

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL</b>						Registration Number, if PAC					
Full Name of Candidate											
Street Address <b>438 GRANT ST</b>				Office Sought			District				
City <b>AKRON</b>				State <b>OH</b>		Zip Code <b>44311</b>					
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year						
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual						
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		1 <sup>M</sup>	1	0 <sup>D</sup>	7	1 <sup>Y</sup>	7

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

#1437  
2017 OCT 25 PM 1:40

1. Amount brought forward from last report	\$	\$9,897.63
2. Total monetary contributions (From Form No. 31-A)	\$	\$93,474.02
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (Sum of lines 1, 2, 3)	\$	\$103,371.65
5. Total monetary expenditures (From Form No. 31-B)	\$	\$98,462.69
6. Balance on hand (line 4 minus line 5)	\$	\$4,908.96
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$24,500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

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

Christopher Grimm/Treasurer

*[Signature]*  
Signature

10/20/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 4

Expenditure pages 5

Other pages 2

Total pages 11

**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

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SUBSTITUTE FORM 30-A

31-Jul DAVID PRY		CHECK	\$ 5,000.00
Funds from Form 31-A	Event date 08/17/2017		\$35,134.02
Funds from Form 31-A	Event date 09/19/2017		\$ 2,990.00
14-Sep Walker for Judge		CHECK	\$14,600.00
11-Oct Scott for Judge		CHECK	\$ 2,950.00
11-Oct Cable for Judge		CHECK	\$ 5,800.00
11-Oct Ronald Cable Sr		CHECK	\$ 2,000.00
18-Oct Bevan & Associates LPA		CHECK	\$25,000.00
	Total revenue this period		<u>\$93,474.02</u>

## SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL

SUBSTITUTE FORM 31-A

Event date 8/17/2017

1-Aug KISLING NESTICO & REDICK	CHECK	\$ 2,500.00
17-Aug LISA MANSFIELD	CHECK	\$ 100.00
17-Aug CHERYL SWAIN	CHECK	\$ 100.00
17-Aug JOHN QUIN	CHECK	\$ 100.00
17-Aug JANICE GUL	CHECK	\$ 100.00
17-Aug HOWARD TOWLER	CHECK	\$ 100.00
17-Aug FRIENDS OF KRISTEN SCALISE	CHECK	\$ 100.00
17-Aug MICHAEL ELLIOT	CHECK	\$ 150.00
17-Aug CATHERINE LOYA	CHECK	\$ 150.00
17-Aug SANDRA KURT	CHECK	\$ 150.00
17-Aug COLAVECCHIO FAMILY TRUST	CHECK	\$ 150.00
17-Aug ELINOR STORMER	CHECK	\$ 500.00
17-Aug WAYNE JONES	CHECK	\$ 1,000.00
17-Aug GEORGE WERTZ	CHECK	\$ 500.00
17-Aug LISA CARANO	CHECK	\$ 500.00
17-Aug DOUGLAS GODSHALL	CHECK	\$ 250.00
17-Aug COMMITTEE TO RE ELECT JUDGE ROWLANDS	CHECK	\$ 250.00
17-Aug TEODOSIO FOR JUDGE	CHECK	\$ 500.00
17-Aug DEAN YOUNG	CHECK	\$ 250.00
17-Aug MAGIC CITY DEMOCRATIC CLUB P.A.C.	CHECK	\$ 250.00
17-Aug JAMES WAGNER	CHECK	\$ 250.00
17-Aug SANDRA LAURENSEN	CHECK	\$ 250.00
17-Aug WILLIAM WHITTAKER	CHECK	\$ 250.00
17-Aug ANDREA WHITTAKER	CHECK	\$ 250.00
17-Aug FRANCIS BALMERT	CHECK	\$ 250.00
17-Aug DAVID HORNER	CHECK	\$ 250.00
17-Aug MICHAEL CHUPARKOFF	CHECK	\$ 250.00
17-Aug RUSSEL BALTHIS	CHECK	\$ 250.00
17-Aug CHARLES OLDFIELD	CHECK	\$ 250.00
17-Aug SUSAN LAX	CHECK	\$ 250.00
17-Aug JOHN SCANLON	CHECK	\$ 250.00
17-Aug DAVID FISH	CHECK	\$ 250.00
17-Aug GERALD LARSON	CHECK	\$ 250.00
17-Aug COMMITTEE TO ELECT DON WALTERS	CHECK	\$ 250.00
17-Aug MARTIN BELSKY	CHECK	\$ 250.00
17-Aug EDWARD GILBERT	CHECK	\$ 250.00
17-Aug LAWRENCE SCANLON	CHECK	\$ 250.00
17-Aug JUDITH NICELY	CHECK	\$ 250.00
17-Aug PAUL GALLAGHER	CHECK	\$ 250.00
17-Aug ELECT IRENE SHAPIRO	CHECK	\$ 250.00
17-Aug JACQUENETTE CORGAN	CHECK	\$ 250.00
17-Aug MARY ANN FREEDMAN	CHECK	\$ 250.00
17-Aug MICHAEL GILBERTSON	CHECK	\$ 250.00
17-Aug ROBERT GIPPIN	CHECK	\$ 250.00

