



Committee Name DAN HORRIGAN CAMPAIGN COMMITTEE		Office Sought UNDECLARED		District SUMMIT
Street Address 1230 N HOWARD ST		City AKRON	State OH	Zip 44310
Candidate Name OR PAC Registration Number DAN HORRIGAN		Treasurer Name JENEE VALLE		Election Date (MM/DD/YYYY) N/A
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 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.

1. Amount brought forward from last report	42,293.61
2. Total monetary contributions (From Forms 31-A and 31-E)	24,505.00
3. Total other income (From Form 31-A-2)	10.80
4. Total funds available (sum of lines 1, 2, 3)	66,809.41
5. Total monetary expenditures (From Forms 31-B and 31-F)	15,857.80
6. Balance on hand (line 4 minus line 5)	50,951.61
7. Value of in-kind contributions received (From Form 31-J-1)	299.96
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
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

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 FEB 21 AM 9:53

#1914

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

Jeneé M. Valle
Signature of Treasurer or Deputy Treasurer

01/20/2018
Date (MM/DD/YYYY)

Contribution Pages
21

Expenditure Pages
18

Other Pages
1

Total Pages
40



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN 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.) CASH/CHECKS
City	State OH	Zip Code	Date (MM/DD/YYYY) 07/27/2017	Amount 24,505.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (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)]



