

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Tallmadge Democratic Club							Registration Number, if PAC				
Full Name of Candidate											
Street Address 1178 Grovewood Dr.						Office Sought		District			
City Tallmadge						State O H		Zip Code 44278			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		XX	Annual Year	
	July Monthly		August Monthly		September Monthly		Termination			Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1 1		0 7		1 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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 5,050.32
2. Total monetary contributions (From Form No. 31-A)	\$ 1,250.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (Sum of lines 1, 2, & 3)	\$ 6,300.32
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,516.41
6. Balance on hand (The bottom line)	\$ 3,783.91
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 1,830.66
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2817 DEC 15 PM 1:07

#1810 RBS

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.

David G. Kline, Treasurer

David G. Kline
Signature

12/12/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 5

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Tallmadge Democratic Club						
Full Name of Contributor "Contributions From Form 31-E"					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			1	0	13	17
						1,250.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Tallmadge Democratic Club												
To Whom Paid "Expenditures from form 31-F"						M	D	Y	Amount			
						1	0	1	3	1	7	435.75
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid Summit County Democratic Party						M	D	Y	Amount			
						0	9	1	4	1	7	250.00
Address 438 Grant St.				Purpose FDR								
City Akron		State O H	Zip Code 44311	Check Number 1100								
To Whom Paid Gate House Media						M	D	Y	Amount			
						1	0	2	0	1	7	1,224.00
Address 175 Sully's Trail, 3rd Floor				Purpose advertising								
City Pittsford		State N Y	Zip Code 14534	Check Number 1102								
To Whom Paid Copy Print						M	D	Y	Amount			
						1	1	0	3	1	7	199.49
Address 302 N. Water St.				Purpose printing								
City Kent		State O H	Zip Code 44240	Check Number 1103								
To Whom Paid Christine M. Higham						M	D	Y	Amount			
						1	1	1	3	1	7	407.17
Address 1188 Shadyside Lane				Purpose hot cards								
City Tallmadge		State O H	Zip Code 44278	Check Number 1104								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tallmadge Democratic Club							
Full Name of Contributor Jeffrey S. Rettberg				Registration Number, if PAC			
Street Address 207 Indian Hills Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	35.00
City Tallmadge	State O H	Zip Code 44278	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*		M	D	Y	Amount	
			1	0	13	17	35.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) check				
Full Name of Contributor Megan A. Raber				Registration Number, if PAC			
Street Address 449 Victoria Park Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	100.00
City Tallmadge	State O H	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Mary F. Nichols-Rhodes				Registration Number, if PAC			
Street Address 739 Linconcoln Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	35.00
City Cuyahoga Falls	State O H	Zip Code 44221	Form(Cash,Check,etc) check				
Full Name of Contributor John Mallin				Registration Number, if PAC			
Street Address 367 N. Cleveland Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	100.00
City Mogadore	State O H	Zip Code 44260	Form(Cash,Check,etc) check				
Full Name of Contributor Carol A. Kilway				Registration Number, if PAC			
Street Address 427 Melony Ln.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	70.00
City Tallmadge	State O H	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor David C. Bodemer				Registration Number, if PAC			
Street Address 169 Barnes Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	0	13	17	70.00
City Tallmadge	State O H	Zip Code 44278	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 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
1,250.00

Total expenditures this event
435.75

Page Total \$ 445.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tallmadge Democratic Club							
Full Name of Contributor Robert A. McCarty				Registration Number, if PAC			
Street Address 611 Woodbrook Rd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoge Falls	State O H	Zip Code 44223	1	0	13	17	35.00
				Form(Cash,Check,etc)			check
Full Name of Contributor Lisa Zeno Carno				Registration Number, if PAC			
Street Address 125 Ernest Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Tallmadge	State O H	Zip Code 44278	1	0	13	17	100.00
				Form(Cash,Check,etc)			check
Full Name of Contributor Diana M. Colavecchio				Registration Number, if PAC			
Street Address 3414 Haggarty Way	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoge Falls	State O H	Zip Code 44223	1	0	13	17	50.00
				Form(Cash,Check,etc)			check
Full Name of Contributor Jill M. Stritch				Registration Number, if PAC			
Street Address 776 Premiera Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Tallmadge	State O H	Zip Code 44278	1	0	13	17	20.00
				Form(Cash,Check,etc)			cash
Full Name of Contributor Jerry Feeman				Registration Number, if PAC			
Street Address 1068 Ledgebrook Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Tallmadge	State O H	Zip Code 44278	1	0	13	17	35.00
				Form(Cash,Check,etc)			cash
Full Name of Contributor Christine M. Higham				Registration Number, if PAC			
Street Address 1188 Shadyside Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Tallmadge	State O H	Zip Code 44278	1	0	13	17	50.00
				Form(Cash,Check,etc)			check
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	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 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
1,250.00

Total expenditures this event
435.75

Page Total \$ 290.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tallmadge Democratic Club				1	0	17	
Full Name of Contributor Mary E. Tricaso		Registration Number, if PAC					
Street Address 577 Dunbar Rd.	Employer/Occupation/Labor Organization*		1	0	17		35.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Andrea M. Kidder		Registration Number, if PAC					
Street Address 191 High Point Cr.	Employer/Occupation/Labor Organization*		1	0	17		35.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Carano For Council		Registration Number, if PAC					
Street Address 573 Narragansett Dr.	Employer/Occupation/Labor Organization*		1	0	17		100.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Karen S. Morgan		Registration Number, if PAC					
Street Address 598 Dunbar Rd.	Employer/Occupation/Labor Organization*		1	0	17		35.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Steve Smith		Registration Number, if PAC					
Street Address 841 Markham Ave.	Employer/Occupation/Labor Organization*		1	0	17		70.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form(Cash,Check,etc) cash				
Full Name of Contributor Paula M. Victor		Registration Number, if PAC					
Street Address 786 Fairwood Dr.	Employer/Occupation/Labor Organization*		1	0	17		140.00
City Tallmadge	State OH	Zip Code 44278	Form(Cash,Check,etc) check				
Full Name of Contributor Mollie A. Gilbride		Registration Number, if PAC					
Street Address 756 Craig Dr.	Employer/Occupation/Labor Organization*		1	0	17		100.00
City Tallmadge	State OH	Zip Code 44278	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 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
1,250.00

Total expenditures this event
435.75

Page Total \$ 515.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Tallmadge Democratic Club											
To Whom Paid Danny Boys Pizza					M	D	Y	Amount			
					1	0	1	3	1	7	435.75
Address 10 Tallmadge Circle				Purpose food and hall rental							
City Tallmadge		State O H		Zip Code 44278		Check Number 1101					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		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.

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full Tallmadge Democratic Club					
To Whom Carano for Council Committee					
Address 573 Narragansett Dr.	Description of Item or Service advertising/hand out	M 1	D 02	Y 017	Fair Market Value 610.22
City Tallmadge	State O H	Zip Code 44278			
To Whom Victor for Tallmadge Council					
Address 786 Fairwood Dr.	Description of Item or Service advertising/hand out	M 1	D 02	Y 017	Fair Market Value 610.22
City Tallmadge	State O H	Zip Code 44278			
To Whom Donovan For Council					
Address 496 Helena Dr.	Description of Item or Service advertising/hand out	M 1	D 02	Y 017	Fair Market Value 610.22
City Tallmadge	State O H	Zip Code 44278			
To Whom					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
To Whom					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
To Whom					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
To Whom					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			