



Committee Name Loughry for Tallmadge		Office Sought City Council at Large		District
Street Address 751 Clark Dr.		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number Dennis K. Loughry		Treasurer Name Pamela Loughry		Election Date (MM/DD/YYYY) 11/07/2017
<b>Type of Report (choose one):</b> <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				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	1,231.91
2. Total monetary contributions (From Forms 31-A and 31-E)	5,175.00
3. Total other income (From Form 31-A-2)	1,000.00
4. Total funds available (sum of lines 1, 2, 3)	7,406.91
5. Total monetary expenditures (From Forms 31-B and 31-F)	6,854.70
6. Balance on hand (line 4 minus line 5)	552.21
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	11,000.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS

RECEIVED  
 12/11/2017 9:00 AM

#1604

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

*Pamela E. Loughry*  
 Signature of Treasurer or Deputy Treasurer

12/11/2017  
 Date (MM/DD/YYYY)

Contribution Pages  
9

Expenditure Pages  
3

Other Pages  
2

Total Pages  
14



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Loughry for Tallmadge				
<b>Full Name of Contributor</b> Frank Comunale			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 25 Berkshire Ct. 1B		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 10/26/2017	<b>Amount</b> 150.00
<b>Full Name of Contributor</b> Michael Wojno			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 475 Wolf Ledges Parkway		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44311	<b>Date (MM/DD/YYYY)</b> 10/24/2017	<b>Amount</b> 100.00
<b>Full Name of Contributor</b> David Hall			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1150 Pin Oak Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Sugar Bush Knolls	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 10/25/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Phillip Lile			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4947 D Ridgewood Ct.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Date (MM/DD/YYYY)</b> 10/29/2017	<b>Amount</b> 200.00
<b>Full Name of Contributor</b> Contributions from Form 31-E			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b> 10/24/2017	<b>Amount</b> 4,675.00

\*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  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee <b>Loughry for Tallmadge</b>				
Full Name of Contributor <b>Roger Read</b>			Registration Number, if PAC	
Street Address <b>1793 Brookwood Dr.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>10/18/2017</b>	Amount <b>500.00</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>Tony Jaber</b>			Registration Number, if PAC	
Street Address <b>3560 Herbert St.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>10/24/2017</b>	Amount <b>300.00</b>
City <b>Mogadore</b>	State <b>OH</b>	Zip Code <b>44260</b>	Form (Cash, Check, Etc) <b>Check</b>	
Full Name of Contributor <b>Martin Bezbatchesko</b>			Registration Number, if PAC	
Street Address <b>562 Green Valley Dr.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>10/24/2017</b>	Amount <b>300.00</b>
City <b>Tallmadge</b>	State <b>OH</b>	Zip Code <b>44278</b>	Form (Cash, Check, Etc) <b>Check</b>	
Full Name of Contributor <b>Vicky Gray</b>			Registration Number, if PAC	
Street Address <b>1102 Grovewood Ave.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>10/24/2017</b>	Amount <b>300.00</b>
City <b>Tallmadge</b>	State <b>OH</b>	Zip Code <b>44278</b>	Form (Cash, Check, Etc) <b>Check</b>	
Full Name of Contributor <b>Demetrious Manuselis</b>			Registration Number, if PAC	
Street Address <b>606 Timothy Dr.</b>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <b>10/24/2017</b>	Amount <b>200.00</b>
City <b>Tallmadge</b>	State <b>OH</b>	Zip Code <b>44278</b>	Form (Cash, Check, Etc) <b>Check</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

Total Expenditures This Event

Page Total \$ **1600.00**



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

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Loughry for Tallmadge				
Full Name of Contributor Christine Thompason			Registration Number, if PAC	
Street Address 820 Bentley Place Blvd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017
				Amount 100.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Patrick Larson			Registration Number, if PAC	
Street Address 273 Whittlesey Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017
				Amount 100.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Brad Genovese			Registration Number, if PAC	
Street Address 850 Bentley Place Blvd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017
				Amount 100.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Rhonda Moffatt			Registration Number, if PAC	
Street Address 4154 W Bath Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017
				Amount 100.00
City Akron		State OH	Zip Code 44333	Form (Cash, Check, Etc) Check
Full Name of Contributor Jerry Feeman			Registration Number, if PAC	
Street Address 1068 Ledgebrook Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017
				Amount 75.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check

