



Committee Name <i>Elisa Hill for Judge Committee</i>		Office Sought <i>Judge Akron Mini Court</i>		District
Street Address <i>1841 Brookfield Dr</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44313</i>
Candidate Name OR PAC Registration Number <i>Elisa Hill</i>		Treasurer Name <i>Elizabeth Stuyvesant</i>		Election Date (MM/DD/YYYY) <i>11-07-17</i>
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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"><i>2017</i></div>
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	<i>6963.33</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>6670.00</i>
3. Total other income (From Form 31-A-2)	<i>3500.00</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>17,133.33</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>15245.42</i>
6. Balance on hand (line 4 minus line 5)	<i>1,887.91</i>
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)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2017 DEC 15 PM 1:06  
 #1665  
 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

*12-11-17*  
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages <i>5</i>	Other Pages	Total Pages
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Elisa Hill for Judge Committee</u>				
To Whom Paid <u>Lowe's</u>	M <u>10</u>	D <u>19</u>	Y <u>17</u>	Amount <u>45.60</u>
Address <u>186 N. Cleveland Massillon Rd</u>	Purpose <u>Fencing / sign Supplies</u>			
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44333</u>	Check Number <u>debit</u>	
To Whom Paid <u>El Rancho</u>	M <u>10</u>	D <u>19</u>	Y <u>17</u>	Amount <u>329.06</u>
Address <u>1666 N. Exchange</u>	Purpose <u>Fundraiser</u>			
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Check Number	
To Whom Paid <u>Keep Jason Adams Committee</u>	M <u>10</u>	D <u>30</u>	Y <u>17</u>	Amount <u>2,463.<sup>00</sup></u>
Address <u>775 Stone Haven Circle</u>	Purpose <u>Billboards</u>			
City <u>Hudson</u>	State <u>OH</u>	Zip Code <u>44236</u>	Check Number <u>1017</u>	
To Whom Paid <u>Friends of Judge O'Brien Committee</u>	M <u>11</u>	D <u>13</u>	Y <u>17</u>	Amount <u>4,224.00</u>
Address <u>1625 Orchard Dr</u>	Purpose <u>Billboards</u>			
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44333</u>	Check Number <u>1018</u>	
To Whom Paid <u>Red Maverick Media LLC</u>	M <u>11</u>	D <u>28</u>	Y <u>17</u>	Amount <u>6,000<sup>00</sup></u>
Address <u>403 N. Second St FL2</u>	Purpose <u>Mailers</u>			
City <u>Harrisburg</u>	State <u>PA</u>	Zip Code <u>17101</u>	Check Number <u>1019</u>	
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 Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Elisa Hill for Judge Committee</i>			
To Whom Paid <i>Robocent Inc</i>		Date (MM/DD/YYYY) <i>11-6-17</i>	Amount <i>125.70</i>
Street Address <i>2129 General Booth Blvd</i>		Purpose <i>Phone call advertisement</i>	
City <i>Virginia Beach</i>	State <i>VA</i>	Zip Code <i>23454</i>	Check Number <i>debit</i>
To Whom Paid <i>Robocent Inc</i>		Date (MM/DD/YYYY) <i>11-6-17</i>	Amount <i>125.58</i>
Street Address <i>2129 General Booth Blvd</i>		Purpose <i>Phone call Advertisement</i>	
City <i>Virginia Beach</i>	State <i>VA</i>	Zip Code <i>23454</i>	Check Number <i>debit</i>
To Whom Paid <i>Robocent Inc</i>		Date (MM/DD/YYYY) <i>11-6-17</i>	Amount <i>125.55</i>
Street Address <i>2129 General Booth Blvd</i>		Purpose <i>Phone call Advertisement</i>	
City <i>Virginia Beach</i>	State <i>VA</i>	Zip Code <i>23454</i>	Check Number <i>debit</i>
To Whom Paid <i>Robocent Inc</i>		Date (MM/DD/YYYY) <i>11-6-17</i>	Amount <i>104.79</i>
Street Address <i>2129 General Booth Blvd</i>		Purpose <i>Phone call Advertisement</i>	
City <i>Virginia Beach</i>	State <i>VA</i>	Zip Code <i>23454</i>	Check Number <i>debit</i>
To Whom Paid <i>Robocent Inc</i>		Date (MM/DD/YYYY) <i>11-6-17</i>	Amount <i>83.70</i>
Street Address <i>2129 General Booth Blvd</i>		Purpose <i>Phone call Advertisement</i>	
City <i>Virginia Beach</i>	State <i>VA</i>	Zip Code <i>23454</i>	Check Number <i>debit</i>