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor PEOPLE'S BANK		Registration Number, if PAC	
Street Address 158 E CUYAHOGA FALLS AVE	Type* Investment/Income	Date (MM/DD/YYYY) 11/02/2017	Form (Cash, Check, etc.) AUTO DEPOSIT
City AKRON	State OH	Zip Code 44310	Amount 5.55
Full Name of Contributor PEOPLE'S BANK		Registration Number, if PAC	
Street Address 158 E CUYAHOGA FALLS AVE	Type* Investment/Income	Date (MM/DD/YYYY) 12/02/2017	Form (Cash, Check, etc.) AUTO DEPOSIT
City AKRON	State OH	Zip Code 44310	Amount 5.25
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor			Registration Number, if PAC		
ROBERT INA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3397 LEDGEWICKE CIRCLE	unable to locate	0	7	1	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)		
FAIRLAWN	OH	44333	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JEANNE TASSIELLO					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1137 AVON ST	RETIRED	0	7	1	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
AKRON	OH	44310	CHECK		
Full Name of Contributor			Registration Number, if PAC		
WILLIAM GINTER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
485 DELAWARE AVE	RETIRED	0	7	1	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)		
AKRON	OH	44303	CHECK		
Full Name of Contributor			Registration Number, if PAC		
DANIEL HILSON					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4281 OLMSTED RD	ROETZEL & ADDRESS	0	7	1	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)		
NEW ALBANY	OH	43054	CHECK		
Full Name of Contributor			Registration Number, if PAC		
THOMAS CONWAY					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2745 NESBITT AVE	THOMAS CONWAY ATTY	0	7	1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)		
AKRON	OH	44319	CHECK		
Full Name of Contributor			Registration Number, if PAC		
GEORGE FARRIS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
555 WOODSIDE DR	SAWAN & FARRIS	0	7	1	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
AKRON	OH	44303	CHECK		
Full Name of Contributor			Registration Number, if PAC		
EVAN CORNS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1431 DUNCAN ST	RETIRED	0	7	1	\$750.00
City	State	Zip Code	Form (Cash, Check, etc.)		
KEY WEST	FL	33040	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 \$ 1,725.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
DAN HARRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor			Registration Number, if PAC			
JOHN BLICKLE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
388 S MAIN ST STE 401A	HEIDMAN CO		0	7	13	\$750.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44311	CHECK			
Full Name of Contributor			Registration Number, if PAC			
PAUL THOMARIOS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1 CANAL SQUARE PLAZA STE 1500	THOMARIOS CO		0	7	13	\$750.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC			
ERIC SMITH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
564 WHITE POND DR	PRIME AE GROUP		0	7	13	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44320	CHECK			
Full Name of Contributor			Registration Number, if PAC			
RICHARD REED						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2590 MYERSVILLE RD	<i>unable to locate</i>		0	7	13	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
UNIONTOWN	OH	44685	CHECK			
Full Name of Contributor			Registration Number, if PAC			
RICHARD BROPHY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1460 SACKETT HILLS DR	CARDINAL ENVIRONME		0	7	14	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
THOMAS BEVAN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
530 MEADOWRIDGE WAY	BEVAN & ASSOCIATES		0	7	14	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
HUDSON	OH	44236	CHECK			
Full Name of Contributor			Registration Number, if PAC			
YAMINI ADKINS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
667 SALISBURY WAY	FMCS		0	7	14	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
COPLEY	OH	44321	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 \$ **\$2,750.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HARRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
SAMUEL COVELLI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3900 E MARKET ST		COVELLI ENTERPRISES		0	7	17	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
WARREN		OH	44484	CHECK			
Full Name of Contributor				Registration Number, if PAC			
FRANK LAROSE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6745 SOUTHPOINTE PKWY		HOUSE OF LAROSE		0	7	17	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BRECKSVILLE		OH	44141	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOSEPH OHLS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2617 STONECREEK DR		SUMMIT COUNTY		0	7	17	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44320	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANTHONY PETRARCA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1765 MERRIMAN RD		CEDARWOOD CO		0	7	17	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ROGER READ							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1793 BROOKWOOD DR		RETIRED		0	7	17	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PATRICK D'ANDREA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
697 W MARKET ST STE 200		D'ANDREA & ASSOCIATE		0	7	17	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MSCPAC				C00309468			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO BOX 594		PAC		0	7	17	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
YOUNGSTOWN		OH	44501	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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$1,950.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE												
Full Name of Contributor STEVEN KUTNICK			Registration Number, if PAC									
Street Address 2245 LANCASTER RD		Employer/Occupation/Labor Organization* SELF EMPLOYED MD		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td>0</td><td>7</td><td>19</td><td>\$100.00</td> </tr> </table>	M	D	Y	Amount	0	7	19	\$100.00
M	D	Y	Amount									
0	7	19	\$100.00									
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK								
Full Name of Contributor CARPENTERS LOCAL 285 PCE												
Street Address 47 ALICE DR		Employer/Occupation/Labor Organization* PCE		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td>0</td><td>7</td><td>19</td><td>\$250.00</td> </tr> </table>	M	D	Y	Amount	0	7	19	\$250.00
M	D	Y	Amount									
0	7	19	\$250.00									
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK								
Full Name of Contributor ENVIRONMENTAL DESIGN GROUP LLC PAC												
Street Address 450 GRANT ST		Employer/Occupation/Labor Organization* PAC		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td>0</td><td>7</td><td>20</td><td>\$250.00</td> </tr> </table>	M	D	Y	Amount	0	7	20	\$250.00
M	D	Y	Amount									
0	7	20	\$250.00									
City AKRON		State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK								
Full Name of Contributor												
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
Street Address		Employer/Occupation/Labor Organization*		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Amount</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Amount				
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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$600.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
ROBERT KIRKLEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7548 OVERLAND TR		DLZ CORP		0	7	19	\$750.00
City		State	Zip Code	Form (Cash, Check, etc.)			
DELAWARE		OH	43015	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SHYAM RAJADHYAKSHA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6121 HUNTLEY RD		DLZ CORP		0	7	19	\$750.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COLUMBUS		OH	43229	CHECK			
Full Name of Contributor				Registration Number, if PAC			
FRANK CALABRESE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
355 DELAWARE AVE		F&C MARKETING		0	7	22	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MICHAEL IEMMA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
826 ADAM RUN DR		PARK FORD		0	7	22	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
RICHEY SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 N PORTAGE PATH #18		RICHEY INDUSTRIES		0	7	22	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ROBERT FRUTCHEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2700 OLDTOWN VALLEY RD SW		THOMARIOS		0	7	25	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NEW PHILADELPHIA		OH	44663	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MADELINE BOZZELLI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
452 E RESERVE DR		RETIRED		0	7	26	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	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 \$ **\$2,200.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor TRI COUNTY BUILDING TRADES PCE			Registration Number, if PAC	
Street Address 272 W MARKET ST	Employer/Occupation/Labor Organization* PAC		M D Y 0 7 2 6 1 7	Amount \$500.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRANK STAMS			Registration Number, if PAC	
Street Address 3290 FORESTMEADOW DR	Employer/Occupation/Labor Organization* FIRST TEE OF AKRON		M D Y 0 7 2 6 1 7	Amount \$100.00
City CUYAHOGA FALLS	State OH <input checked="" type="checkbox"/>	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL VERICH			Registration Number, if PAC	
Street Address 1346 CENTRAL PKWY AVE SE	Employer/Occupation/Labor Organization* STATE OF OH		M D Y 0 7 2 7 1 7	Amount \$300.00
City WARREN	State OH <input checked="" type="checkbox"/>	Zip Code 44484	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JANICE STAHL			Registration Number, if PAC	
Street Address 175 MERRIMAN RD	Employer/Occupation/Labor Organization* NORTH COAST COMM HC		M D Y 0 7 2 7 1 7	Amount \$200.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHEET METAL WORKS LOCAL 33 COPE			Registration Number, if PAC OH 412	
Street Address 1890 VENTURE CIRCLE SE	Employer/Occupation/Labor Organization* PAC		M D Y 0 7 2 7 1 7	Amount \$750.00
City MASSILLON	State OH <input checked="" type="checkbox"/>	Zip Code 44646	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHARON CONNOR			Registration Number, if PAC	
Street Address 867 MORNINGVIEW AVE	Employer/Occupation/Labor Organization* AKRON PUBLIC SCHOOL		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44305	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GEORGE EMERSHAW			Registration Number, if PAC	
Street Address 120 E MILL ST STE 437	Employer/Occupation/Labor Organization* EMERSHAW MUSHKAT &		M D Y 0 7 2 7 1 7	Amount \$200.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44308	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,150.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JOHN FROLA JR			Registration Number, if PAC		
Street Address 3197 N JACKSON BLVD		Employer/Occupation/Labor Organization* CT CONSULTANTS		M D Y 0 7 2 7 1 7	Amount \$250.00
City UNIONTOWN	State OH <input checked="" type="checkbox"/>	Zip Code 44685	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor DAN RICE					
Street Address 1622 GRANT AVE		Employer/Occupation/Labor Organization* OHIO ERIE CANAL COALITION		M D Y 0 7 2 7 1 7	Amount \$250.00
City CUYAHOGA FALLS	State OH <input checked="" type="checkbox"/>	Zip Code 44223	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor COMMITTEE TO ELECT RICH SWIRSKY FOR WARD 1					
Street Address 183 N HIGHLAND AVE		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44303	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor COMMITTEE TO ELECT MARILYN KEITH					
Street Address 585 WINSLOW AVE		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor CHARLES D'ANDREA					
Street Address 405 SACKETT AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor EDNAH BORDERS					
