

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Scott for Judge</b>						Registration Number, if PAC			
Full Name of Candidate <b>Margaret Scott</b>									
Street Address <b>1727 Favlor Drive</b>					Office Sought <b>Barberton Muni Court</b>		District <b>Barberton Mu</b>		
City <b>Akron</b>						State <b>O H</b>	Zip Code <b>44312</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		Semiannual
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 D Y <b>1 1 0 7 1 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	\$	1,947.32
2. Total monetary contributions (From Form No. 31-A)	\$	7,045.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	8,992.32
5. Total monetary expenditures (From Form No. 31-B)	\$	7,039.36
6. Balance on hand (line 4 minus line 5)	\$	1,952.96
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	472.43
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

#1617  
2017 DEC 13 PM 12:49

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

**Jennifer H. (Bheam) Tultz, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

*Jennifer H. (Bheam) Tultz*  
Signature

**12/12/2017**  
Date

Contribution pages **2-9**

Expenditure pages **10-11**

Other pages **12-22**

Total pages **22**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Scott For Judge</b>							
Full Name of Contributor <b>TOTAL CONTRIBUTIONS 31-E (10/26/2017)</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			<b>Summit County</b>				
City		State	Zip Code	M	D	Y	Amount
							<b>3,145.00</b>
Full Name of Contributor <b>Bevan &amp; Associates, LPA, Tom Bevan</b>						Registration Number, if PAC	
Street Address <b>6555 Dean Memorial Parkway</b>			Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hudson</b>		State <b>Oh</b>	Zip Code <b>44236</b>	M <b>1 0</b>	D <b>2 5</b>	Y <b>1 7</b>	Amount <b>3,800.00</b>
Full Name of Contributor <b>IBEW</b>						Registration Number, if PAC	
Street Address <b>900 Seventh Street NW</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Washington</b>		State <b>D C</b>	Zip Code <b>20001</b>	M <b>1 1</b>	D <b>0 4</b>	Y <b>1 7</b>	Amount <b>100.00</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