Page Total \$ 565.32



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Elisa Hill for Judge Committee			
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 11-6-17	<b>Amount</b> 50 <sup>00</sup>
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone call advertisement	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 11-6-17	<b>Amount</b> 50 <sup>00</sup>
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone call Advertisement	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 11-6-17	<b>Amount</b> 50 <sup>00</sup>
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone call Advertisement	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 11-6-17	<b>Amount</b> 44.54
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone Call Advertisement	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 11-7-17	<b>Amount</b> 113.26
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone Call Advertisement	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit

Page Total \$ **307.80**



**Statement of Expenditure**

Form 31

R.C. 3517

<b>Full Name of Committee</b> Elisa Hill for Judge Committee			
<b>To Whom Paid</b> Robocent Inc		<b>Date (MM/DD/YYYY)</b> 12-4-17	<b>Amount</b> 50 <sup>00</sup>
<b>Street Address</b> 2129 General Booth Blvd		<b>Purpose</b> Phone call advertizing fee	
<b>City</b> Virginia Beach	<b>State</b> VA	<b>Zip Code</b> 23454	<b>Check Number</b> debit
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 50.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Arthur Hill, deputy Treasurer		11-7-17	1,000 <sup>00</sup>
Street Address	Purpose		
1841 Brookfield Dr	Payments to poll workers		
City	State	Zip Code	Check Number
Akron	OH	44313	Cash withdrawal
To Whom Paid		Date (MM/DD/YYYY)	Amount
Arthur Hill, deputy Treasurer		11-7-17	203.50
Street Address	Purpose		
1841 Brookfield Dr	payments to poll workers		
City	State	Zip Code	Check Number
Akron	OH	44313	Cash withdrawal
To Whom Paid		Date (MM/DD/YYYY)	Amount
QR Code Generator		11-17-17	52.54
Street Address	Purpose		
Am Lenkwerk 13	Internet Advertising		
City	State	Zip Code	Check Number
33609 Bielefeld GERMANY	OH		debit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Huntington Bank		11-15-17	3.00
Street Address	Purpose		
2700 W. Market St	Bank fees / statement charge		
City	State	Zip Code	Check Number
Akron	OH	44333	fee
To Whom Paid		Date (MM/DD/YYYY)	Amount
Huntington Bank		11-15-17	1.60
Street Address	Purpose		
2700 W. Market St	bank fees		
City	State	Zip Code	Check Number
Akron	OH	44333	fee

Page Total \$ 1,260.64

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by: Secretary of State 03-05

Name of Committee in Full				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount
175 HUNT CLUB DR.		ATTORNEY		10   19   17   \$100.00
City		State   Zip Code		Form (Cash, Check, etc.)
COOLEY		OH   44321		CASH
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount
54 E. MILL ST.		ATTORNEY		10   19   17   \$160.00
City		State   Zip Code		Form (Cash, Check, etc.)
AKRON		OH   44308		CASH
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount
CYNTHIA BLAKE				10   19   17   \$40.00
City		State   Zip Code		Form (Cash, Check, etc.)
AKRON		OH   44320		CASH
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.)
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 also 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  

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Total expenditures this event  

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Page Total \$ 240<sup>00</sup>

