

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of William B. Judge						Registration Number, if PAC				
Full Name of Candidate William B. Judge										
Street Address 98 29th St NW					Office Sought Mavor		District Barberton			
City Barberton					State O H		Zip Code 44203			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2017 Semiannual	
	July Monthly		August Monthly		September Monthly		Termination			
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

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	\$ 11,328.32
2. Total monetary contributions (From Form No. 31-A)	\$ 27,605.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, & 3)	\$ 38,933.32
5. Total monetary expenditures (From Form No. 31-B)	\$ 16,384.33
6. Balance on hand (line 4 minus line 5)	\$ 22,548.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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

2018 JAN 31 PM 1:13

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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.

William B. Judge
Print Name and Title (Treasurer and Deputy Treasurer only)

William B. Judge
Signature

1-31-2018
Date

Contribution pages 13

Expenditure pages 5

Other pages 41

Total pages 59

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
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 Contributions from 31-E				Registration Number, if PAC X		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 27,605.00
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
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of William B. Judge									
To Whom Paid					M	D	Y	Amount	
Leaches					0	1	10	17	569.01
Address		Purpose							
256 31st St SW		Sponsor Sr Holiday Party							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1253						
To Whom Paid					M	D	Y	X	Amount
Lake Anna YMCA					0	1	24	17	250.00
Address		Purpose							
500 W. Hopocan Ave		Fundraiser Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1255						
To Whom Paid					M	D	Y	Amount	
Barberton Sports Association					0	3	11	17	1,000.00
Address		Purpose							
479 Norton Ave		Fundraiser Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1256						
To Whom Paid					M	D	Y	Amount	
Elect Ilene Shapiro					0	4	12	17	250.00
Address		Purpose							
1188 Shadyside Lane		Campaign Donation							
City	State	Zip Code	Check Number						
Tallmadge	O H	44278	1257						
To Whom Paid					M	D	Y	Amount	
Barberton Rotary Foundation					0	4	20	17	475.00
Address		Purpose							
125 2nd St NW		Golf Outing Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1258						
To Whom Paid					M	D	Y	Amount	
Tri-County Regional Labor Council					0	4	21	17	50.00
Address		Purpose							
720 Wolf Creek Ledges Pkwy #207		Fundraiser Sponsor							
City	State	Zip Code	Check Number						
Akron	O H	44311	1259						
To Whom Paid					M	D	Y	Amount	
Scott for Judge					0	4	25	17	250.00
Address		Purpose							
1727 Faylor Dr		Campaign Donation							
City	State	Zip Code	Check Number						
Akron	O H	44312	1260						
To Whom Paid					M	D	Y	Amount	
Slovene Center					0	4	29	17	150.00
Address		Purpose							
70 14th St NW		Hall Rental							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1261						

Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full									
Friends of William B. Judge									
To Whom Paid					M	D	Y	Amount	
Barberton FOP #13					0	5	0117	100.00	
Address		Purpose							
20 22nd St		Fundraiser Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1262						
To Whom Paid					M	D	Y	X	Amount
Citizens for Schmidt					0	5	1117		100.00
Address		Purpose							
1460 Curtis Ave		Campaign Donation							
City	State	Zip Code	Check Number						
Cuyahoga Falls	O H	44221	1263						
To Whom Paid					M	D	Y	Amount	
Barberton Kiwanis					0	6	0117	150.00	
Address		Purpose							
905 Mesa Verde Dr		Golf Outing Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1264						
To Whom Paid					M	D	Y	Amount	
Barberton Community Foundation					0	6	0117	100.00	
Address		Purpose							
460 West Paige Ave		Fundraiser Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1265						
To Whom Paid					M	D	Y	Amount	
Committee to Elect Don Walters					0	6	0117	500.00	
Address		Purpose							
3395 Pendleton St		Campaign Donation							
City	State	Zip Code	Check Number						
Cuyahoga Falls	O H	44221	1267						
To Whom Paid					M	D	Y	Amount	
Barberton Rotary					0	6	0117	100.00	
Address		Purpose							
125 2nd St NW		Golf Outing Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1268						
To Whom Paid					M	D	Y	Amount	
Chicken Open-White House Chicken					0	6	0217	125.00	
Address		Purpose							
180 Wooster Rd N		Golf Outing Sponsor-Akron/Canton Regional Food Bank							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1269						
To Whom Paid					M	D	Y	Amount	
Barberton Herald					0	6	0617	79.00	
Address		Purpose							
70 4th St NW		Graduation Ad-Inv 16900							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1270						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of William B. Judge									
To Whom Paid					M	D	Y	Amount	
Friends of Kristen M. Scalise					0	6	07	17	600.00
Address		Purpose							
3842 Dogwood St		Golf Outing Sponsor							
City	State	Zip Code	Check Number						
Uniontown	O H	44685	1271						
To Whom Paid					M	D	Y	X	Amount
Si Mini Storage					0	7	10	17	960.12
Address		Purpose							
436 15th St NW		Storage Unit for Political Signs							
City	State	Zip Code	Check Number						
Barberton	O H	44203	Debit Card						
To Whom Paid					M	D	Y	Amount	
Friends of Kristen Scalise					0	8	11	17	200.00
Address		Purpose							
3842 Dogwood St		Campaign Donation							
City	State	Zip Code	Check Number						
Uniontown	O H	44685	1272						
To Whom Paid					M	D	Y	Amount	
Barberton Community Foundation					0	8	25	17	420.00
Address		Purpose							
460 West Paige Ave		Sponsor Safety							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1274						
To Whom Paid					M	D	Y	Amount	
Drew Howell Foundation					0	8	26	17	280.00
Address		Purpose							
1335 High St		Golf Outing Sponsor							
City	State	Zip Code	Check Number						
Wadsworth	O H	44281	1275						
To Whom Paid					M	D	Y	Amount	
Magic City Democratic Club					0	8	26	17	375.00
Address		Purpose							
225 Stanley Ave		Fall Dinner Sponsor							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1276						
To Whom Paid					M	D	Y	Amount	
Magic City Democratic Club					0	9	21	17	1,000.00
Address		Purpose							
225 Stanley Ave		Fundraiser Donation-Dinner							
City	State	Zip Code	Check Number						
Barberton	O H	44203	1280						
To Whom Paid					M	D	Y	Amount	
Committee to Elect Don Walters					0	9	28	17	500.00
Address		Purpose							
3395 Pendleton St		Campaign Donation							
City	State	Zip Code	Check Number						
Cuyahoga Falls	O H	44221	1281						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of William B. Judge								
To Whom Paid Ohio Ethics Commission				M	D	Y	Amount	
				0	1	05	17	35.00
Address 30 West Spring St		Purpose Annual Ethics Filing Fee						
City Columbus		State O	H	Zip Code 43215	Check Number Debit Card			
To Whom Paid GFB* Golf Balls.com				M	D	Y	X	Amount
				0	5	12	17	1,111.95
Address 126 Arnold Blvd		Purpose Golf Balls & Tees for Outing						
City Lafayette		State L	A	Zip Code 70506	Check Number Debit Card			
To Whom Paid Al's Quality Market				M	D	Y	Amount	
				0	1	17	17	288.00
Address 151 2nd St NW		Purpose Sponsor Sr Holiday Party						
City Barberton		State O	H	Zip Code 44203	Check Number 1254			
To Whom Paid				M	D	Y	Amount	
Address								
City								
To Whom Paid				M	D	Y	Amount	
Address								
City								
To Whom Paid				M	D	Y	Amount	
Address								
City								
To Whom Paid				M	D	Y	Amount	
Address								
City								
To Whom Paid				M	D	Y	Amount	
Address								
City								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of William B. Judge							
To Whom Paid Associated Screen Printing				M	D	Y	Amount
				1	0	1	247.50
Address 489 West Park Ave		Purpose Signs for Golf Outing					
City Barberton	State O	H	Zip Code 44203	Check Number 1282			
To Whom Paid Margaret Scott for Judge				M	D	Y	X Amount
				1	0	2	500.00
Address 1727 Faylor Dr		Purpose Campaign Donation					
City Akron	State O	H	Zip Code 44221	Check Number 1283			
To Whom Paid Total Expenses from 31-F				M	D	Y	Amount
				0	8	1	5,618.75
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			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of William B. Judge						
Full Name of Contributor			Registration Number, if PAC			
Michael Chisnell, Jr						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
571 Anna Dean Lane			0	6	0	110.00
City	State	Zip Code	Form(Cash,Check,etc)			
Barberton	O H	44203	Check			
Full Name of Contributor			Registration Number, if PAC			
Tri County Building Trades PCE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
272 W Market St			0	6	2	590.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44303	Check			
Full Name of Contributor			Registration Number, if PAC			
Mark Burns						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
820 Deepwoods Dr			0	6	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Aurora	O H	44202	Check			
Full Name of Contributor			Registration Number, if PAC			
Liddle Real Estate, LLC Kim Liddle						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1096 Azalea Blvd			0	6	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Barberton	O H	44203	Check			
Full Name of Contributor			Registration Number, if PAC			
Friends of Kristen M. Scalise						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
274 Harvest Dr			0	6	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44333	Check			
Full Name of Contributor			Registration Number, if PAC			
Patricia M. Perrin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1994 Fox Trace Trl			0	6	3	590.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O H	44223	Check			
Full Name of Contributor			Registration Number, if PAC			
Environmental Design Group LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
450 Grant St			0	6	3	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44311	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

