



Committee Name Magic City Democrats		Office Sought		District
Street Address 225 Stanley Ave (p o box 221)		City Barberton	State OH	Zip 44203
Candidate Name OR PAC Registration Number		Treasurer Name SHORTER GRIFFIN		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 type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> 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.

1. Amount brought forward from last report	\$5990.00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$150.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$6140.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$1198.00
6. Balance on hand (line 4 minus line 5)	\$4942.00
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-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

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SUMMIT COUNTY
BOARD OF ELECTIONS

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

[Signature]

Signature of Treasurer or Deputy Treasurer

12-12-2017

Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 1	Total Pages 3
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Magic City Democrats			
To Whom Paid Barberton Herald		Date (MM/DD/YYYY) 10-26-2017	Amount \$748.00
Street Address 70 4th St		Purpose Political Ad	
City Barberton	State OH	Zip Code 44203	Check Number 2284
To Whom Paid Mother A.M. Smith Community Center		Date (MM/DD/YYYY) 11-21-17	Amount \$200.00
Street Address 299 Frank Ave,		Purpose Donation	
City Barberton	State OH	Zip Code 44203	Check Number 2285
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 12-6-2017	Amount \$250.00
Street Address 438 Grant St		Purpose Donation	
City Akron	State OH	Zip Code 44313	Check Number 2286
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 \$ 1198.00



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Magic City Democrats				
Full Name of Contributor Margaret Scott			Registration Number, if PAC	
Street Address 3776 Fairway Park Apt 101		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 10/24/2017	Amount \$150.00
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
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)]

Page Total \$150.00