Total this page

\$ 13,700.00
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**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

SUBSTITUTE FORM 31-A

Event date 8/17/2017

17-Aug COMM. TO ELECT LYNN LEE	CHECK	\$ 50.00
17-Aug BUCKINGHAM DOLITTLE & BURROUGHS PACCOMM. CP134	CHECK	\$ 1,000.00
17-Aug ROETZEL & ANDRESS (A PROFESSIONAL ORG)	CHECK	\$ 1,000.00
17-Aug WILLIAM ZAVARELLO	CHECK	\$ 1,000.00
17-Aug LORRIE WARREN	CHECK	\$ 115.00
17-Aug JON OLDHAM	CHECK	\$ 125.00
17-Aug GARY ONDECKER	CHECK	\$ 200.00
17-Aug JILL COLEMAN	CHECK	\$ 200.00
17-Aug COMMITTEE TO RE ELECT LINDA TEODOSIO	CHECK	\$ 544.02
17-Aug TZANGAS PLAKAS MANNOS LTD.	CHECK	\$ 2,500.00
17-Aug SLATER & ZURZ	CHECK	\$ 2,500.00
17-Aug PAULA HAAS	CHECK	\$ 500.00
17-Aug DEANNE BROWN	CHECK	\$ 500.00
17-Aug TIMOTHY HANNA	CHECK	\$ 500.00
17-Aug CRYSTAL BURNETT	CHECK	\$ 500.00
17-Aug PAULA PRENTICE COMMITTEE	CHECK	\$ 250.00
22-Aug BRIAN GRECO	CHECK	\$ 250.00
7-Sep Megan Oldham	CHECK	\$ 1,000.00
16-Sep Brubaker for Engineer	Check	\$ 1,500.00
14-Sep Perantinides & Nolan Co. LPA	CHECK	\$ 2,500.00
29-Aug Lori Lawrence	Check	\$ 1,000.00
17-Aug Kimberly Hengle	Check	\$ 1,000.00
29-Aug John Freund	Check	\$ 500.00
25-Aug Rita Rockford	Check	\$ 500.00
17-Aug Wilbur Savage	Check	\$ 350.00
14-Aug Mary Jones	Check	\$ 350.00
15-Sep Cherly Savage	Check	\$ 250.00
15-Aug Denise Randle	Check	\$ 250.00
17-Aug lilya McGee	Check	\$ 250.00
16-Aug Carl Ebner	Check	\$ 250.00

Total this page \$ 21,434.02

Total this event \$ 35,134.02

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**SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL**

SUBSTITUTE FORM 31-A

Event date 9/19/2017

14-Sep Lorene Reed	Check	\$	20.00
18-Sep Lori Lawrence	Check	\$	250.00
19-Sep Keep Kline Mayor	Check	\$	150.00
19-Sep William Rich	Check	\$	150.00
19-Sep Friends of Greta Johnson	Check	\$	250.00
19-Sep Committee to Elect Don Walters	Check	\$	150.00
19-Sep Sara Kline	Check	\$	100.00
19-Sep John Frola Jr.	Check	\$	250.00
19-Sep Russ Balthis	Check	\$	150.00
19-Sep Colvecchio Family Trust	Check	\$	150.00
19-Sep Tri County Building Trades	Check	\$	450.00
19-Sep Friends of Kristen Scalise	Check	\$	150.00
19-Sep Bryan Hoffman	Check	\$	50.00
19-Sep Dan Horrigan Campaign Committee	Check	\$	300.00
1-Oct Charles Flagg	Check	\$	100.00
27-Aug Charles Victor	Check	\$	20.00
20-Sep Huntington Bancshare Incorporate P.A.C (#C00165589)	Check	\$	300.00

