



Committee Name Darrow For Council		Office Sought		District
Street Address 9450 Woodview		City Macedonia	State OH	Zip 44056
Candidate Name OR PAC Registration Number Rita Darrow		Treasurer Name Rita Darrow		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 type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input 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	510.20
2. Total monetary contributions (From Forms 31-A and 31-E)	53.25
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	563.45
5. Total monetary expenditures (From Forms 31-B and 31-F)	1,905.55
6. Balance on hand (line 4 minus line 5)	-(1,342.10)
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)	404.91
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2017 DEC 15 AM 11:53
 SUMMIT COUNTY BOARD OF ELECTIONS
 AKRON OHIO
 #1803 Av 1

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

Rita S. Darrow
Signature of Treasurer or Deputy Treasurer

12/15/2017
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 2	Other Pages 1	Total Pages 13
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>DARROW FOR COUNCIL</i>				
Full Name of Contributor <i>TERRI GABRIEL</i>			Registration Number, if PAC	
Street Address <i>25935 Garden Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>424</i>
City <i>Bedford</i>	State <i>OH</i>	Zip Code <i>44146</i>	Date (MM/DD/YYYY) <i>10/31/17</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Sue Lenahan</i>			Registration Number, if PAC	
Street Address <i>8800 Lawton</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Pay Pal</i>
City <i>Macedonia</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/02/2017</i>	Amount <i>48.25</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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)]

TOTAL

Page Total *53.25*



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Darrow For Council			
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 11/10/2017	Amount 11.00
Street Address 943 E Aurora Rd		Purpose SERVICE CHARGE	
City Macedonia		State OH	Zip Code 44050
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 12/10/2017	Amount 11.00
Street Address 943 E. Aurora Rd		Purpose SERVICE CHARGE	
City Macedonia		State OH	Zip Code 44050
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State OH	Zip Code
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State OH	Zip Code
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State OH	Zip Code
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State OH	Zip Code

TOTAL
\$ 1,905.55

Page Total \$ 22.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Darrow For Council			
To Whom Paid Record Publishing		Date (MM/DD/YYYY) 10/29/2017	Amount 715.00
Street Address P.O. Box 719		Purpose POST IT NOTES LOCAL PAPER	
City WOOSTER	State OH	Zip Code 44691	Check Number CR Card
To Whom Paid The Home Depot		Date (MM/DD/YYYY) 10/30/2017	Amount 12.68
Street Address 8211 Macedonia Commons		Purpose Yard Stakes	
City Macedonia	State OH	Zip Code 44050	Check Number CR Card
To Whom Paid Labels & Letters		Date (MM/DD/YYYY) 11/01/17	Amount 484.70
Street Address 1533 Commerce Dr.		Purpose Mailings	
City Stow	State OH	Zip Code 44224	Check Number #1057
To Whom Paid Labels & Letter		Date (MM/DD/YYYY) 11/01/17	Amount 491.17
Street Address 1533 Commerce Dr.		Purpose Postages	
City Stow	State OH	Zip Code 44224	Check Number #1058
To Whom Paid O'Daniel Media		Date (MM/DD/YYYY) 11/13/2017	Amount 180.00
Street Address 4764 Bluestem		Purpose Postcard Mailer / Poll Card / Comm.	
City Stow	State OH	Zip Code 44224	Check Number #1059

Page Total \$ 1,883.55



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Darrow For Council			
To Whom Owed Rita Darrow		Prior Amount 404.91	Amount Incurred this Period 0
Street Address 9450 Woodview Drive		Item or Purpose of Debt	Outstanding Balance 404.91
City Macedonia	State OH	Zip Code 44056	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 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 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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 404.91 (also record on cover page)