\* 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		Registration Number, if PAC	
<b>Scott for Judge Committee</b>			
Full Name of Contributor <b>Richard Mittica</b>		Registration Number, if PAC	
Street Address <b>2716 Shillingford Cir., NW</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   5   1   7</b>	Amount <b>25.00</b>
City <b>N. Canton</b>	State   Zip Code <b>O   H   44720</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kevin Mayer</b>		Registration Number, if PAC	
Street Address <b>2038 Wyndham Rd.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   6   1   7</b>	Amount <b>25.00</b>
City <b>Akron</b>	State   Zip Code <b>O   H   44313</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Stephen Barry</b>		Registration Number, if PAC	
Street Address <b>1520 Applewood Way</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   6   1   7</b>	Amount <b>150.00</b>
City <b>Uniontown</b>	State   Zip Code <b>O   H   44685</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tabitha Stearns</b>		Registration Number, if PAC	
Street Address <b>6131 Cartage Ave., NW</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   6   1   7</b>	Amount <b>50.00</b>
City <b>Canal Fulton</b>	State   Zip Code <b>O   H   44614</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Brian LoPrinzi</b>		Registration Number, if PAC	
Street Address <b>3247 Forestmeadow Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   6   1   7</b>	Amount <b>50.00</b>
City <b>Cuyahoga Falls</b>	State   Zip Code <b>O   H   44223</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Katie Tomko</b>		Registration Number, if PAC	
Street Address <b>3910 Lake Run Blvd.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   3   1   7</b>	Amount <b>25.00</b>
City <b>Stow</b>	State   Zip Code <b>O   H   44224</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Shari Barton Harrell</b>		Registration Number, if PAC	
Street Address <b>94 E. Archwood Ave.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   2   3   1   7</b>	Amount <b>25.00</b>
City <b>Akron</b>	State   Zip Code <b>O   H   44301</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 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 \$ 350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Scott for Judge Committee			
Full Name of Contributor <b>Joseph Fantozzi</b>		Registration Number, if PAC	
Street Address <b>548 Bobwhite Trl.</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	50.00
City <b>Akron</b>	State   Zip Code <b>O   H   44319</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Rimma Avanesyan</b>		Registration Number, if PAC	
Street Address <b>77 Lethbridge Ln.</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	25.00
City <b>Akron</b>	State   Zip Code <b>O   H   44321</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Peter Daly</b>		Registration Number, if PAC	
Street Address <b>1776 W. Idlewood Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	25.00
City <b>Twinsburg</b>	State   Zip Code <b>O   H   44087</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Daniel Sallerson</b>		Registration Number, if PAC	
Street Address <b>5440 Vermouth St., NW</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	50.00
City <b>Canton</b>	State   Zip Code <b>O   H   44720</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Catherine Stoyhoff</b>		Registration Number, if PAC	
Street Address <b>235 Lake Front Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	50.00
City <b>Akron</b>	State   Zip Code <b>O   H   44319</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Devorah Pasternak</b>		Registration Number, if PAC	
Street Address <b>560 Beaverbrook Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	25.00
City <b>Akron</b>	State   Zip Code <b>O   H   44333</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Ariana Zimcosky</b>		Registration Number, if PAC	
Street Address <b>4437 Glenbrook Dr., Apt. 201</b>	Employer/Occupation/Labor Organization*	M   D   Y	Amount
		1   0   2   6   1   7	25.00
City <b>Brunswick</b>	State   Zip Code <b>O   H   44212</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 \$ 250.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
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)			
<b>Scott for Judge Committee</b>						
<b>Paula Prentice</b>						
4235 Aldawood Hills Dr.			1	0	2	100.00
Akron	OH	44319	Check			
<b>Elliot Kolkovich</b>						
369 Gresham Dr.			1	0	2	100.00
Fairlawn	OH	44333	Check			
<b>Scott Feeney</b>						
1547 Indianola Ave.			1	0	2	50.00
Akron	OH	44305	Check			
<b>Tavia Galonski</b>						
1137 Allendale Ave.			1	0	2	50.00
Akron	OH	44306	Check			
<b>Crystal Baker</b>						
484 Tulip Trl.			1	0	2	25.00
Wadsworth	OH	44281	Check			
<b>Charles Dandrea</b>						
405 Sackett Ave.			1	0	2	25.00
Akron	OH	44313	Check			
<b>Melanie Hart</b>						
3068 Sparrows Crest			1	0	2	25.00
Akron	OH	44319	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 \$ 375.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
<b>Scott for Judge Committee</b>							
Full Name of Contributor			Registration Number, if PAC				
<b>Elisabeth Jackson</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>2844 Massillon Rd.</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>25.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Akron</b>	<b>O</b>   <b>H</b>	<b>44312</b>	<b>Check</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Lisa Holdt</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>3916 S. Arlington Rd., Apt. 1216</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>200.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Uniontown</b>	<b>O</b>   <b>H</b>	<b>44685</b>	<b>Check</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Scott Bourquin, Scotty B Handyman Service, LLC</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>1851 Trares Rd.</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Mogadore</b>	<b>O</b>   <b>H</b>	<b>44260</b>	<b>Check</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Friends of Kristen Scalise</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>274 Harvest Dr.</b>			<b>1</b>	<b>0</b>	<b>23</b>	<b>17</b>	<b>100.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Akron</b>	<b>O</b>   <b>H</b>	<b>44333</b>	<b>Check</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Rick Wakefield</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>4330 Brookview Ct.</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>50.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Uniontown</b>	<b>O</b>   <b>H</b>	<b>44685</b>	<b>Cash</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Jennifer Tultz</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>1727 Faylor Dr.</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>25.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Akron</b>	<b>O</b>   <b>H</b>	<b>44312</b>	<b>Cash</b>				
Full Name of Contributor			Registration Number, if PAC				
<b>Heaven DiMartino</b>							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>10276 Rochester Rd.</b>			<b>1</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>25.00</b>
City	State	Zip Code	Form(Cash,Check,etc)				
<b>Minerva</b>	<b>O</b>   <b>H</b>	<b>44657</b>	<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