Street Address 778 DIAGONAL RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 2 7 1 7	Amount \$30.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44320	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor SANDRA KURT					
Street Address 140 MAYFIELD AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44313	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$930.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor GREGORY KURTZ				Registration Number, if PAC	
Street Address 6355 EVERGREEN DR		Employer/Occupation/Labor Organization* KURTZ BROTHERS		M D Y 0 7 27 17	Amount \$750.00
City INDEPENDENCE		State OH <input checked="" type="checkbox"/>	Zip Code 44131	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL MIGDEN					
Street Address 1474 WADE PARK AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 27 17	Amount \$50.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GEORGE SARKIS					
Street Address 466 ELY RD		Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M D Y 0 7 27 17	Amount \$250.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES LAWRENCE					
Street Address 2511 VALLEY VIEW DR		Employer/Occupation/Labor Organization* ORIANA HOUSE		M D Y 0 7 27 17	Amount \$250.00
City CUYAHOGA FALLS		State OH <input checked="" type="checkbox"/>	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRIENDS OF GRETA JOHNSON					
Street Address 2220 CAMBRIDGE CT		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 27 17	Amount \$250.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ELECT ILENE SHAPIRO					
Street Address 295 WYANT RD		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 27 17	Amount \$250.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JASON DODSON					
Street Address 3695 MOGADORE RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 27 17	Amount \$100.00
City MOGADORE		State OH <input checked="" type="checkbox"/>	Zip Code 44260	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,900.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JUSTIN MARKEY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3354 VERNER RD		ROETZEL & ADDRESS		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
KENT		OH <input checked="" type="checkbox"/>	44240	CHECK			
Full Name of Contributor				Registration Number, if PAC			
LISA ZENO CARANO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
125 ERNEST DR		SUMMIT COUNTY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
TALLMADGE		OH <input checked="" type="checkbox"/>	44278	CHECK			
Full Name of Contributor				Registration Number, if PAC			
KURTIS KNAPP							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2049 CONGRESS LAKE RD		GREAT LAKES CONST		0	7	2717	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE		OH <input checked="" type="checkbox"/>	44260	CHECK			
Full Name of Contributor				Registration Number, if PAC			
TERRENCE FINN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2406 BRICE RD		ROETZEL & ADDRESS		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
STEVEN RADWANY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4409 IDLEBROOK DR		STEVEN RADWANY MD		0	7	2717	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SUZANNE GRAHAM							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
85 CARLTON DR		DOWNTOWN AKRON PAF		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44312	CHECK			
Full Name of Contributor				Registration Number, if PAC			
BARBARA KAPPER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10033 KEITH AVE		RETIRED		0	7	2717	\$750.00
City		State	Zip Code	Form (Cash, Check, etc.)			
SEMINOLE		FL <input checked="" type="checkbox"/>	33776	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,650.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
MICHAEL OCHSENHIRT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
812 MAYFAIR RD		AKRON CONCRETE		0	7	27	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JACQUELINE LUDLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1204 BERWIN ST		SUMMIT COUNTY		0	7	27	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44310	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DAVID LIEBERTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1275 SUNSET VIEW		LIEBERTH CONSULTING		0	7	27	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DANIEL DEHOFF							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7441 ARLINGTON AVE NW		DEHOFF DEVELOPMENT		0	7	27	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
MASSILLON		OH <input checked="" type="checkbox"/>	44646	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ROBERT DEHOFF							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
821 S MAIN ST		DEHOFF DEVELOPMENT		0	7	27	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NORTH CANTON		OH <input checked="" type="checkbox"/>	44720	CHECK			
Full Name of Contributor				Registration Number, if PAC			
KEVIN DAVIS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
12 E EXCHANGE ST		DAVIS LAW GROUP		0	7	27	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
FRIENDS OF KRISTEN SCALISE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
274 HARVEST DR		POLITICAL COMM		0	7	27	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44333	CHECK			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,300.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE LLP PAC			Registration Number, if PAC OH109	
Street Address 52 E GAY ST	Employer/Occupation/Labor Organization* PAC		M D Y 0 7 27 17	Amount \$250.00
City COLUMBUS	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LEWIS ADKINS JR			Registration Number, if PAC	
Street Address 1375 E NINTH ST 10TH FLOOR	Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M D Y 0 7 27 17	Amount \$500.00
City CLEVELAND	State OH <input checked="" type="checkbox"/>	Zip Code 44114	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RYAN BALKO			Registration Number, if PAC	
Street Address 1559 BRYDEN DR	Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 27 17	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TRAVIS BOWMAN			Registration Number, if PAC	
Street Address 348 LOMA DR	Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 27 17	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JUSTIN BUTTERFIELD			Registration Number, if PAC	
Street Address 2166 MARTIN CREST DR	Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 27 17	Amount \$100.00
City AKRON	State OH <input checked="" type="checkbox"/>	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RYAN CUMMINS			Registration Number, if PAC	
Street Address 3125 OSER RD	Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 27 17	Amount \$100.00
City NORTON	State OH <input checked="" type="checkbox"/>	Zip Code 44203	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CURTIS DEIBEL			Registration Number, if PAC	
Street Address 3009 BRONCO DR	Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 27 17	Amount \$100.00
City CLINTON	State OH <input checked="" type="checkbox"/>	Zip Code 44216	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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$1,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JAMES WEBER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
615 SCHOCALOG RD		HR GRAY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44320	CHECK			
Full Name of Contributor				Registration Number, if PAC			
THOMAS MERRITT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7685 KESTREL WAY E		HR GRAY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
DUBLIN		OH <input checked="" type="checkbox"/>	43017	CHECK			
Full Name of Contributor				Registration Number, if PAC			
GEORGE DAILY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8460 MORRIS RD		HR GRAY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HILLIARD		OH <input checked="" type="checkbox"/>	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC			
KATHRYN DEMUESY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1679 ORCHARD DR		HR GRAY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JAMES JOYCE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3770 RIDGE MILL DR		HR GRAY		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HILLIARD		OH <input checked="" type="checkbox"/>	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC			
FRANK KUNSTEL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
131 SEABORN DR		<i>unable to locate</i>		0	7	2717	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
WILLOWICK		OH <input checked="" type="checkbox"/>	44095	CHECK			
Full Name of Contributor				Registration Number, if PAC			
STEVEN KOZAR							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
847 MERIDIAN ST		<i>retired</i>		0	7	2717	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH <input checked="" type="checkbox"/>	44310	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 \$ **\$1,100.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor KEVIN REAMAN				Registration Number, if PAC	
Street Address 876 ADAM RUN DR		Employer/Occupation/Labor Organization* HZW ENVIRONMENTAL		M D Y 0 7 27 17	Amount \$100.00
City CUYAHOGA FALLS		State OH <input checked="" type="checkbox"/>	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LYNN ASENTE				Registration Number, if PAC	
Street Address 1555 CUYAHOGA ST		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 8 01 17	Amount \$250.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ARCADIS PAC				Registration Number, if PAC C00388983	
Street Address 630 PLAZA DR STE 100		Employer/Occupation/Labor Organization* PAC		M D Y 0 8 01 17	Amount \$250.00
City HIGHLANDS RANCH		State CO <input checked="" type="checkbox"/>	Zip Code 80129	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DIANNE SUMEGO				Registration Number, if PAC	
Street Address 429 BUTTEVANT DR		Employer/Occupation/Labor Organization* BLACK & VEETCH		M D Y 0 8 01 17	Amount \$250.00
City MUNROE FALLS		State OH <input checked="" type="checkbox"/>	Zip Code 44262	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor IBEW PAC				Registration Number, if PAC	
Street Address 2650 S MAIN ST STE 200		Employer/Occupation/Labor Organization* PAC		M D Y 0 8 11 17	Amount \$250.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRANCIS STOLTZ				Registration Number, if PAC	
Street Address 1271 CIRCLE DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 8 11 17	Amount \$50.00
City AKRON		State OH <input checked="" type="checkbox"/>	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor HUNTINGTON BANCSHARES PAC				Registration Number, if PAC C00165589	
Street Address 41 S HIGH ST		Employer/Occupation/Labor Organization* PAC		M D Y 0 8 15 17	Amount \$500.00
City COLUMBUS		State OH <input checked="" type="checkbox"/>	Zip Code 44215	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,650.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor CHRISTINE CARTER				Registration Number, if PAC	
Street Address 779 N MUNROE RD		Employer/Occupation/Labor Organization*		M D Y 0 7 2 7 1 7	Amount \$200.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS BOWN				Registration Number, if PAC	
Street Address 337 CASTLE BLVD		Employer/Occupation/Labor Organization*		M D Y 0 7 2 7 1 7	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES DUSTIN				Registration Number, if PAC	
Street Address 10 DEERFIELD DR		Employer/Occupation/Labor Organization* NFP INSURANCE		M D Y 0 7 2 7 1 7	Amount \$500.00
City CHAGRIN FALLS		State OH	Zip Code 44022	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NICHOLAS BROWNING				Registration Number, if PAC	
Street Address 2733 LAST VALLEY LANE		Employer/Occupation/Labor Organization* HUNTINGTON BANK		M D Y 0 7 2 7 1 7	Amount \$250.00
City HUDSON		State OH	Zip Code 44236	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 7 2 7 1 7	Amount \$2,300.00
City		State OH	Zip Code	Form (Cash, Check, etc.) CHECKS/CASH	
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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Total contributions this event
\$24,505.00

