:		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) 09/28/2017
				Fair Market Value \$180.42
City		State OH	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor Tara Mosley-Samples		Employer, Occupation, Labor Organization* City of Akron, Councilwoman		Registration Number, if PAC
Street Address 243 Elizabeth Parkway		Description of Item or Service Envelopes for Dear Friend cards, canvassing snacks		Date (MM/DD/YYYY) 10/06/2017
				Fair Market Value \$35.00
City Akron		State OH	Zip Code 44304	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Janice F. Hyne		Employer, Occupation, Labor Organization* sales rep, Prescott Revere Land T		Registration Number, if PAC
Street Address 2027 Crestdale Drive		Description of Item or Service stamps for Dear Friend mailers		Date (MM/DD/YYYY) 10/10/2017
				Fair Market Value \$49.00
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
				Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 Council			
Recipient Committee <i>none</i>			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	
Recipient Committee			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	
Recipient Committee			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	
Recipient Committee			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	
Recipient Committee			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	



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 Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State OH	Zip Code	Payments Received This Period	
			Date of Original Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)
				Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State OH	Zip Code	Payments Received This Period	
			Date of Original Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)
				Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	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 Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans This Period \$ 0 (also record on Form 31-B)

Page Outstanding Balance \$ 0 (also record on cover page)

Total Payments Received this Period \$ 0 (also record on Forms 31-A-2)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Christina Shaw for City Council			
To Whom Owed Christina Shaw		Prior Amount	Amount Incurred this Period \$55.45
Street Address 2151 Graham Road		Item or Purpose of Debt campaign supplies	Outstanding Balance \$55.45
City Stow	State OH	Zip Code 44224	Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) 04/09/2017	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Christina Shaw		Prior Amount	Amount Incurred this Period \$110
Street Address 2151 Graham Road		Item or Purpose of Debt fundraiser donations	Outstanding Balance \$110
City Stow	State OH	Zip Code 44224	Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) 04/12/2017	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	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 \$ 0 (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 Christina Shaw for City Council			
To Whom Owed Angela Charles		Prior Amount	Amount Incurred this Period \$701.24
Street Address 3033 Berkeley Place		Item or Purpose of Debt campaign signs, suppl	Outstanding Balance \$701.24
City Stow	State OH	Zip Code 44224	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 09/28/2017		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code	Payments Received This Period
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	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 \$ 0 (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 None		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose		Date (MM/DD/YYYY)
City	State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			