Total this event \$ 2,990.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
SUMMIT COUNTY DEMOCRATIC EXECUTVE COMMITTEE - JUDICIAL							
To Whom Paid				M	D	Y	Amount
BURGES & BURGES STRATEGIES				0	7	1	\$2,000.00
Address		Purpose					
26100 LAKE SHORE BLVD		CONSULTING SERVICES					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44132	749				
To Whom Paid				M	D	Y	Amount
OHIO DEMOCRATIC PARTY				0	9	1	\$14,550.00
Address		Purpose					
340 E. FULTON ST		DONATION					
City	State	Zip Code	Check Number				
COLUMBUS	OH	43215	752				
To Whom Paid				M	D	Y	Amount
LJR STRATEGIES				1	0	0	\$4,950.00
Address		Purpose					
2257 MARAIS ST.		POLLING					
City	State	Zip Code	Check Number				
NEW ORLEANS	LA	70117	754				
To Whom Paid				M	D	Y	Amount
LJR STRATEGIES				1	0	0	\$5,000.00
Address		Purpose					
2257 MARAIS ST		POLLING					
City	State	Zip Code	Check Number				
NEW ORLEANS	LA	70117	755				
To Whom Paid				M	D	Y	Amount
OHIO DEMOCRATIC PARTY				1	0	1	\$20,000.00
Address		Purpose					
340 E. FULTON ST		DONATION					
City	State	Zip Code	Check Number				
COLUMBUS	OH	43215	756				
To Whom Paid				M	D	Y	Amount
OHIO DEMOCRATIC PARTY				1	0	1	\$2,850.00
Address		Purpose					
340 E. FULTON ST		DONATION					
City	State	Zip Code	Check Number				
COLUMBUS	OH	43215	757				
To Whom Paid				M	D	Y	Amount
BURGES & BURGES STRATEGIES				1	0	1	\$2,000.00
Address		Purpose					
26100 LAKE SHORE BLVD.		CONSULTING SERVICES					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44132	758				
To Whom Paid				M	D	Y	Amount
OHIO DEMOCRATIC PARTY				1	0	1	\$15,100.00
Address		Purpose					
340 E. FULTON		DONATION					
City	State	Zip Code	Check Number				
COLUMBUS	OH	43215	759				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL												
To Whom Paid						M	D	Y	Amount			
OHIO DEMOCRATIC PARTY						1	0	1	8	1	7	\$28,950.00
Address				Purpose								
340 FULTON ST				DONATION								
City		State		Zip Code		Check Number						
COLUMBUS		OH		43215		760						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL</b>							
To Whom Paid <b>EXPENDITURES FROM FORM 31-F EVENT DATE 6/22/17</b>				M	D	Y	Amount <b>\$687.50</b>
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid <b>EXPENDITURES FROM FORM 31-F EVENT DATE 9/19/17</b>				M	D	Y	Amount <b>\$2,375.19</b>
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				



## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>SUMMIT COUNTY EXECUTIVE COMMITTEE - JUDICIAL</b>							
To Whom Paid <b>GREYSTONE HALL</b>				M	D	Y	Amount
				0	8	0	7
				1	7		\$687.50
Address <b>103 S. HIGH ST</b>		Purpose <b>HALL RENTAL/FOOD BALANCE DUE</b>					
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>750</b>				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					

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.

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>SUMMIT COUNTY EXECUTIVE COMMITTEE - JUDICIAL</b>							
To Whom Paid <b>SHERITAN SUITES</b>				M	D	Y	Amount
				0	9	1	9
				1	7		\$2,375.19
Address <b>1989 FRONT ST</b>			Purpose <b>HALL RENTAL/FOOD</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44221</b>	Check Number <b>753</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					

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.

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - JUDICIAL</b>													
From Whom Received <b>WAYNE JONES</b>										Prior Amount <b>\$24,500.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>1407 SAND RUN RD.</b>												Outstanding Balance <b>\$24,500.00</b>	
City <b>AKRON</b>		St ate <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
1		0	2	7	1	2							
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		<b>OH</b>				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		<b>OH</b>				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		<b>OH</b>				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

\* 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).

- <sup>1</sup> Total prior amount \$ \$24,500.00
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$24,500.00 (To Form No. 30-A)