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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

Total Expenditures This Event

Page Total \$ 475.00



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Loughry for Tallmadge				
<b>Full Name of Contributor</b> Mark Fairhurst			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 86 Tallwood Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> Brad Raber			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 449 Victoria Park Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> Sue Lyons			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1015 Carol Lane		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> Donald Kozlowski			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 847 1/2 Humble Rd.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/23/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> Thomas Craig			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1017 Eastwood Ave.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Check

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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

Total Expenditures This Event

Page Total \$ 250.00



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

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Loughry for Tallmadge				
Full Name of Contributor Erica Cook			Registration Number, if PAC	
Street Address 168 Whittlesey Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jan Naso			Registration Number, if PAC	
Street Address 305 Whittlesey Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Zella Yerian			Registration Number, if PAC	
Street Address 562 Colony Park Dr., Apt.#301	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Helene Hussing			Registration Number, if PAC	
Street Address 464 South Ridgecliff St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017	Amount 100.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Les Radwany Jr.			Registration Number, if PAC	
Street Address 171 Hunter Parkway	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2017	Amount 100.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Online payment	

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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 \$ 350.00



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Loughry for Tallmadge				
<b>Full Name of Contributor</b> Lawrence Roth			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1105 Ledgebrook Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
<b>Amount</b> 50.00				
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Online payment	
<b>Full Name of Contributor</b> James Evans			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 29 Northeast Ave.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
<b>Amount</b> 300.00				
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Online payment	
<b>Full Name of Contributor</b> Robert Cooper			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4475 Castlemaine Ct.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
<b>Amount</b> 200.00				
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Form (Cash, Check, Etc)</b> Online payment	
<b>Full Name of Contributor</b> Robert Vana			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 157 Bierce St.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
<b>Amount</b> 300.00				
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Online payment	
<b>Full Name of Contributor</b> James Hindel			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 836 Olde Orchard Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
<b>Amount</b> 100.00				
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Online payment	

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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

Total Expenditures This Event

Page Total \$ 950.00



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

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Loughry for Tallmadge				
Full Name of Contributor Philip Maynard			Registration Number, if PAC	
Street Address 1484 Camden Ridge Blvd.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/24/2017	Amount 500.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Online payment
Full Name of Contributor Beth Burch			Registration Number, if PAC	
Street Address 1086 Northeast Ave.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/24/2017	Amount 50.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Online payment
Full Name of Contributor David Thomas			Registration Number, if PAC	
Street Address 961 Treat Blvd.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/24/2017	Amount 100.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Online payment
Full Name of Contributor Mark Krohn			Registration Number, if PAC	
Street Address 300 Spyglass Dr.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/24/2017	Amount 100.00
City Fairlawn		State OH	Zip Code 44333	Form (Cash, Check, Etc) Online payment
Full Name of Contributor Larry Griffin			Registration Number, if PAC	
Street Address 417 Broad St.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/24/2017	Amount 50.00
City Wadsworth		State OH	Zip Code 44281	Form (Cash, Check, Etc) Online payment

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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 \$ 800.00





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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Loughry for Tallmadge				
<b>Full Name of Contributor</b> Rebecca Allman			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 91 Whittlesey Dr.		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 50.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Online payment
<b>Full Name of Contributor</b> Gregory Michalec			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1082 Carol Lane		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 100.00
<b>City</b> Tallmadge		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Form (Cash, Check, Etc)</b> Cash
<b>Full Name of Contributor</b> Brian Taylor			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 13636 Gardenia Ave. NE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/24/2017
				<b>Amount</b> 100.00
<b>City</b> Hartville		<b>State</b> OH	<b>Zip Code</b> 44632	<b>Form (Cash, Check, Etc)</b> Cash
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</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  
**4675.00**

Total Expenditures This Event  
**1516.79**

Page Total \$ **250.00**



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Loughry for Tallmadge			
<b>Full Name of Contributor</b> Pamela Loughry		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 751 Clark Dr.	<b>Type*</b> Loan Payments Received	<b>Date (MM/DD/YYYY)</b> 10/19/2017	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Amount</b> 1,000.00
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>

\* 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.