Total expenditures this event.
\$3,876.07

Page Total \$ **\$3,350.00**

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
DAN HARRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor							
CHARLES BROWN							
Street Address							
2321 EDMUND AVE							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44312	0	7	13	\$100.00
Form (Cash, Check, etc.)							
CHECK							
Full Name of Contributor							
ELLEN NISCHT							
Street Address							
1951 WILTSHIRE RD							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44313	0	7	20	\$100.00
Form (Cash, Check, etc.)							
CHECK							
Full Name of Contributor							
CHRISTINE CURRY							
Street Address							
1299 HERBERICH AVE							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44301	0	7	20	\$100.00
Form (Cash, Check, etc.)							
CHECK							
Full Name of Contributor							
JOHN VALLE							
Street Address							
425 SACKETT AVE							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44313	0	7	27	\$100.00
Form (Cash, Check, etc.)							
CHECK							
Full Name of Contributor							
JEFF FUSCO							
Street Address							
2117 FOREST OAK DR							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44312	0	7	27	\$50.00
Form (Cash, Check, etc.)							
CHECK							
Full Name of Contributor							
CRAIG MORGAN							
Street Address							
30 MENLO PARK DR #2B							
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44313	0	7	27	\$100.00
Form (Cash, Check, etc.)							
CHECK							

The above are employees of a unit or department under the direct supervision and control of DAN HARRIGAN, who currently holds the public office

of MAYOR, AKRON OH. I hereby affirm that each contribution was voluntarily made.

John Valle (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$550.00
 Page Total \$ _____

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor							
ROBERT KEITH							
Street Address							
585 WINSLOW AVE				0	7	27	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44313	CHECK				
Full Name of Contributor							
MICHAEL DEFIBAUGH							
Street Address							
581 WESTMINSTER CIRCLE				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44319	CHECK				
Full Name of Contributor							
TAMMY KALAIL							
Street Address							
955 EATON AVE				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44303	CHECK				
Full Name of Contributor							
DIANE MILLER-DAWSON							
Street Address							
2781 RISING MEADOW DR				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44333	CHECK				
Full Name of Contributor							
JASON SEGEDY							
Street Address							
117 AVONDALE DR				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44313	CHECK				
Full Name of Contributor							
STEPHEN FRICKER							
Street Address							
63 KENILWORTH DR				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH <input checked="" type="checkbox"/>	44313	CHECK				

The above are employees of a unit or department under the direct supervision and control of DAN HORRIGAN, who currently holds the public office of MAYOR, AKRON OH.

I hereby affirm that each contribution was voluntarily made.

Jenette Valle (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$650.00
Page Total \$

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
DAN HARRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor			
JOHN CHRISTOPHER REECE			
Street Address			
2278 CANTERBURY CIRCLE			
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH <input type="checkbox"/>	44319	CHECK
Full Name of Contributor			
TERESA ALBANESE			
Street Address			
2530 CEDAR CREEK LANE			
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH <input type="checkbox"/>	44312	CHECK
Full Name of Contributor			
CHRISTOPHER LUDLE			
Street Address			
1204 BERWIN ST			
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH <input type="checkbox"/>	44310	CHECK
Full Name of Contributor			
DONALD RICE			
Street Address			
10157 LUMAN LANE			
City	State	Zip Code	Form (Cash, Check, etc.)
TWINSBURG	OH <input type="checkbox"/>	44087	CHECK
Full Name of Contributor			
ANNE OCHSENHIRT MCFADDEN			
Street Address			
599 RIDGECREST RD			
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH <input type="checkbox"/>	44303	CHECK
Full Name of Contributor			
GERTRUDE WILMS			
Street Address			
32 MARSHALL			
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH <input type="checkbox"/>	44303	CHECK

The above are employees of a unit or department under the direct supervision and control of DAN HARRIGAN, who currently holds the public office of MAYOR, AKRON OH. I hereby affirm that each contribution was voluntarily made.

