



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought MUNICIPAL COURT JUDGE		District AKRON
Street Address 720 WOLF LEDGES STE 207		City AKRON	State OH	Zip 44311
Candidate Name OR PAC Registration Number KATHRYN A MICHAEL		Treasurer Name ROBERT C BOYCE		Election Date (MM/DD/YYYY) 11/07/2017

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly 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.
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1. Amount brought forward from last report	\$1387.06
2. Total monetary contributions (From Forms 31-A and 31-E)	\$6170.00
3. Total other income (From Form 31-A-2)	\$300
4. Total funds available (Sum of lines 2, and 3)	\$7857.06
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$5949.15
6. Balance on hand (line 4 minus line 5)	\$1907.91
7. Value of in-kind contributions received (From Form 31-J-1)	\$500
8. Value of in-kind contributions made (From Form 31-J-2)	\$0
9. Outstanding loans owed by committee (From Form 31-C)	161,255.74
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

2017 DEC 11 PM 1:38

#1495-0

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

R. Boyce TREASURER
Signature of Treasurer or Deputy Treasurer

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

Contribution Pages
7

Expenditure Pages
2
+ 3 SUPPLEMENT PAGES

Other Pages
2

Total Pages
11
+ 3 SUPPLEMENT PAGES

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE										
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
		OH		1	0	2	3	1	7	\$2,200.00
Full Name of Contributor DARRELL A PARNELL							Registration Number, if PAC			
Street Address 523 FAIRHILL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44313	M	D	Y	Amount			
				1	0	2	9	1	7	\$100.00
Full Name of Contributor KIMBERLY K SHAMA							Registration Number, if PAC			
Street Address 834 MEADOW WOOD LANE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44321	M	D	Y	Amount			
				1	0	2	9	1	7	\$100.00
Full Name of Contributor FREDERICK F GEORGE							Registration Number, if PAC			
Street Address 40 GLOUCESTER PL APT 2C			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44313	M	D	Y	Amount			
				1	1	0	2	1	7	\$600.00
Full Name of Contributor LORI LAWRENCE							Registration Number, if PAC			
Street Address 2511 VALLEY VIEW DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City CUYAHOGA FALLS		State OH	Zip Code 44223	M	D	Y	Amount			
				1	1	0	3	1	7	\$500.00
Full Name of Contributor JAMES LAWRENCE							Registration Number, if PAC			
Street Address 2511 VALLEY VIEW DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City CUYAHOGA FALLS		State OH	Zip Code 44223	M	D	Y	Amount			
				1	1	0	3	1	7	\$500.00
Full Name of Contributor WILLIAM A VASILOU							Registration Number, if PAC			
Street Address 54 E MILL STE #400			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44308	M	D	Y	Amount			
				1	1	0	3	1	7	\$500.00
Full Name of Contributor KIMBERLY VALENTI							Registration Number, if PAC			
Street Address 8101 ST. RTE 44 STE A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City RAVENNA		State OH	Zip Code 44226	M	D	Y	Amount			
				1	1	0	3	1	7	\$400.00

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor EUGENIE N ELIAS					Registration Number, if PAC	
Street Address 6487 RIDGE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SHARON CENTER		State OH	Zip Code 44274	M 1	D 1	Y 0 6 1 7
Amount \$50.00						
Full Name of Contributor ROBERT G KONSTAND					Registration Number, if PAC	
Street Address 2500 FIRST NATIONAL TOWER		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44308	M 1	D 1	Y 0 6 1 7
Amount \$100.00						
Full Name of Contributor JULIE A TOTH					Registration Number, if PAC	
Street Address 221 N PORTAGE PATH APT 2		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44303	M 1	D 1	Y 0 6 1 7
Amount \$75.00						
Full Name of Contributor IBEW PAC VOLUNTARY FUND					Registration Number, if PAC	
Street Address 900 SEVENTH STREET NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WASHINGTON DC		State OH	Zip Code 20001	M 1	D 1	Y 2 2 1 7
Amount \$150.00						
Full Name of Contributor REEN SRMACK					Registration Number, if PAC	
Street Address 2745 S ARLINGTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44312	M 1	D 1	Y 2 2 1 7
Amount \$75.00						
Full Name of Contributor MATTHEW FORTADO					Registration Number, if PAC	
Street Address 1700 W MARKET ST APT 177		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 1	D 1	Y 2 2 1 7
Amount \$75.00						
Full Name of Contributor JULIE TOTH					Registration Number, if PAC	
Street Address 221 N PORTAGE PATH APT 2		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44303	M 1	D 1	Y 2 2 1 7
Amount \$125.00						
Full Name of Contributor KRISTEN KOWALSKI					Registration Number, if PAC	
Street Address 333 S MAIN ST STE 401		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44308	M 1	D 1	Y 2 2 1 7
Amount \$300.00						

