



Committee Name SUMMITPAC		Office Sought N/A		District N/A	
Street Address 863 North Cleveland Massillon Road		City Akron	State OH	Zip 44333	
Candidate Name OR PAC Registration Number County only		Treasurer Name Steven Fannin		Election Date (MM/DD/YYYY) N/A	

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

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	4926.32
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1,2, and 3)	4926.32
5. Total monetary expenditures (From Forms 31-B and 31-F)	3100.00
6. Balance on hand (line 4 minus line 5)	1826.32
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-U-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
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 26 PM 1:28
 AKRON OHIO
 #1549 AVC

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

10/26/2017

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 6	Total Pages 8
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee SummitPAC			
To Whom Paid Friends of Vic Pallotta		Date (MM/DD/YYYY) 09/07/2017	Amount 500.00
Street Address 407 Marian Lake Blvd.		Purpose contribution	
City Cuyahoga Falls, Ohio	State OH	Zip Code 44223	Check Number 145
To Whom Paid Friends of Judge Ann Marie O'Brien		Date (MM/DD/YYYY) 10/17/17	Amount 750.00
Street Address 323 Castle Blvd.		Purpose contribution	
City Akron	State OH	Zip Code 44313	Check Number 185
To Whom Paid Friends of Jeff Iula		Date (MM/DD/YYYY) 10/17/2017	Amount 500.00
Street Address 2597 24th Street		Purpose contribution	
City Cuyahoga Falls	State OH	Zip Code 44223	Check Number 183
To Whom Paid Committee To Elect Tony Malorni		Date (MM/DD/YYYY) 10/17/2017	Amount 500.00
Street Address 1193 Cliffside St. Apt C3		Purpose contribution	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 182
To Whom Paid Elisa Hill for Judge Comte.		Date (MM/DD/YYYY) 10/17/2017	Amount 850.00
Street Address PO Box 5276		Purpose contribution	
City Fairlawn	State OH	Zip Code 44334	Check Number 184

Page Total \$ 3100.00



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee SummitPAC				
Full Name of Contributor None since last reporting period			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
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
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
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
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
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

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



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee SummitPAC			
Full Name of Contributor None since last reporting period.			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
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.



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee SummitPAC				
Full Name of Contributor None since last reporting period.		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	
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	
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	
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	
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 SummitPAC			
Recipient Committee None since last reporting period.			
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	
Recipient Committee			
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee SummitPAC				
To Whom Owed None since last reporting period, and none owed otherwise.			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
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 \$ (also record on Form 31-B)

Total Outstanding Balance \$ (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 SummitPAC			
Candidate or Ballot Issue None since last reporting period.		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	If Candidate, Office Sought
To Whom Paid			
Street Address	Purpose	Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	
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)	Amount
City	State OH	Zip Code	
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)	Amount
City	State OH	Zip Code	
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)	Amount
City	State OH	Zip Code	
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)	Amount
City	State OH	Zip Code	