Jane Valle (Signature of Treasurer or Deputy Treasurer)

Transmittal employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$600.00
 Page Total \$ _____

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
DAN HARRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor							
JUSTIN HINES							
Street Address				M	D	Y	Amount
858 MINOTA AVE				0	7	27	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH	44306	CASH				
Full Name of Contributor							
SHAMMAS MALIK							
Street Address				M	D	Y	Amount
84 CASTERTON AVE APT 5				0	7	27	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH	44303	CASH				
Full Name of Contributor							
WENDY WEAVER							
Street Address				M	D	Y	Amount
902 ATWOOD DR				0	7	27	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
TALLMADGE	OH	44278	CHECK				
Full Name of Contributor							
JOHN MOORE							
Street Address				M	D	Y	Amount
727 PLAINFIELD RD				0	7	28	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH	44312	CHECK				
Full Name of Contributor							
BILLY SOULE							
Street Address				M	D	Y	Amount
1152 HERMAN AVE				0	7	28	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH	44307	CHECK				
Full Name of Contributor							
ADELE ROTH							
Street Address				M	D	Y	Amount
275 N PORTAGE PATH APT 8C				0	8	03	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)				
AKRON	OH	44303	CHECK				

The above are employees of a unit or department under the direct supervision and control of DAN HARRIGAN, who currently holds the public office

of MAYOR, AKRON OH. I hereby affirm that each contribution was voluntarily made.

Jenée Valle (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$500.00
 Page Total \$ _____



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 01/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid COLONIAL FLORIST		Date (MM/DD/YYYY) 01/25/2017	Amount 90.68
Street Address 1843 S MAIN ST		Purpose SYMPATHY FLOWERS	
City AKRON	State OH	Zip Code 44301	Check Number 2096
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY		Date (MM/DD/YYYY) 01/25/2017	Amount 250.00
Street Address 438 GRANT ST		Purpose POLITICAL DONATION	
City AKRON	State OH	Zip Code 44311	Check Number 2097
To Whom Paid IAPBC		Date (MM/DD/YYYY) 01/31/2017	Amount 100.00
Street Address PO BOX 13928		Purpose MEMBERSHIP DUES	
City AKRON	State OH	Zip Code 44334	Check Number 2098
To Whom Paid NAACP		Date (MM/DD/YYYY) 01/31/2017	Amount 75.00
Street Address 4805 MT HOPE DR		Purpose MEMBERSHIP DUES	
City BALTIMORE	State MD	Zip Code 21215	Check Number 2099

Page Total \$ **520.68**



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid AKRON CANTON FOODBANK		Date (MM/DD/YYYY) 02/02/2017	Amount 25.00
Street Address 350 OPPORTUNITY PARKWAY		Purpose BREAKFAST TICKET	
City AKRON	State OH	Zip Code 44307	Check Number 2100
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 02/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid SUMMIT DD		Date (MM/DD/YYYY) 02/02/2017	Amount 25.00
Street Address 89 E HOWE RD		Purpose BREAKFAST TICKET	
City TALLMADGE	State OH	Zip Code 44278	Check Number 2101
To Whom Paid JENEE VALLE		Date (MM/DD/YYYY) 02/02/2017	Amount 300.00
Street Address 425 SACKETT AVE		Purpose 2016 BOOKKEEPING SERVICES	
City AKRON	State OH	Zip Code 44313	Check Number 2102
To Whom Paid AKRON ROUNDTABLE		Date (MM/DD/YYYY) 02/13/2017	Amount 525.00
Street Address 135 S BROADWAY		Purpose STATE OF THE CITY - 15 TICKETS	
City AKRON	State OH	Zip Code 44308	Check Number 2103

Page Total \$ 880.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid ST VINCENT CYO		Date (MM/DD/YYYY) 02/20/2017	Amount 100.00
Street Address 164 W MARKET ST		Purpose SPONSOR	
City AKRON	State OH	Zip Code 44303	Check Number 2104
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 03/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid ST VINCENT ST MARY SHOWCASE		Date (MM/DD/YYYY) 03/06/2017	Amount 250.00
Street Address 15 N MAPLE ST		Purpose PROGRAM AD	
City AKRON	State OH	Zip Code 44303	Check Number 2105
To Whom Paid CHARLES WALKER		Date (MM/DD/YYYY) 03/22/2017	Amount 42.00
Street Address 863 BELLEVUE AVE		Purpose PROGRAM AD	
City AKRON	State OH	Zip Code 44307	Check Number 2106
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 04/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT

Page Total \$ 402.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 04/05/2017	Amount 106.98
Street Address 599 RIDGECREST		Purpose REIMBURSE FOR AKRON URBAN LEAGUE TICKETS	
City AKRON	State OH	Zip Code 44303	Check Number 2107
To Whom Paid TRI COUNTY UNION TRADES		Date (MM/DD/YYYY) 04/05/2017	Amount 50.00
Street Address 501 KELLEY AVE		Purpose REVERSE RAFFLE DINNER	
City AKRON	State OH	Zip Code 44306	Check Number 2108
To Whom Paid AKRON CHILDRENS HOSPITAL SICKLE CELL PROGRAM		Date (MM/DD/YYYY) 04/05/2017	Amount 50.00
Street Address 1 PERKINS SQUARE		Purpose CONTRIBUTION	
City AKRON	State OH	Zip Code 44308	Check Number 2109
To Whom Paid IBH		Date (MM/DD/YYYY) 04/21/2017	Amount 150.00
Street Address 3445 S MAIN ST		Purpose GOLF OUTING SPONSOR	
City AKRON	State OH	Zip Code 44319	Check Number 2110
To Whom Paid SCPD PAC		Date (MM/DD/YYYY) 04/21/2017	Amount 250.00
Street Address PO BOX 477		Purpose SPONSOR	
City BATH	State OH	Zip Code 44210	Check Number 2111

Page Total \$ 606.98



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid VOID		Date (MM/DD/YYYY) 04/21/2017	Amount 0.00
Street Address		Purpose	
City	State OH	Zip Code	Check Number 2112
To Whom Paid VOID		Date (MM/DD/YYYY) 04/21/2017	Amount 0.00
Street Address		Purpose	
City	State OH	Zip Code	Check Number 2113
To Whom Paid MAPSS		Date (MM/DD/YYYY) 04/21/2017	Amount 150.00
Street Address I CASCADE PLAZA		Purpose GOLF OUTING SPONSOR	
City AKRON	State OH	Zip Code 44308	Check Number 2114
To Whom Paid AKRON NAACP		Date (MM/DD/YYYY) 04/21/2017	Amount 350.00
Street Address PO BOX 3169		Purpose BRONZE SPONSOR	
City AKRON	State OH	Zip Code 44309	Check Number 2115
To Whom Paid UNION HISTORIES		Date (MM/DD/YYYY) 04/23/2017	Amount 250.00
Street Address 8786 SMOKERISE DR		Purpose PROGRAM AD	
City MACEDONIA	State OH	Zip Code 44056	Check Number 2116