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Loughry for Tallmadge			
<b>To Whom Paid</b> U S Postmaster		<b>Date (MM/DD/YYYY)</b> 10/19/2017	<b>Amount</b> 799.63
<b>Street Address</b>		<b>Purpose</b>	
		Postage for mailers	
<b>City</b> Cleveland	<b>State</b> OH	<b>Zip Code</b> 44101	<b>Check Number</b> 1003
<b>To Whom Paid</b> Labels & Letters		<b>Date (MM/DD/YYYY)</b> 11/02/2017	<b>Amount</b> 965.98
<b>Street Address</b> 1533 Commerce Dr.		<b>Purpose</b> Printing/mailing	
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Check Number</b> 1009
<b>To Whom Paid</b> Sammie's Bar & Grill		<b>Date (MM/DD/YYYY)</b> 11/07/2017	<b>Amount</b> 340.00
<b>Street Address</b> 498 South Ave.		<b>Purpose</b> Election night gathering for campaign volunteers	
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Check Number</b> 1010
<b>To Whom Paid</b> Eventbrite		<b>Date (MM/DD/YYYY)</b> 10/31/2017	<b>Amount</b> 124.30
<b>Street Address</b> 155 5th St., 7th Floor		<b>Purpose</b> Fees for online event registration netted off deposit	
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code</b> 94103	<b>Check Number</b> N/A-deducted
<b>To Whom Paid</b> Keybank		<b>Date (MM/DD/YYYY)</b> 11/30/2017	<b>Amount</b> 8.00
<b>Street Address</b> 76 Tallmadge Circle		<b>Purpose</b> Bank fees	
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Check Number</b> N/A-deducted

Page Total \$ 2237.91



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Loughry for Tallmadge			
<b>To Whom Paid</b> Total loan payments made from Form no. 31-C		<b>Date (MM/DD/YYYY)</b> 11/01/2017	<b>Amount</b> 3100.00
<b>Street Address</b>		<b>Purpose</b> Loan repayment	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b> Expenditures from Form 31-F		<b>Date (MM/DD/YYYY)</b> 10/24/2017	<b>Amount</b> 1,516.79
<b>Street Address</b>		<b>Purpose</b> Fund-raising event expenditures	
<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 \$ 4,616.79



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Loughry for Tallmadge				
<b>To Whom Paid</b> Fast Signs Medina		<b>Date (MM/DD/YYYY)</b> 10/24/2017		<b>Amount</b> 82.79
<b>Street Address</b> 2736 Medina Rd., Ste. 109		<b>Purpose</b> Event sign		
<b>City</b> Medina	<b>State</b> OH	<b>Zip Code</b> 44256	<b>Check Number</b> 1004	
<b>To Whom Paid</b> The Venue Banquets		<b>Date (MM/DD/YYYY)</b> 10/26/2017		<b>Amount</b> 1,334.00
<b>Street Address</b> 10 Tallmadge Circle		<b>Purpose</b> Event catering		
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Check Number</b> 1005	
<b>To Whom Paid</b> The Venue Banquets		<b>Date (MM/DD/YYYY)</b> 10/26/2017		<b>Amount</b> 100.00
<b>Street Address</b> 10 Tallmadge Circle		<b>Purpose</b> Event catering		
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Check Number</b> 1006	
<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>	<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>	<b>Zip Code</b>	<b>Check Number</b>	

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 \$ 1,516.79



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Loughry for Tallmadge						
From Whom Received Pamela Loughry				Prior Amount 13,000.00	Amt. Incurred this Period 1000.00	
Street Address 751 Clark Dr.					Outstanding Balance 11,000.00	
City Tallmadge	State OH	Zip Code 44278	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
	Date Loan was Originally Incurred (MM/DD/YYYY) 07/13/2017	Date of Loan (MM/DD/YYYY) 10/19/2017	Amount 1,000.00	Date of Payment (MM/DD/YYYY) 11/01/2017	Amount 3,000.00	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received Dennis Loughry				Prior Amount 100.00	Amt. Incurred this Period	
Street Address 751 Clark Dr.					Outstanding Balance 0	
City Tallmadge	State OH	Zip Code 44278	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
	Date Loan was Originally Incurred (MM/DD/YYYY) 07/13/2017	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 11/01/2017	Amount 100.00	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 13,100.00

Total Received This Period \$ 1,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 3,100.00 (also record on Form 31-B)

Total Outstanding Balance \$ 11,000.00 (also record on Form 30-A)