



Committee Name Friends of Rocco Yeargin		Office Sought City of Green Council		District	
Street Address 4064 Greenridge Dr.		City Uniontown	State OH	Zip 44685	
Candidate Name OR PAC Registration Number Rocco Paul Yeargin		Treasurer Name <i>Melinda Smith Yeargin</i>		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					
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.	

Year
2017

1. Amount brought forward from last report	708.98
2. Total monetary contributions (From Forms 31-A and 31-E)	4,080.00
3. Total other income (From Form 31-A-2)	3,500.00
4. Total funds available (sum of lines 1,2, and 3)	8,288.98
5. Total monetary expenditures (From Forms 31-B and 31-F)	3,707.94
6. Balance on hand (line 4 minus line 5)	4,581.04
7. Value of in-kind contributions received (From Form 31-J-1)	591.94
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	8,300.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 27 PM 3:41

#1418 DT

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

[Signature]

10/19/17

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Mark Richmond Enterprises LLC / Mark Richmond			Registration Number, if PAC	
Street Address 2045 25th St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 10/11/2017	Amount 50.00
Full Name of Contributor Mark Herdlick			Registration Number, if PAC	
Street Address 2455 Canton Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44312	Date (MM/DD/YYYY) 10/11/2017	Amount 50.00
Full Name of Contributor JoAnne Mellor			Registration Number, if PAC	
Street Address 3765 Winterberry Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/11/2017	Amount 100.00
Full Name of Contributor David Lombardi			Registration Number, if PAC	
Street Address 209 S. Main St. Ste. 800		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 10/11/2017	Amount 100.00
Full Name of Contributor David Looney Co., LPA / David Looney			Registration Number, if PAC	
Street Address 1735 S. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44301	Date (MM/DD/YYYY) 10/16/2017	Amount 100.00

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



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Joyce Apel			Registration Number, if PAC	
Street Address 2207 Jentes Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Wooster	State OH	Zip Code 44691	Date (MM/DD/YYYY) 10/12/2017	Amount 25.00
Full Name of Contributor Wendy Rockenfelder			Registration Number, if PAC	
Street Address 1772 Amarillo St. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City North Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 10/09/2017	Amount 100.00
Full Name of Contributor Susan Ciccolini			Registration Number, if PAC	
Street Address 2351 Greenview Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/09/2017	Amount 50.00
Full Name of Contributor Bruce Romeo			Registration Number, if PAC	
Street Address 2676 Laforce Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/09/2017	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Rocco Yeargin			
Full Name of Contributor Rocco Paul Yeargin		Registration Number, if PAC	
Street Address 4064 Greenridge Rd.	Type* Loan Payments Received	Date (MM/DD/YYYY) 10/02/2017	Form (Cash, Check, etc.) Cash
City Uniontown	State OH	Zip Code 44685	Amount 3,500.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 3,500.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin			
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 08/28/2017	Amount 19.60
Street Address 2390 Wedgewood Dr.		Purpose Stamps	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid Act Now Print & Promote		Date (MM/DD/YYYY) 08/29/2017	Amount 15.17
Street Address 535 Canton Rd.		Purpose Campaign Letterhead	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid Act Now Print & Promote		Date (MM/DD/YYYY) 08/31/2017	Amount 10.68
Street Address 535 Canton Rd.		Purpose Campaign Letterhead	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 09/06/2017	Amount 19.60
Street Address 2390 Wedgewood Dr.		Purpose Stamps	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid Act Now Print & Promote		Date (MM/DD/YYYY) 09/06/2017	Amount 19.88
Street Address 535 Canton Rd.		Purpose Campaign Letterhead	
City Akron	State OH	Zip Code 44312	Check Number