Page Total \$ 750.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid COLONIAL FLORIST		Date (MM/DD/YYYY) 04/30/2017	Amount 90.68
Street Address 1843 S MAIN ST		Purpose SYMPATHY FLOWERS	
City AKRON	State OH	Zip Code 44301	Check Number 2117
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 05/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid UNIVERSITY OF AKRON FOUNDATION		Date (MM/DD/YYYY) 05/12/2017	Amount 1000.00
Street Address 2000 S HAWKINS		Purpose RAY KAPPER SCHOLARSHIP FUND	
City AKRON	State OH	Zip Code 44314	Check Number 2118
To Whom Paid AKRON FOP 7		Date (MM/DD/YYYY) 05/18/2017	Amount 100.00
Street Address 217 S HIGH ST STE 508		Purpose GOLF OUTING HOLE SPONSOR	
City AKRON	State OH	Zip Code 44308	Check Number 2119
To Whom Paid PROJECT GRAD AKRON		Date (MM/DD/YYYY) 05/18/2017	Amount 125.00
Street Address 400 W MARKET ST STE 1		Purpose PROGRAM AD	
City AKRON	State OH	Zip Code 44303	Check Number 2120

Page Total \$ 1320.68



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid S.A.Y.M. (SOUTH AKRON YOUTH MENTORSHIP)		Date (MM/DD/YYYY) 05/31/2017	Amount 250.00
Street Address PO BOX 26563		Purpose HOLE SPONSOR	
City AKRON	State OH	Zip Code 44319	Check Number 2121
To Whom Paid NEW HOPE BAPTIST CHURCH		Date (MM/DD/YYYY) 05/31/2017	Amount 100.00
Street Address 1706 S HAWKINS AVE		Purpose SPONSOR - CANCER WALK	
City AKRON	State OH	Zip Code 44320	Check Number 2122
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 350.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid FRIENDS OF KRISTEN SCALISE		Date (MM/DD/YYYY) 05/31/2017	Amount 500.00
Street Address 274 HARVEST DR		Purpose GOLF OUTING	
City AKRON	State OH	Zip Code 44333	Check Number 2123
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 06/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid CYNTHIA'S EDIBLES		Date (MM/DD/YYYY) 06/03/2017	Amount 350.00
Street Address 2877 OAKCREST DR		Purpose BATTERED WOMENS SHELTER MEAL	
City NORTON	State OH	Zip Code 44203	Check Number 2124
To Whom Paid JENEE VALLE		Date (MM/DD/YYYY) 06/28/2017	Amount 29.71
Street Address 425 SACKETT AVE		Purpose REIMBURSE FOR CHECK ORDER	
City AKRON	State OH	Zip Code 44313	Check Number 2125
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 07/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT

Page Total \$ 889.71



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HARRIGAN CAMPAIGN COMMITTEE			
To Whom Paid AKRON URBAN LEAGUE		Date (MM/DD/YYYY) 07/17/2017	Amount 250.00
Street Address 440 VERNON ODOM BLVD		Purpose 2 DINNER TICKETS TO EVENT	
City AKRON	State OH	Zip Code 44307	Check Number 2128
To Whom Paid COLONIAL FLORIST		Date (MM/DD/YYYY) 07/19/2017	Amount 90.68
Street Address 1843 S MAIN ST		Purpose SYMPATHY FLOWERS	
City AKRON	State OH	Zip Code 44301	Check Number 2132
To Whom Paid RE-ELECT JUDGE ANNALISA WILLIAMS		Date (MM/DD/YYYY) 07/19/2017	Amount 100.00
Street Address 1137 ALLENDALE AVE		Purpose POLITICAL FUNDRAISER	
City AKRON	State OH	Zip Code 44306	Check Number 2133
To Whom Paid ELECT ILENE SHAPIRO		Date (MM/DD/YYYY) 07/19/2017	Amount 200.00
Street Address 62 FENTON AVE		Purpose GOLF OUTING	
City MOGADORE	State OH	Zip Code 44260	Check Number 2134
To Whom Paid COLONIAL FLORIST		Date (MM/DD/YYYY) 07/27/2017	Amount 90.68
Street Address 1843 S MAIN ST		Purpose SYMPATHY FLOWERS	
City AKRON	State OH	Zip Code 44301	Check Number 2135

Page Total \$ 731.36



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 08/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid EANDC		Date (MM/DD/YYYY) 08/03/2017	Amount 50.00
Street Address 550 S ARLINGTON ST		Purpose PARADE FEE	
City AKRON	State OH	Zip Code 44306	Check Number 2140
To Whom Paid BREAKING BARRIERS		Date (MM/DD/YYYY) 08/19/2017	Amount 100.00
Street Address PO BOX 534		Purpose GOLF HOLE SPONSOR	
City UNIONTOWN	State OH	Zip Code 44685	Check Number 2143
To Whom Paid JENEE VALLE		Date (MM/DD/YYYY) 08/21/2017	Amount 19.60
Street Address 425 SACKETT AVE		Purpose REIMBURSE STAMPS	
City AKRON	State OH	Zip Code 44313	Check Number 2144
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 09/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT

Page Total \$ 179.60



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HARRIGAN CAMPAIGN COMMITTEE			
To Whom Paid FAFC (FIRST APOSTOLIC FAITH CHURCH)		Date (MM/DD/YYYY) 09/05/2017	Amount 75.00
Street Address 790 EASTER AVE		Purpose HALF PAGE AD	
City AKRON	State OH	Zip Code 44307	Check Number 2146
To Whom Paid NEW HOPE BAPTIST CHURCH		Date (MM/DD/YYYY) 09/05/2017	Amount 75.00
Street Address 1706 S HAWKINS AVE		Purpose HALF PAGE AD	
City AKRON	State OH	Zip Code 44320	Check Number 2147
To Whom Paid TRI-COUNTY BUILDING & CONSTRUCTION TRADES COUNCIL		Date (MM/DD/YYYY) 09/05/2017	Amount 100.00
Street Address 272 W MARKET ST		Purpose GOLF HOLE SPONSOR	
City AKRON	State OH	Zip Code 44303	Check Number 2148
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 09/15/2017	Amount 81.47
Street Address 599 RIDGECREST		Purpose PARADE CANDY	
City AKRON	State OH	Zip Code 44303	Check Number 2149
To Whom Paid COMMITTEE TO ELECT GINGER BAYLOR		Date (MM/DD/YYYY) 09/15/2017	Amount 100.00
Street Address 8018 CHERYL LANE NW		Purpose FUNDRAISER DONATION	
City MASSILLON	State OH	Zip Code 44646	Check Number 2150

Page Total \$ 431.47



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HARRIGAN CAMPAIGN COMMITTEE			
To Whom Paid FRIENDS OF DREW REILLY		Date (MM/DD/YYYY) 09/16/2017	Amount 200.00
Street Address 816 DAVIS AVE		Purpose FUNDRAISER DONATION	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 2151
To Whom Paid TRI-COUNTY LABOR COUNCIL		Date (MM/DD/YYYY) 09/17/2017	Amount 120.00
Street Address 720 WOLF LEDGES STE 207		Purpose 2 DINNER TICKETS	
City AKRON	State OH	Zip Code 44311	Check Number 2152
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 09/17/2017	Amount 95.00
Street Address 599 RIDGECREST		Purpose REIMBURSE FOR FOOD TRAY - FUNERAL MEAL	
City AKRON	State OH	Zip Code 44303	Check Number 2153
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY		Date (MM/DD/YYYY) 09/19/2017	Amount 300.00
Street Address 438 GRANT ST		Purpose BREAKFAST	
City AKRON	State OH	Zip Code 44311	Check Number 2154
To Whom Paid TRIAD		Date (MM/DD/YYYY) 10/02/2017	Amount 291.68
Street Address 1701 FRONT ST		Purpose CAR MAGNET BANNERS	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 2155

Page Total \$ 1006.68



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HARRIGAN CAMPAIGN COMMITTEE			
To Whom Paid PEOPLES BANK		Date (MM/DD/YYYY) 10/02/2017	Amount 5.00
Street Address 158 E CUYAHOGA FALLS AVE		Purpose BANK CHARGES	
City AKRON	State OH	Zip Code 44310	Check Number AUTO DEDUCT
To Whom Paid EANDC		Date (MM/DD/YYYY) 10/02/2017	Amount 150.00
Street Address 550 S ARLINGTON ST		Purpose FRIENDS OF GRADY PATRON PARTY	
City AKRON	State OH	Zip Code 44306	Check Number 2156
To Whom Paid NORTHERN OHIO GOLF CHARITIES		Date (MM/DD/YYYY) 10/06/2017	Amount 500.00
Street Address 440 E WARNER RD		Purpose 2 DINNERS	
City AKRON	State OH	Zip Code 44319	Check Number 2157
To Whom Paid AKRON NAACP		Date (MM/DD/YYYY) 10/06/2017	Amount 500.00
Street Address PO BOX 3169		Purpose 1/4 PAGE AD	
City AKRON	State OH	Zip Code 44309	Check Number 2158
To Whom Paid AKRON COMMUNITY FOUNDATION		Date (MM/DD/YYYY) 10/06/2017	Amount 65.00
Street Address 345 W CEDAR ST		Purpose POLSKY DINNER	
City AKRON	State OH	Zip Code 44307	Check Number 2159

Page Total \$ 1220.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HARRIGAN CAMPAIGN COMMITTEE			
To Whom Paid JOHN R BUCHEL PTA GIRLS BASKETBALL		Date (MM/DD/YYYY) 10/06/2017	Amount 50.00
Street Address 1040 COPLEY RD		Purpose 1/2 PAGE PROGRAM AD	
City AKRON	State OH	Zip Code 44320	Check Number 2160
To Whom Paid ARLINGTON CHURCH OF GOD		Date (MM/DD/YYYY) 10/15/2017	Amount 100.00
Street Address 539 S ARLINGTON ST		Purpose 1/4 PAGE PROGRAM AD	
City AKRON	State OH	Zip Code 44306	Check Number 2161
To Whom Paid BUILDING FOR TOMORROW		Date (MM/DD/YYYY) 10/19/2017	Amount 500.00
Street Address 100 W CEDAR ST		Purpose BREAKFAST SPONSOR	
City AKRON	State OH	Zip Code 44307	Check Number 2162
To Whom Paid DELTA SIGMA THETA		Date (MM/DD/YYYY) 10/28/2017	Amount 125.00
Street Address 1363 WINHURST DR		Purpose FULL PAGE PROGRAM AD	
City AKRON	State OH	Zip Code 44313	Check Number 2163
To Whom Paid FIRST FRIDAY CLUB OF AKRON		Date (MM/DD/YYYY) 11/03/2017	Amount 160.00
Street Address 795 RUSSELL AVE		Purpose TABLE OF 8 FOR BREAKFAST	
City AKRON	State OH	Zip Code 44307	Check Number 2164

Page Total \$ 935.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 11/20/2017	Amount 200.00
Street Address 599 RIDGECREST		Purpose TOYS R US GIFT CARDS	
City AKRON	State OH	Zip Code 44303	Check Number 2165
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 11/20/2017	Amount 660.44
Street Address 599 RIDGECREST		Purpose 70 HORRIGAN T-SHIRTS	
City AKRON	State OH	Zip Code 44303	Check Number 2166
To Whom Paid VERTICAL RUNNER OF WOOSTER		Date (MM/DD/YYYY) 11/20/2017	Amount 235.32
Street Address 207 S MARKET ST		Purpose AKRON MARATHON BIKE TEAM JERSEYS (2017)	
City WOOSTER	State OH	Zip Code 44691	Check Number 2167
To Whom Paid VERTICAL RUNNER OF WOOSTER		Date (MM/DD/YYYY) 11/20/2017	Amount 258.83
Street Address 207 S MARKET ST		Purpose AKRON MARATHON BIKE TEAM JERSEYS (2016)	
City WOOSTER	State OH	Zip Code 44691	Check Number 2168
To Whom Paid BURNING BUSH CHURCH		Date (MM/DD/YYYY) 11/20/2017	Amount 75.00
Street Address 1104 JOHNSTON ST		Purpose 1/4 PAGE PROGRAM AD	
City AKRON	State OH	Zip Code 44305	Check Number 2169