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor <b>TAMMY &amp; JOHN D'ANTONIO</b>		Registration Number, if PAC	
Street Address <b>2590 BELAIR DR.</b>	Employer Occupation Labor Organization* <b>unknown</b>	M D Y <b>10 19 17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>MRS. KATHLEEN STOUT</b>		Registration Number, if PAC	
Street Address <b>122 N. ROSE BLVD.</b>	Employer Occupation Labor Organization* <b>CLERK</b>	M D Y <b>10 19 17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44302</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>SCOTT STEVENSON &amp; DIANA STEVENSON</b>		Registration Number, if PAC	
Street Address <b>639 BAIRD ST.</b>	Employer Occupation Labor Organization* <b>ATTORNEY</b>	M D Y <b>10 19 17</b>	Amount <b>\$100.00</b>
City <b>BARBERTON</b>	State <b>OH</b>	Zip Code <b>44203</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>JAMES KNOX</b>		Registration Number, if PAC	
Street Address <b>1521 COLLIER RD.</b>	Employer Occupation Labor Organization* <b>LANDSCAPER</b>	M D Y <b>10 19 17</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>AMY SCHWAN</b>		Registration Number, if PAC	
Street Address <b>142 WESTOVER DR.</b>	Employer Occupation Labor Organization* <b>unknown</b>	M D Y <b>10 19 17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44313</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>PAUL M. GRANT</b>		Registration Number, if PAC	
Street Address <b>209 S. MAIN ST.</b>	Employer Occupation Labor Organization* <b>ATTORNEY</b>	M D Y <b>10 19 17</b>	Amount <b>\$150.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>HEAD HEAD</b>		Registration Number, if PAC	
Street Address <b>1150 W. MARKET ST.</b>	Employer Occupation Labor Organization* <b>RETIRED</b>	M D Y <b>10 19 17</b>	Amount <b>\$60.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>CASH</b>

\* 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)]

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

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Total expenditures this event.

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Page Total \$ **560.00**



# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03 05

Name of Committee in Full			
Full Name of Contributor <b>MICHAEL WEAR</b>		Registration Number, if PAC	
Street Address <b>716 CASTLE BLVD.</b>	Employer Occupation/Labor Organization* <b>unknown</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$200.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44313</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>MICHAEL CALLAHAN</b>		Registration Number, if PAC	
Street Address <b>137 S. MAIN ST. SUITE 300</b>	Employer Occupation/Labor Organization* <b>ATTORNEY</b>	M   D   Y <b>10   18   17</b>	Amount <b>\$200.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44308</b>	Form (Cash, Check, etc.) <b>Money Order</b>
Full Name of Contributor <b>MARITA M. WERTZ</b>		Registration Number, if PAC	
Street Address <b>545 BASTOGNE DR.</b>	Employer Occupation/Labor Organization* <b>unknown</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44303</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>ERIC HENRICKSON</b>		Registration Number, if PAC	
Street Address <b>273 E. CATAWBA AVE.</b>	Employer Occupation/Labor Organization* <b>POLICE OFFICER</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44301</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>ANGELA KILLE</b>		Registration Number, if PAC	
Street Address <b>118 BROOKRUN DR.</b>	Employer Occupation/Labor Organization* <b>ATTORNEY</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$200.00</b>
City <b>CODLEY</b>	State <b>OH</b>	Zip Code <b>44321</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>TAMARA A. O'BRIEN</b>		Registration Number, if PAC	
Street Address <b>1625 ORCHARD DR.</b>	Employer Occupation/Labor Organization* <b>Judge</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>CHECK</b>
Full Name of Contributor <b>LYNN S. CALLAHAN</b>		Registration Number, if PAC	
Street Address <b>2275 RICKEL DR.</b>	Employer Occupation/Labor Organization* <b>Judge</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Form (Cash, Check, etc.) <b>CHECK</b>

\* 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)]

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

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Total expenditures this event.

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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03 05

Name of Committee in Full			
Full Name of Contributor <b>DIANE E. HEFFERN</b>		Registration Number, if PAC	
Street Address <b>1235 ROMAYNE DR.</b>	Employer Occupation/Labor Organization* <b>unknown</b>	M   D   Y <b>10   11   17</b>	Amount <b>\$600.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44313</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DONALD R. HICKS</b>		Registration Number, if PAC	
Street Address <b>159 S. MAIN ST.</b>	Employer Occupation/Labor Organization* <b>ATTORNEY</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$35.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44308</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>SUMMIT PAC</b>		Registration Number, if PAC	
Street Address <b>863 N. CLEVELAND-MASS RD.</b>	Employer Occupation/Labor Organization* <b>POLITICAL ORGANIZATION</b>	M   D   Y <b>10   17   17</b>	Amount <b>\$850.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44333</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>KEVIN &amp; KATARINA COOK</b>		Registration Number, if PAC	
Street Address <b>201 HAMPSHIRE RD.</b>	Employer Occupation/Labor Organization* <b>BAILIFF/Judge</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44313</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>CHARLES TYLER</b>		Registration Number, if PAC	
Street Address <b>1700 W. MARKET ST.</b>	Employer Occupation/Labor Organization* <b>ATTORNEY</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$50.00</b>
City <b>AKRON, OH</b>	State   Zip Code <b>OH   44313</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DAVID LOMBARDI</b>		Registration Number, if PAC	
Street Address <b>209 S. MAIN ST.</b>	Employer Occupation/Labor Organization* <b>ATTORNEY</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44308</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>CITIZENS FOR JIM LARIA COMMITTEE</b>		Registration Number, if PAC	
Street Address <b>600 TAMiami TRAIL</b>	Employer Occupation/Labor Organization* <b>POLITICAL ORGANIZATION</b>	M   D   Y <b>10   19   17</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State   Zip Code <b>OH   44303</b>	Form (Cash, Check, etc.) <b>CHECK</b>	