Page Total \$ 84.93



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin			
To Whom Paid First Class Campaigns LLC		Date (MM/DD/YYYY) 09/09/2017	Amount 1,969.90
Street Address 1460 Curtis Avenue		Purpose Campaign ligature / phone call fee	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number
To Whom Paid Akron Felt & Chenille Mtg. Co. Inc.		Date (MM/DD/YYYY) 09/10/2017	Amount 22.07
Street Address 1205 George Washington Blvd.		Purpose Campaign T-Shirt	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid Act Now Print & Promote		Date (MM/DD/YYYY) 09/07/2017	Amount 17.79
Street Address 535 Canton Rd.		Purpose Campaign Letterhead	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 09/29/2017	Amount 61.25
Street Address 2390 Wedgewood Dr.		Purpose Stamps	
City Akron	State OH	Zip Code 44312	Check Number
To Whom Paid Sawicki and Sons		Date (MM/DD/YYYY) 10/06/2017	Amount 600.00
Street Address 1521 W. Lafayette Blvd.		Purpose Yard Signs	
City Detroit	State MI	Zip Code 48216	Check Number

Page Total \$ 2,671.01



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friend of Rocco Yeargin			
To Whom Paid Capital Promotions Inc.		Date (MM/DD/YYYY) 09/27/2017	Amount 469.00
Street Address P.O. Box 231		Purpose Large Campaign Signs	
City Glenside	State PA	Zip Code 19038	Check Number
To Whom Paid Huntington Bank Fee		Date (MM/DD/YYYY) 09/15/2017	Amount 3.00
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

Page Total \$ 472.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin					
From Whom Received Rocco Yeargin				Prior Amount 4,800.00	Amt. Incurred this Period 3,500.00
Street Address 4064 Greenridge Dr.					Outstanding Balance 8,300.00
City Uniontown	State OH	Zip Code 44685	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY) 06/23/2017	Date of Loan (MM/DD/YYYY) 09/08/2017	Amount 2,000.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 10/02/2017	Amount 1,500.00	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 \$ 4,800.00

Total Received This Period \$ 3,500.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 8,300.00 (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 Friend of Rocco Yeargin				
Full Name of Contributor Guy Klapp			Registration Number, if PAC	
Street Address 1872 Front Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) Check	
Full Name of Contributor John Watson			Registration Number, if PAC	
Street Address 2126 Parkway Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 30.00
City Deerfield	State OH	Zip Code 44411	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Linda Chapman			Registration Number, if PAC	
Street Address 2725 Robindale Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) Cash	
Full Name of Contributor David Hederich			Registration Number, if PAC	
Street Address 3968 Highpoint Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 250.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor Andrew Platt			Registration Number, if PAC	
Street Address 4096 Highpoint Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	

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

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

Total Contributions This Event
3,405.00

Total Expenditures This Event
480.00

Page Total \$ 530.00



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

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

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Young & Yeargin, LLC / Dean Young			Registration Number, if PAC	
Street Address 507 Canton Rd.	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 10/10/2017	Amount 500.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) Check	
Full Name of Contributor Adele Tubbs			Registration Number, if PAC	
Street Address 293 Dorchester Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 200.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jane Weaver			Registration Number, if PAC	
Street Address 4013 April Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 200.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor Steven A. Dimengo			Registration Number, if PAC	
Street Address 764 Woodhaven Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 250.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Check	
Full Name of Contributor Steven Barry			Registration Number, if PAC	
Street Address 1520 Applewood Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 75.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Cash	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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
3,405.00

Total Expenditures This Event
480.00

Page Total \$ 1,225.00



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

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

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Ester Yeargin			Registration Number, if PAC	
Street Address 1803 Massillon Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017
				Amount 250.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor Dean A. Young			Registration Number, if PAC	
Street Address 507 Canton Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017
				Amount 250.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor Sandra Cline			Registration Number, if PAC	
Street Address 4003 April Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017
				Amount 50.00
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, Etc) Check
Full Name of Contributor Christopher Humphrey			Registration Number, if PAC	
Street Address 2239 E. Park Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017
				Amount 100.00
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, Etc) Check
Full Name of Contributor David France			Registration Number, if PAC	
Street Address 4574 Treeview Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017
				Amount 100.00
City North Canton		State OH	Zip Code 44720	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
3,405.00