Page Total \$ 1429.59



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE			
To Whom Paid ANNIE MCFADDEN		Date (MM/DD/YYYY) 12/01/2017	Amount 87.98
Street Address 599 RIDGECREST		Purpose HOLIDAY PARADE CANDY	
City AKRON	State OH	Zip Code 44303	Check Number 2170
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY		Date (MM/DD/YYYY) 12/05/2017	Amount 100.00
Street Address 438 GRANT ST		Purpose HOLIDAY FUNDRAISER	
City AKRON	State OH	Zip Code 44311	Check Number 2171
To Whom Paid ST VINCENT ST MARY YEARBOOK		Date (MM/DD/YYYY) 12/13/2017	Amount 140.00
Street Address 15 N MAPLE ST		Purpose YEARBOOK AD	
City AKRON	State OH	Zip Code 44303	Check Number 2172
To Whom Paid EXPENDITURES FROM FORM 31-F		Date (MM/DD/YYYY) 07/27/2017	Amount 3876.07
Street Address		Purpose FUNDRAISER EXPENSES	
City	State OH	Zip Code	Check Number
To Whom Paid VOID		Date (MM/DD/YYYY) 09/03/2017	Amount 0.00
Street Address		Purpose	
City	State OH	Zip Code	Check Number 2145

Page Total \$ 4204.05

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full								
DAN HORRIGAN CAMPAIGN COMMITTEE								
To Whom Paid				M	D	Y	Amount	
TRIAD				0	6	28	17	\$654.23
Address		Purpose						
1701 FRONT ST		DESIGN OF INVITATIONS/ENVELOPES						
City		State	Zip Code	Check Number				
CUYAHOGA FALLS		OH	44221	2126				
To Whom Paid				M	D	Y	Amount	
DIVISION OF LIQUOR CONTROL				0	7	12	17	\$150.00
Address		Purpose						
6606 TUSSING RD		F-2 LIQUOR PERMIT						
City		State	Zip Code	Check Number				
REYNOLDSBURG		OH	43068	2127				
To Whom Paid				M	D	Y	Amount	
LITHO-PRINT				0	7	17	17	\$147.00
Address		Purpose						
1026 S MAIN ST		INVITATION FLYERS PRINTED						
City		State	Zip Code	Check Number				
AKRON		OH	44311	2129				
To Whom Paid				M	D	Y	Amount	
CHRISTINE CURRY				0	7	17	17	\$78.43
Address		Purpose						
1299 HERBERICH		REIMBURSE FOR ENVELOPES/LABELS						
City		State	Zip Code	Check Number				
AKRON		OH	44301	2130				
To Whom Paid				M	D	Y	Amount	
ANNIE MCFADDEN				0	7	17	17	\$294.00
Address		Purpose						
599 RIDGECREST RD		REIMBURSE FOR STAMPS						
City		State	Zip Code	Check Number				
AKRON		OH	44303	2131				
To Whom Paid				M	D	Y	Amount	
CYNTHIA'S EDIBLES				0	7	27	17	\$1,500.00
Address		Purpose						
2877 OAKCREST DR		CATERING						
City		State	Zip Code	Check Number				
NORTON		OH	44203	2136				
To Whom Paid				M	D	Y	Amount	
SUMMIT ARTSPACE				0	7	27	17	\$300.00
Address		Purpose						
140 E MARKET ST		HALL RENTAL						
City		State	Zip Code	Check Number				
AKRON		OH	44308	2137				

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.

\$3,123.66 Page Total \$ _____
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full										
DAN HORRIGAN CAMPAIGN COMMITTEE										
To Whom Paid						M	D	Y	Amount	
CHRIS LUDLE						0	7	28	17	\$397.40
Address			Purpose							
1204 BERWIN ST			REIMBURSE BEER/WINE/WATER AND ICE							
City		State	Zip Code	Check Number						
AKRON		OH <input checked="" type="checkbox"/>	44310	2138						
To Whom Paid						M	D	Y	Amount	
ANNIE MCFADDEN						0	8	03	17	\$42.75
Address			Purpose							
599 RIDGECREST			REIMBURSE BALLOONS							
City		State	Zip Code	Check Number						
AKRON		OH <input checked="" type="checkbox"/>	44303	2139						
To Whom Paid						M	D	Y	Amount	
MILLER'S PARTY RENTAL CENTER						0	8	07	17	\$162.26
Address			Purpose							
869 W WATERLOO RD			TABLE RENTALS							
City		State	Zip Code	Check Number						
AKRON		OH <input checked="" type="checkbox"/>	44314	2141						
To Whom Paid						M	D	Y	Amount	
CYNTHIA'S EDIBLES						0	8	07	17	\$150.00
Address			Purpose							
2877 OAKCREST DR			TIP FOR CATERING							
City		State	Zip Code	Check Number						
NORTON		OH <input checked="" type="checkbox"/>	44203	2142						
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City		State	Zip Code	Check Number						
		OH <input checked="" type="checkbox"/>								
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City		State	Zip Code	Check Number						
		OH <input checked="" type="checkbox"/>								
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City		State	Zip Code	Check Number						
		OH <input checked="" type="checkbox"/>								

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.

\$752.41
Page Total \$ _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor GERTRUDE WILMS		Employer, Occupation, Labor Organization* CITY OF AKRON	
Street Address 32 MARSHALL		Description of Item or Service PAPER PRODUCTS	
City AKRON		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor AA'RON EPPS		Employer, Occupation, Labor Organization* SELF EMPLOYED DJ	
Street Address 931 PITKIN AVE		Description of Item or Service DJ SERVICE	
City AKRON		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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 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)]