\* 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)]

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

Total expenditures this event.

Page Total \$ **1,785**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
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	
CHRIS & KAREN CONTOS									
1749 COVE ST. NW			RETIRED			CHECK			
UNIONTOWN		OH	44685		1	0	2	5	17 \$25.00
FRANCES S. BUCHHOLZER									
1820 BUCHHOLZER BLVD.			RETIRED			CHECK			
AKRON		OH	44310		1	0	2	6	17 \$500.00
WILLIAM T. GREEN									
769 PEERLESS AVE.			UNKNOWN			CHECK			
AKRON		OH	44320		1	0	1	8	17 \$50.00
RANDOLPH BAXTER & YVONNE BAXTER									
1780 BROOKWOOD DR.						CHECK			
AKRON		OH	44313		1	0	1	7	17 \$25.00
KRISTEN KOWALSKI									
1655 ELDERDALE DR.						CHECK			
MIDDLEBURG HEIGHTS		OH	44130		1	0	1	6	17 \$200.00
SCOTT A. GALE, PH.D.									
801 GEDDES BLUFF			DEPUTY CLERK			CHECK			
SAGAMORE HILLS		OH	44067		1	0	1	8	17 \$35.00
RANDAL A. LOWRY CO., L.P.A. SUITE 200									
4000 EMBASSY PKWY			ATTORNEY			CHECK			
AKRON		OH	44333		1	0	2	6	17 \$2,000.00

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# In-Kind Contributions Received

Presented by Secretary of State 03 05

Name of Committee in Full			
ELISA Hill FOR Judge Committee			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
CITIZENS FOR JIM LARIA	CLERK		
Street Address	Description of Item or Service	M	D
600 TAMiami TRAIL	PRINTING EXPENSE	10	20
City	State	Y	Fair Market Value
AKRON	OH	17	471.53
	Zip Code	Received at Fundraising Event?	
	44303	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
SUMMIT COUNTY REPUBLICAN PARTY	POLITICAL ORGANIZATION		
Street Address	Description of Item or Service	M	D
1755 MERRIMAN RD. #250	PRINTING EXPENSES/MAILING	12	11
City	State	Y	Fair Market Value
AKRON	OH	17	5,170.00
	Zip Code	Received at Fundraising Event?	
	44313	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	

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5,641.53  
Page Total

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Elisa Hill for Judge Committee</b>				Registration Number, if PAC	
Full Name <b>Elise Hill</b>		Type* <b>IN</b>		M   D   Y <b>1   2   0</b>	Amount <b>3500.00</b>
Address <b>1841 Brookfield Drive</b>		State <b>OH</b>		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>		Zip Code <b>44313</b>			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			
Full Name				Registration Number, if PAC	
Address		Type*		M   D   Y	Amount
City		State		Form (Cash, Check, etc.)	
		Zip Code			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

**3,500.00**  
Page Total \$

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT ELISA Hill Judge</b>									
Full Name of Contributor <b>VYONNE PARKER</b>						Registration Number, if PAC			
Street Address <b>794 BELLEAUWOOD DR.</b>			Employer Occupation Labor Organization* <b>SELF EMPLOYED</b>				Form (Cash, Check, etc.) <b>CASH</b>		
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44333</b>		M <b>11</b>	D <b>06</b>	Y <b>17</b>	Amount <b>350.00</b>
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

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