Total expenditures this event

Page Total \$ 475.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Scott for Judge Committee							
Full Name of Contributor Ty Graham				Registration Number, if PAC			
Street Address 6075 Paris Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Louisville	State OH	Zip Code 44641	1	0	2	6	30.00
				Form(Cash,Check,etc)			Cash
Full Name of Contributor Joe Sands				Registration Number, if PAC			
Street Address 1386 Seneca Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44312	1	0	2	6	30.00
				Form(Cash,Check,etc)			Cash
Full Name of Contributor Zack Neumann				Registration Number, if PAC			
Street Address 933 Hereford Dr.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44303	1	0	2	6	25.00
				Form(Cash,Check,etc)			Cash
Full Name of Contributor Caitlin Croft				Registration Number, if PAC			
Street Address 1924 Sackett Ave.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Cuyahoga Falls	State OH	Zip Code 44223	1	0	2	6	35.00
				Form(Cash,Check,etc)			Cash
Full Name of Contributor Mackenzie Border				Registration Number, if PAC			
Street Address 3736 Arthur Rd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Kent	State OH	Zip Code 44240	1	0	2	7	25.00
				Form(Cash,Check,etc)			Check
Full Name of Contributor Megan Bogavich				Registration Number, if PAC			
Street Address 8048 Bricker Rd., NW	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Massillon	State OH	Zip Code 44646	1	0	2	6	25.00
				Form(Cash,Check,etc)			Cash
Full Name of Contributor Teri Burnside				Registration Number, if PAC			
Street Address 1687 Slusser Rd.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Tallmadge	State OH	Zip Code 44278	1	0	3	1	50.00
				Form(Cash,Check,etc)			Check

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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 \$ 220.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Scott for Judge Committee</b>							
Full Name of Contributor <b>Kenneth Cox</b>		Registration Number, if PAC					
Street Address <b>869 Arroyo Dr.</b>	Employer/Occupation/Labor Organization*						<b>50.00</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>Paul Hervey</b>		Registration Number, if PAC					
Street Address <b>229 Albany Dr., NW</b>	Employer/Occupation/Labor Organization*						<b>250.00</b>
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44708</b>	Form (Cash, Check, etc) <b>Check</b>				
Full Name of Contributor <b>Kendra Stickel</b>		Registration Number, if PAC					
Street Address <b>653 Ada St.</b>	Employer/Occupation/Labor Organization*						<b>50.00</b>
City <b>Kent</b>	State <b>OH</b>	Zip Code <b>44240</b>	Form (Cash, Check, etc) <b>Check</b>				
Full Name of Contributor <b>Anthony Petrarca</b>		Registration Number, if PAC					
Street Address <b>1765 Merriman Rd</b>	Employer/Occupation/Labor Organization*						<b>250.00</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>Regina VanVoorhis</b>		Registration Number, if PAC					
Street Address <b>4427 King Arthur Dr</b>	Employer/Occupation/Labor Organization*						<b>25.00</b>
City <b>Uniontown</b>	State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, etc) <b>Check</b>				
Full Name of Contributor <b>Rebecca Stock</b>		Registration Number, if PAC					
Street Address <b>114 Telfer</b>	Employer/Occupation/Labor Organization*						<b>50.00</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44312</b>	Form (Cash, Check, etc) <b>Check</b>				
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*						
City	State	Zip Code	Form (Cash, Check, etc)				

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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 \$ **675.00**



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Scott for Judge Committee			
Full Name of Contributor Leslie Knoblauch		Registration Number, if PAC	
Street Address 1757 Mayflower Lane	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   1   7	Amount 25.00
City Hudson	State   Zip Code OH   44236	Form (Cash, Check, etc) Check	
Full Name of Contributor Jon Oldham		Registration Number, if PAC	
Street Address 2130 Sagamore Rd.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   1   5   1   7	Amount 100.00
City Akron	State   Zip Code OH   44313	Form (Cash, Check, etc) Check	
Full Name of Contributor Patricia Sine		Registration Number, if PAC	
Street Address 4722 Mars Rd.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   3   1   7	Amount 50.00
City Uniontown	State   Zip Code OH   44685	Form (Cash, Check, etc) Check	
Full Name of Contributor David Crook		Registration Number, if PAC	
Street Address 1044 Burbank Ave.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   4   1   7	Amount 25.00
City Akron	State   Zip Code OH   44313	Form (Cash, Check, etc) Check	
Full Name of Contributor John Lamonica		Registration Number, if PAC	
Street Address 4526 Honeysuckle Dr.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   3   1   7	Amount 50.00
City N. Canton	State   Zip Code OH   44720	Form (Cash, Check, etc) Check	
Full Name of Contributor Sandra Kurt		Registration Number, if PAC	
Street Address 140 Mayfield Ave.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   5   1   7	Amount 50.00
City Akron	State   Zip Code OH   44313	Form (Cash, Check, etc) Check	
Full Name of Contributor Friends of William Judge		Registration Number, if PAC	
Street Address 98 29th St., NW	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   4   1   7	Amount 500.00
City Barberton	State   Zip Code OH   44203	Form (Cash, Check, etc) Check	