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor STEVE COCHRAN				Registration Number, if PAC		
Street Address 1590 SHADE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 1	D 1	Y 2 2	Amount \$20.00
Full Name of Contributor TEAMSTERS LOCAL #348 PAC FUND				Registration Number, if PAC LA1564		
Street Address 272 W MARKET ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 1	D 1	Y 2 2	Amount \$200.00
Full Name of Contributor STACY MCGOWAN				Registration Number, if PAC		
Street Address 670 CROSSINGS CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TALLMADGE	State OH	Zip Code 44278	M 1	D 1	Y 2 2	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	Zip Code	M	D	Y	Amount

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
VOTE JUDGE MICHAEL COMMITTEE					
Full Name			Registration Number, if PAC		
KATHRYN A MICHAEL					
Address	Type*		M	D	Y
3363 STANLEY ROAD	LN		1	1	0
City	State	Zip Code	Amount		
FAIRLAWN	OH	44333	1	1	7
Form (Cash, Check, etc.)					
CHECK					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					

* 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

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount
				0	8	2	\$400.00
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid TRIAD COMMUNICATIONS				M	D	Y	Amount
				1	1	0	\$3,790.31
Address		Purpose					
1701 FRONT STREET		CAMPAIGN MAILER COSTS					
City		State	Zip Code	Check Number			
CUYAHOGA FALLS		OH	44221	1178			
To Whom Paid TRIAD COMMUNICATIONS				M	D	Y	Amount
				1	1	1	\$1,758.84
Address		Purpose					
1701 FRONT STREET		CAMPAIGN MAILER POSTAGE					
City		State	Zip Code	Check Number			
CUYAHOGA FALLS		OH	44221	1177			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE					
From Whom Received KATHRYN A MICHAEL				Prior Amount \$160,955.74	Amt. Incurred this Period \$300.00
Street Address 3363 STANLEY ROAD					Outstanding Balance \$161,255.74
City FAIRLAWN	State OH	Zip Code 44333	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY) 02/18/2005	Date of Loan (MM/DD/YYYY) 11/01/2017	Amount \$300	Date of Payment (MM/DD/YYYY)	Amount
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				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State OH	Zip Code	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
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

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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 \$ 160,955.74

Total Received This Period \$ 300.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 161,255.74 (also record on Form 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
ANDREW C VOORHEES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1952 13TH ST				1	0	2	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JEFFREY N JAMES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
337 HICKORY ST				1	0	2	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOHN H BALLARD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
175 OVERWOOD				1	0	2	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
WALTER J BENSON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
842 S HAMETOWN RD				1	0	2	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COPLEY		OH	44321	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PHILIP F GEORGE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
266 OAK CRST				1	0	2	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COPLEY		OH	44321	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MARY L GEORGE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
266 OAK CRST				1	0	2	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COPLEY		OH	44321	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANITA BROWN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1858 MCTAGGART				1	0	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44320	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,100.00**

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

Prescribed by Secretary of State 03/05

pg.

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor KAREN M BROWN			Registration Number, if PAC	
Street Address 315 SHIAWASSEE AVE		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 6 1 7 \$100.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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

\$2,200.00

Total expenditures this event.

\$0.00

Page Total \$ **\$100.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE								
To Whom Paid TLC CATERING INC				M	D	Y	Amount	
				1	2	06	17	\$400.00
Address 3204 RIDGEWOOD RD		Purpose HIRE OF EVENT VENUE AND FOOD						
City AKRON		State OH	Zip Code 44333	Check Number 1178				
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid				M	D	Y	Amount	
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						

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.

\$400.00
Page Total \$

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ROBERT NGUNGU				
Street Address		Description of Item or Service		M D Y Fair Market Value
1029 JONATHAN AVENUE		10/26/17 EVENT FOOD		1 0 2 6 1 7 \$500.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44333	<input checked="" 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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input checked="" 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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO

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