\$27,605⁰⁰

Total expenditures this event

\$5,618.75

Page Total \$ 2,040.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of William B. Judge						
Full Name of Contributor			Registration Number, if PAC			
Patricia M. Perrin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1994 Fox Trace Trl			0	6	3	3,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O H	44223	Check			
Full Name of Contributor			Registration Number, if PAC			
Daniel Pohl						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
180 E. Miller Ave			0	7	0	1,440.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44301	Check			
Full Name of Contributor			Registration Number, if PAC			
Christopher Bader						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7344 Strausser St NW			0	7	0	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
North Canton	O H	44720	Check			
Full Name of Contributor			Registration Number, if PAC			
Daniel Pohl						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
180 E. Miller Ave			0	7	1	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44301	Check			
Full Name of Contributor			Registration Number, if PAC			
Elect Ilene Shapiro						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
295 Wyant Rd			0	7	1	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael Lowe						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
77 Beauparc Dr			0	7	2	110.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	Check			
Full Name of Contributor			Registration Number, if PAC			
William Zavarello						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
313 S High St			0	7	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44308	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 \$ 6,150.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor Brouse McDowell FSL PAC			Registration Number, if PAC C00248047			
Street Address 388 S. Main St Ste 500	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2017	Amount 175.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check			
Full Name of Contributor Tricia Surgen			Registration Number, if PAC			
Street Address 610 River Bend Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2017	Amount 590.00
City Kent	State O H	Zip Code 44240	Form(Cash,Check,etc) Check			
Full Name of Contributor Steve Hamit			Registration Number, if PAC			
Street Address 2245 University Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2017	Amount 3,000.00
City Massillon	State O H	Zip Code 44646	Form(Cash,Check,etc) Check			
Full Name of Contributor Sheet Metal Works Local 33 Akron District C.O.P.E Committee			Registration Number, if PAC			
Street Address 1890 Venture Cir SE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2017	Amount 150.00
City Massillon	State O H	Zip Code 44646	Form(Cash,Check,etc) Check			
Full Name of Contributor Brian Canale			Registration Number, if PAC			
Street Address 671 E State St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2017	Amount 400.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Margaret Scott			Registration Number, if PAC			
Street Address 3776 Fairway Park Dr apt 101	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2017	Amount 110.00
City Copley	State O H	Zip Code 44321	Form(Cash,Check,etc) Check			
Full Name of Contributor Peggy Garrison			Registration Number, if PAC			
Street Address 5290 Locust Hill LN	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2017	Amount 300.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 4,725.00