\* 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)]

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  
**3,145.00**

Total expenditures this event  
**—**

Page Total \$ **800.00**

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Scott for Judge</b>							
To Whom Paid <b>Magic City Democrats</b>				M	D	Y	Amount
				1	0	2 4 1 7	150.00
Address <b>225 Stanley Ave</b>		Purpose <b>Advertisement</b>					
City <b>Barberton</b>		State <b>O H</b>	Zip Code <b>44203</b>	Check Number <b>1062</b>			
To Whom Paid <b>Margaret Scott</b>				M	D	Y	Amount
				1	0	2 5 1 7	98.32
Address <b>3776 Fairway Park Dr, #101</b>		Purpose <b>Reimbursement for candy for football lit distribution</b>					
City <b>Copley</b>		State <b>O H</b>	Zip Code <b>44321</b>	Check Number <b>1063</b>			
To Whom Paid <b>Staples</b>				M	D	Y	Amount
				1	0	3 0 1 7	48.02
Address <b>545 Howe Ave</b>		Purpose <b>Labels</b>					
City <b>Cuyahoga Falls</b>		State <b>O H</b>	Zip Code <b>44221</b>	Check Number <b>1064</b>			
To Whom Paid <b>Margaret Scott</b>				M	D	Y	Amount
				1	1	0 9 1 7	1,126.19
Address <b>3776 Fairway Park Dr, #101</b>		Purpose <b>Payment for debt owed</b>					
City <b>Copley</b>		State <b>O H</b>	Zip Code <b>44321</b>	Check Number <b>1065</b>			
To Whom Paid <b>Elliot Kolkovich</b>				M	D	Y	Amount
				1	1	0 1 1 7	3,000.00
Address <b>369 Gresham</b>		Purpose <b>Reimbursement for yellow pages ads</b>					
City <b>Fairlawn</b>		State <b>O H</b>	Zip Code <b>44333</b>	Check Number <b>1067</b>			
To Whom Paid <b>Elliot Kolkovich</b>				M	D	Y	Amount
				1	1	0 1 1 7	1,090.00
Address <b>369 Gresham</b>		Purpose <b>Reimbursement for Facebook ads</b>					
City <b>Fairlawn</b>		State <b>O H</b>	Zip Code <b>44333</b>	Check Number <b>1068</b>			
To Whom Paid <b>El Jalapenos</b>				M	D	Y	Amount
				1	1	0 7 1 7	878.28
Address <b>1195 Wooster Rd West</b>		Purpose <b>Election night party food and drink</b>					
City <b>Barberton</b>		State <b>O H</b>	Zip Code <b>44203</b>	Check Number <b>1069</b>			
To Whom Paid <b>Elliot Kolkovich</b>				M	D	Y	Amount
				1	1	1 4 1 7	645.55
Address <b>369 Gresham</b>		Purpose <b>Reimbursement for labels, Facebook ads, &amp; robo calls</b>					
City <b>Fairlawn</b>		State <b>O H</b>	Zip Code <b>44333</b>	Check Number <b>1070</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Scott for Judge</b>							
To Whom Paid <b>Huntington National Bank</b>				M	D	Y	Amount
				1	1	1	3.00
Address <b>PO Box 1558</b>		Purpose <b>Statement charge</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43216</b>	Check Number <b>EFT</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			
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

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Scott for Judge</b>			
Full Name of Contributor <b>Alyse Zyga</b>		Employer, Occupation, Labor Organization * <b>Summit County</b>	
Street Address <b>134 N Rose Blvd</b>		Description of Item or Service <b>Snacks</b>	
City <b>Akron</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Steve Barry</b>		Employer, Occupation, Labor Organization * <b>Summit County</b>	
Street Address <b>1520 Applewood Way</b>		Description of Item or Service <b>Food for fundraiser</b>	
City <b>Uniontown</b>		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	