Total Expenditures This Event
480.00

Page Total \$ 750.00



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

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

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Rebecca Habel			Registration Number, if PAC	
Street Address 4056 Greenridge Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc)	
Full Name of Contributor Thomas Kot			Registration Number, if PAC	
Street Address 858 Old Orchard Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ettore Commisso / Commisso Lawn Service			Registration Number, if PAC	
Street Address 521 Valley Crest Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City Suffield	State OH	Zip Code 44260	Form (Cash, Check, Etc) Check	
Full Name of Contributor James D. Schweikert			Registration Number, if PAC	
Street Address 1261 Steese Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert Chorder Jr.			Registration Number, if PAC	
Street Address 860 Killinger Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City Clinton	State OH	Zip Code 44216	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
3,405.00

Total Expenditures This Event
480.00

Page Total \$ 400.00



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

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

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor John W. Schlegal, Jr., TTEE			Registration Number, if PAC	
Street Address 273 Stoner Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 250.00
City Clinton	State OH	Zip Code 44216	Form (Cash, Check, Etc) Check	
Full Name of Contributor Stephen Yeargin			Registration Number, if PAC	
Street Address 4871 Clarke Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joseph Gorman			Registration Number, if PAC	
Street Address 1344 Good Year Blvd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Akron	State OH	Zip Code 44305	Form (Cash, Check, Etc) Check	
Full Name of Contributor Charles W. Oldfield			Registration Number, if PAC	
Street Address 333 Kimberly Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 50.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) Check	
Full Name of Contributor Contributions of \$25.00 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/10/2017	Amount 100.00
City	State OH	Zip Code	Form (Cash, Check, Etc)	

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

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

Total Contributions This Event
3,405.00

Total Expenditures This Event
480.00

Page Total \$ 500.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin				
To Whom Paid The Liberty Operating Co., Green DBA Menches Brothers			Date (MM/DD/YYYY) 10/10/2017	Amount 480.00
Street Address 3700 Massillon Rd. Suite 130		Purpose Host Fundraiser and provide food to attendees		
City Uniontown	State OH	Zip Code 44685	Check Number n/a	
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 \$ 480.00



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin				
Full Name of Contributor Rocco Paul Yeargin		Employer, Occupation, Labor Organization* Attorney, Young & Yeargin, LLC		Registration Number, if PAC
Street Address 4064 Greenridge Dr.	Description of Item or Service Stamps		Date (MM/DD/YYYY) 09/15/2017	Fair Market Value 49.00
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Rocco Paul Yeargin		Employer, Occupation, Labor Organization* Attorney, Young & Yeargin, LLC		Registration Number, if PAC
Street Address 4064 Greenridge Dr.	Description of Item or Service Stamps		Date (MM/DD/YYYY) 09/27/2017	Fair Market Value 49.00
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Rocco Paul Yeargin		Employer, Occupation, Labor Organization* Attorney, Young & Yeargin, LLC		Registration Number, if PAC
Street Address 4064 Greenridge Dr.	Description of Item or Service Pizza for volunteers		Date (MM/DD/YYYY) 09/09/2017	Fair Market Value 34.99
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Rocco Paul Yeargin		Employer, Occupation, Labor Organization* Attorney, Young & Yeargin, LLC		Registration Number, if PAC
Street Address 4064 Greenridge Dr.	Description of Item or Service Posts for large signs		Date (MM/DD/YYYY) 10/06/2017	Fair Market Value 71.60
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Rocco Paul Yeargin		Employer, Occupation, Labor Organization* Attorney, Young & Yeargin, LLC		Registration Number, if PAC
Street Address 4064 Greenridge Dr.	Description of Item or Service Facebook Advertising		Date (MM/DD/YYYY) 09/13/2017	Fair Market Value 90.00
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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 Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Rocco Yeargin					
Full Name of Contributor Andy Padrutt		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 1460 Curtis Avenue		Description of Item or Service Postage upgrade for mailing		Date (MM/DD/YYYY) 09/07/2017	
City Cuyahoga Falls		State OH	Zip Code 44221	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)	
City		State OH	Zip Code	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)	
City		State OH	Zip Code	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)	
City		State OH	Zip Code	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)	
City		State OH	Zip Code	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)	
City		State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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