

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Gary Domanick</b>						Registration Number, if PAC					
Full Name of Candidate <b>Gary Domanick</b>											
Street Address <b>4445 Hawkins Rd</b>						Office Sought <b>Village Council</b>			District <b>Richfield</b>		
City <b>Richfield</b>						State <b>OH</b>		Zip Code <b>44286</b>			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July Monthly		August Monthly		September Monthly		Termination		2017	
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 <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>7</b>	Y <b>1</b>	Y <b>7</b>

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	\$ 2,435.12
2. Total monetary contributions (From Form No. 31-A)	\$ 469.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,904.12
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,670.78
6. Balance on hand (line 4 minus line 5)	\$ 1,233.34
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)	\$ 0.00
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	\$

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BOARD OF ELECTIONS

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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.

**Bill Roemer Deputy Treasurer** Signature Date **12/15/17**

Contribution pages <u>2</u>	Expenditure pages <u>1</u>	Other pages <u>2</u>	Total pages <u>5</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Gary Domanick</b>							
Full Name of Contributor <b>Contributions from 10/21/17 fundraiser</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	1	1
							469.00
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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Gary Domanick</b>						
Full Name of Contributor <b>Steve Murphy</b>				Registration Number, if PAC		
Street Address <b>2561 Ashdale Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Twinsburgh</b>	State <b>OH</b>	Zip Code <b>44087</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>25.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Mary Serpentine</b>				Registration Number, if PAC		
Street Address <b>3491 Douglas Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>100.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Al Davis</b>				Registration Number, if PAC		
Street Address <b>4340 Maple Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Tom Kelley</b>				Registration Number, if PAC		
Street Address <b>159 S. Main St</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44308</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Mike Goldstein</b>				Registration Number, if PAC		
Street Address <b>3386 Belvoir Blvd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Beechwood</b>	State <b>OH</b>	Zip Code <b>44122</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Linda Cernjil</b>				Registration Number, if PAC		
Street Address <b>5729 Southington Ave.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Parma</b>	State <b>OH</b>	Zip Code <b>44129</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>14.00</b>
Form(Cash,Check,etc) <b>Cash</b>						
Full Name of Contributor <b>Sharon Hruby</b>				Registration Number, if PAC		
Street Address <b>79 Birch Ave.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Northfield</b>	State <b>OH</b>	Zip Code <b>44067</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>15.00</b>
Form(Cash,Check,etc) <b>Cash</b>						

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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

469.00
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Total expenditures this event

300.00
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Page Total \$ <u>304.00</u>
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Gary Domanick</b>					
Full Name of Contributor <b>Dave Wright</b>				Registration Number, if PAC	
Street Address <b>2217 Heather Ln.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>1   0   2   1   1   7</b>	Amount <b>20.00</b>
City <b>Twinsburgh</b>	State <b>O   H</b>	Zip Code <b>44087</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Eric Severin</b>				Registration Number, if PAC	
Street Address <b>1566 Marlowe Dr.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>1   0   2   1   1   7</b>	Amount <b>25.00</b>
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Pam Johnston</b>				Registration Number, if PAC	
Street Address <b>3651 Regency Woods Trail</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>1   0   2   1   1   7</b>	Amount <b>100.00</b>
City <b>Richfield</b>	State <b>O   H</b>	Zip Code <b>44286</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bill Roemer</b>				Registration Number, if PAC	
Street Address <b>3616 Southern Rd</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>1   0   2   1   1   7</b>	Amount <b>20.00</b>
City <b>Richfield</b>	State <b>O   H</b>	Zip Code <b>44286</b>		Form(Cash,Check,etc) <b>Cash</b>	
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)	
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)	
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)	

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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

469.00

Total expenditures this event

300.00

Page Total \$ 165.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Committee to Elect Gary Domanick								
To Whom Paid					M	D	Y	Amount
Gary Domanick					1	1	17	300.00
Address			Purpose					
4445 Hawkins Rd.			Food					
City		State	Zip Code	Check Number				
Richfield		O   H	44286	8317				
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.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Gary Domanick</b>							
To Whom Paid <b>Bill Roemer</b>				M	D	Y	Amount
				1	1	17	65.61
Address <b>3616 Southern Rd.</b>		Purpose <b>Campaign Printing</b>					
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>8315</b>				
To Whom Paid <b>Bill Roemer</b>				M	D	Y	Amount
				1	1	17	487.38
Address <b>3616 Southern Rd.</b>		Purpose <b>Literature/Printing</b>					
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>8313</b>				
To Whom Paid <b>Bloch Printing</b>				M	D	Y	Amount
				1	1	17	745.12
Address <b>3569 Copley Rd.</b>		Purpose <b>Signs</b>					
City <b>Copley</b>	State <b>OH</b>	Zip Code <b>44321</b>	Check Number <b>8316</b>				
To Whom Paid <b>10/21/17 Fundraiser Expenses</b>				M	D	Y	Amount
				1	1	17	300.00
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid <b>Gary Domanick</b>				M	D	Y	Amount
				1	1	17	72.67
Address <b>4445 Hawkins Rd.</b>		Purpose <b>Luncheon Meeting Expenses</b>					
City <b>Richfield</b>	State <b>OH</b>	Zip Code <b>44286</b>	Check Number <b>8317</b>				
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				