\* 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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Scott for Judge</b>										
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$11.94</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Ice</b>			Outstanding Balance <b>⊖</b>		
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period					
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					<b>0</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>7</b>
					<b>1</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>7</b>
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$36.23</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Parade candy</b>			Outstanding Balance <b>⊖</b>		
City <b>Coley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period					
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					<b>0</b>	<b>8</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>7</b>
					<b>1</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>7</b>
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$7.45</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Sign ties</b>			Outstanding Balance <b>⊖</b>		
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period					
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>7</b>
					<b>1</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>7</b>
Registration Number, if PAC					M	D	Y			
					M	D	Y			

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 \$ \$0.00 (also record on Form 31-B)

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

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Scott for Judge</b>									
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$150.00</b>	
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Campaign banner</b>			Outstanding Balance <b>0</b>	
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					0	8	0	1	17
					1	1	0	9	17
Registration Number, if PAC									150.00
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$70.00</b>	
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Campaign ad</b>			Outstanding Balance <b>0</b>	
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					0	8	0	6	17
					1	1	0	9	17
Registration Number, if PAC									70.00
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$15.96</b>	
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Parade candy</b>			Outstanding Balance <b>0</b>	
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					0	8	0	5	17
					1	1	0	9	17
Registration Number, if PAC									15.96
					M	D	Y		
					M	D	Y		

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 \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Scott for Judge</b>														
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$34.00</b>						
Address <b>3776 Fairway Park Drive #101</b>					Item or Purpose of Debt <b>Postage</b>			Outstanding Balance <b>⊖</b>						
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period									
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	\$						
					0	3	2	7	1	7	11	09	17	34.00
Registration Number, if PAC					M	D	Y							
					M	D	Y							
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$34.00</b>			Amt. Incurred this Period <b>\$147.00</b>						
Address <b>3776 Fairway Park Drive #101</b>					Item or Purpose of Debt <b>Postage</b>			Outstanding Balance <b>⊖</b>						
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period									
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	\$						
					0	4	0	3	1	7	11	09	17	147.00
Registration Number, if PAC					M	D	Y							
					M	D	Y							
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$181.00</b>			Amt. Incurred this Period <b>\$196.00</b>						
Address <b>3776 Fairway Park Drive #101</b>					Item or Purpose of Debt <b>Postage</b>			Outstanding Balance <b>⊖</b>						
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>		Payments This Period									
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	\$						
					0	4	0	6	1	7	11	09	17	196.00
Registration Number, if PAC					M	D	Y							
					M	D	Y							

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 \$ \$0.00 (also record on Form 31-B)

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





## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Scott for Judge</b>										
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$86.74</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Postage</b>			Outstanding Balance <b>⊖</b>		
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>			Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
					0	7	2	0	1	7
					1	1	0	9	1	7
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$50.90</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Labels, envelopes</b>			Outstanding Balance <b>⊖</b>		
City <b>Coley</b>		State <b>OH</b>	Zip Code <b>44321</b>			Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
					0	8	1	0	1	7
					1	1	0	9	1	7
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$23.70</b>		
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Plates &amp; napkins</b>			Outstanding Balance <b>⊖</b>		
City <b>Copley</b>		State <b>OH</b>	Zip Code <b>44321</b>			Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
					0	8	2	1	1	7
					1	1	0	9	1	7
Registration Number, if PAC					M	D	Y			
					M	D	Y			

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 \$ \$0.00 (also record on Form 31-B)

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

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Scott for Judge</b>									
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$13.89</b>	
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Sign ties</b>			Outstanding Balance <b>0</b>	
City <b>Copley</b>		Sta te <b>OH</b>	Zip Code <b>44321</b>			Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
					1	0	1	3	17
					1	1	0	9	17
Registration Number, if PAC								13.89	
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Margaret Scott</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$117.18</b>	
Address <b>3776 Fairway Park Dr #101</b>					Item or Purpose of Debt <b>Business cards</b>			Outstanding Balance <b>0</b>	
City <b>Copley</b>		Sta te <b>OH</b>	Zip Code <b>44321</b>			Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
					0	7	2	5	17
					1	1	0	9	17
Registration Number, if PAC								117.18	
					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		Sta te	Zip Code			Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)