



Committee Name The Building Our Future Together Committee		Office Sought		District
Street Address 3390 Hendon Circle		City Cuyahoga Falls	State OH	Zip 44221
Candidate Name OR PAC Registration Number		Treasurer Name PAMELA WINGATE		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	15630.10
2. Total monetary contributions (From Forms 31-A and 31-E)	372.80
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	16002.90
5. Total monetary expenditures (From Forms 31-B and 31-F)	13523.23
6. Balance on hand (line 4 minus line 5)	2479.67
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	721.50
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 15 PM 12:21

1806 Ave

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

Pamela R Wingate
Signature of Treasurer or Deputy Treasurer

12/14/2017
Date (MM/DD/YYYY)

Contribution Pages 6	Expenditure Pages 2	Other Pages 6	Total Pages 14
-------------------------	------------------------	------------------	-------------------



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee The Building Our Future Together Committee				
Full Name of Contributor Joseph Bagatti, Jr			Registration Number, if PAC	
Street Address 6609 Hounds Run Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Medina	State OH	Zip Code 44256	Date (MM/DD/YYYY) 11/22/2017	Amount 10.80
Full Name of Contributor Cheryl Beisel			Registration Number, if PAC	
Street Address 4402 Kenneth Trail		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Sally Berry			Registration Number, if PAC	
Street Address 5172 Shillings Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 11/22/2017	Amount 70.00
Full Name of Contributor Tamara Brown			Registration Number, if PAC	
Street Address 2609 16th Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 20.00
Full Name of Contributor Melody Carlisle			Registration Number, if PAC	
Street Address 3611 SR 59		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Ravenna	State OH	Zip Code 44266	Date (MM/DD/YYYY) 11/22/2017	Amount 20.00

*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 The Building Our Future Together Committee				
Full Name of Contributor Brandon Davies			Registration Number, if PAC	
Street Address 343 East Ford Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00
Full Name of Contributor Benjamin Davis			Registration Number, if PAC	
Street Address 132 Whittlesey Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Victoria Davis			Registration Number, if PAC	
Street Address 132 Whittlesey Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Kathleen Davison			Registration Number, if PAC	
Street Address 864 Chestnut Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Shane Davison			Registration Number, if PAC	
Street Address 864 Chestnut Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00

*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 The Building Our Future Together Committee				
Full Name of Contributor Hillary Freitag-Gelger			Registration Number, if PAC	
Street Address 2225 Thurmont Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Elizabeth Hammond			Registration Number, if PAC	
Street Address 450 W. Bath Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00
Full Name of Contributor Kelly Hartman			Registration Number, if PAC	
Street Address 2706 Duquesne Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Ryan Huch			Registration Number, if PAC	
Street Address 3979 East Meadow Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Orange	State OH	Zip Code 44122	Date (MM/DD/YYYY) 11/22/2017	Amount 20.00
Full Name of Contributor Gina Johnson			Registration Number, if PAC	
Street Address 2835 Norma Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00

*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 The Building Our Future Together Committee				
Full Name of Contributor Kenneth Johnson			Registration Number, if PAC	
Street Address 2835 Norma Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor Rebekah Kearns			Registration Number, if PAC	
Street Address 631 Prior Park Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00
Full Name of Contributor Meredith Koch			Registration Number, if PAC	
Street Address 454 Stinaff St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 11/22/2017	Amount 4.00
Full Name of Contributor James Marras			Registration Number, if PAC	
Street Address 8100 Hillside Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Independence	State OH	Zip Code 44131	Date (MM/DD/YYYY) 11/22/2017	Amount 28.00
Full Name of Contributor Ellen McClure			Registration Number, if PAC	
Street Address 2160 Plymouth Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00

*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 The Building Our Future Together Committee				
Full Name of Contributor Kelth Nelman			Registration Number, if PAC	
Street Address 5020 Lake Forest Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Peninsula	State OH	Zip Code 44264	Date (MM/DD/YYYY) 11/22/2017	Amount 12.00
Full Name of Contributor Todd Nichols			Registration Number, if PAC	
Street Address 1322 Graham Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Silver Lake	State OH	Zip Code 44224	Date (MM/DD/YYYY) 11/22/2017	Amount 20.00
Full Name of Contributor Catherine Perrow			Registration Number, if PAC	
Street Address 57 Casterton Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Akron	State OH	Zip Code 44303	Date (MM/DD/YYYY) 11/22/2017	Amount 12.00
Full Name of Contributor Russell Pier			Registration Number, if PAC	
Street Address 1152 Springbury Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 11/22/2017	Amount 52.00
Full Name of Contributor Judith Ray			Registration Number, if PAC	
Street Address 2053 12th Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/22/2017	Amount 20.00

*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 The Building Our Future Together Committee				
Full Name of Contributor Robln Sondles			Registration Number, if PAC	
Street Address 301 Ashland Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00
Full Name of Contributor Debbie Waldron			Registration Number, if PAC	
Street Address 8593 Alexi Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) P/R Deduct
City Macedonia	State OH	Zip Code 44056	Date (MM/DD/YYYY) 11/22/2017	Amount 8.00
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

*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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Building Our Future Together Committee			
To Whom Paid Burgess & Burgess Strategists, Inc.		Date (MM/DD/YYYY) 10/30/2017	Amount 4000.00
Street Address 26100 Lake Shore Blvd.		Purpose Campaign Consulting Services	
City Cleveland	State OH	Zip Code 44132	Check Number 1031
To Whom Paid Expenditures For Fundraising (Golf Outing)		Date (MM/DD/YYYY)	Amount 9523.23
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

Page Total \$ 13523.23



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Building Our Future Together Committee				
To Whom Paid Silver Lake Country Club		Date (MM/DD/YYYY) 10/30/2017		Amount 9523.23
Street Address 1325 Graham Rd		Purpose Golf fees and dinner for Golf Outing		
City Silver Lake	State OH	Zip Code 44224	Check Number 1030	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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.

Page Total \$ 9523.23



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee The Building Our future Together Committee			
To Whom Owed RPC-Record Courier Publishing		Prior Amount 0	Amount Incurred this Period 721.50
Street Address 1050 W. Main St.		Item or Purpose of Debt Newspaper advertising	Outstanding Balance
City Kent	State OH	Zip Code 44240	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		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	Zip Code	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		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 \$ 721.50 (also record on cover page)