



Committee Name John A. Donofrio Campaign Committee		Office Sought County Council At Large		District Summit
Street Address 218 Woodside Lane		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number John A. Donofrio		Treasurer Name Michael Migden		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only:				
<input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
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	\$519.77
2. Total monetary contributions (From Forms 31-A and 31-E)	\$0.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$519.77
5. Total monetary expenditures (From Forms 31-E and 31-F)	\$260.00
6. Balance on hand (line 4 minus line 5)	\$259.77
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$1,500.00
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

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SUMMIT COUNTY
BOARD OF ELECTIONS

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

Michael Migden
Signature of Treasurer or Deputy Treasurer

01/29/2018
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee John A. Donofrio Campaign Committee			
To Whom Paid KeyBank		Date (MM/DD/YYYY) 07/31/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number
To Whom Paid Paula Prentice		Date (MM/DD/YYYY) 08/29/2017	Amount 50.00
Street Address 4235 Aldawood Hills Drive		Purpose 5th Annual Akron 5K Recovery Walk	
City Akron	State OH	Zip Code 44319	Check Number 1052
To Whom Paid KeyBank		Date (MM/DD/YYYY) 08/31/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number
To Whom Paid Right to Life		Date (MM/DD/YYYY) 09/22/2017	Amount \$120.00
Street Address 572 W. Market Street		Purpose Golf Outing Donation	
City Akron	State OH	Zip Code 44308	Check Number 1053
To Whom Paid KeyBank		Date (MM/DD/YYYY) 09/29/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number

Page Total \$ 185.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
To Whom Paid Tri-County Regional Labor Council, AFL-CIO		Date (MM/DD/YYYY) 10/19/2017	Amount \$60.00
Street Address 720 Wolf Ledges Parkway, #207		Purpose Reverse Raffle	
City Akron	State OH	Zip Code 44311	Check Number 1054
To Whom Paid KeyBank		Date (MM/DD/YYYY) 10/31/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 11/30/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 12/29/2017	Amount \$5.00
Street Address 219 South Main Street		Purpose Service Charge	
City Akron	State OH	Zip Code 44308	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 75.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee John A. Donofrio Campaign Committee						
From Whom Received John A. Donofrio				Prior Amount \$1,000.00	Amt. Incurred this Period	
Street Address 67 Sand Run Road					Outstanding Balance \$1,000.00	
City Akron	State OH	Zip Code 44313	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 09/29/2015			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
From Whom Received John A. Donofrio				Prior Amount \$500.00	Amt. Incurred this Period	
Street Address 67 Sand Run Road					Outstanding Balance \$500.00	
City Akron	State OH	Zip Code 44313	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 06/13/2017			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

* 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 \$ 1,500.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,500.00 (also record on Form 30-A)