Page Total \$ 4,725.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of William B. Judge						
Full Name of Contributor			Registration Number, if PAC			
Mark Grossman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2485 Thorncroft St			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Alliance	O H	44601	Check			
Full Name of Contributor			Registration Number, if PAC			
Zachery Sheets						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8311 Pheasant Ave			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
North Canton	O H	44720	Check			
Full Name of Contributor			Registration Number, if PAC			
Steven Schaub						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6161 Sandy Ridge Cir NW			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
North Canton	O H	44720	Check			
Full Name of Contributor			Registration Number, if PAC			
Dwight Niederkofler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
150 31st St NW			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canton	O H	44709	Check			
Full Name of Contributor			Registration Number, if PAC			
Travis Saunier						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6652 Red Deer Cir NW			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canton	O H	44708	Check			
Full Name of Contributor			Registration Number, if PAC			
Martin Joliat						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8046 Woodrush Dr NW			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
North Canton	O H	44720	Check			
Full Name of Contributor			Registration Number, if PAC			
Chris Luzier						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
400 Stonewood St			0	7	17	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canal Fulton	O H	44614	Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 2,100.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor Matt Lascola			Registration Number, if PAC			
Street Address 9291 Hunters Chase St	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	300.00
City Massillon	State O H	Zip Code 44646	Form(Cash,Check,etc) Check			
Full Name of Contributor Brandon Marzley			Registration Number, if PAC			
Street Address 7926 Newgate Ave NW	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	1	300.00
City North Canton	State O H	Zip Code 44720	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Migden			Registration Number, if PAC			
Street Address 1474 Wade Park Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	110.00
City Akron	State O H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Deborah Burgess			Registration Number, if PAC			
Street Address 2819 Aylesbury St NW	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	110.00
City North Canton	State O H	Zip Code 44720	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Bogo			Registration Number, if PAC			
Street Address 1080 Susan Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	110.00
City Ravenna	State O H	Zip Code 44266	Form(Cash,Check,etc) Check			
Full Name of Contributor Brian James			Registration Number, if PAC			
Street Address 89 Oakwood Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	100.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Cash			
Full Name of Contributor Ron Goudy			Registration Number, if PAC			
Street Address 1635 King Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	100.00
City Uniontown	State O H	Zip Code 44685	Form(Cash,Check,etc) Cash			

* 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 \$ 1,130.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor James Dustin			Registration Number, if PAC			
Street Address 10 Deerfield Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	590.00
City Chagrin Falls	State O H	Zip Code 44022	Form(Cash,Check,etc) Check			
Full Name of Contributor Stuart Glauber			Registration Number, if PAC			
Street Address 2514 Yellowcreek Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	440.00
City Akron	State O H	Zip Code 44333	Form(Cash,Check,etc) Check			
Full Name of Contributor Debra Shreiner			Registration Number, if PAC			
Street Address 981 Mansion Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	100.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Welty Building Co LTD Jennifer Syx			Registration Number, if PAC			
Street Address 3421 Ridgewood Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	150.00
City Fairlawn	State O H	Zip Code 44333	Form(Cash,Check,etc) Check			
Full Name of Contributor E Scott Sondles			Registration Number, if PAC			
Street Address 4862 Waterstone Way	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	300.00
City Carmel	State I N	Zip Code 46033	Form(Cash,Check,etc) Check			
Full Name of Contributor Ronald R. Schultz			Registration Number, if PAC			
Street Address 9485 Cape Wrath Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Mignery			Registration Number, if PAC			
Street Address 8250 Skelton Ct	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,180.00

Page Total \$ 2,180.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor Edwin Muccillo			Registration Number, if PAC			
Street Address 3296 East Vallejo Ct	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Gilbert	State A Z	Zip Code 85298	Form(Cash,Check,etc) Check			
Full Name of Contributor D Lohmeier			Registration Number, if PAC			
Street Address 506 Crystal Bay Cir	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Suffolk	State V A	Zip Code 23435	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Bernhardt			Registration Number, if PAC			
Street Address 2063 W Lane Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor James Little			Registration Number, if PAC			
Street Address 920 Rosemarie Cir	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	500.00
City Wadsworth	State O H	Zip Code 44281	Form(Cash,Check,etc) Check			
Full Name of Contributor John Ballard			Registration Number, if PAC			
Street Address 175 Overwood Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	100.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Scott Perfater			Registration Number, if PAC			
Street Address 1266 Arden Oaks DR	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Ocoee	State F L	Zip Code 34761	Form(Cash,Check,etc) Check			
Full Name of Contributor Rodney Holbert			Registration Number, if PAC			
Street Address 2935 Elizabeth Pike	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	300.00
City Mineral Wells	State W V	Zip Code 26150	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 \$ 2,100.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor James Shank			Registration Number, if PAC			
Street Address 956 E Riddle Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	110.00
City Ravenna	State O H	Zip Code 44266	Form(Cash,Check,etc) Check			
Full Name of Contributor Glenn Butcher			Registration Number, if PAC			
Street Address 13868 Hametown Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	500.00
City Doylestown	State O H	Zip Code 44230	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Bolle			Registration Number, if PAC			
Street Address 522 Village Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	300.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabeth Daugherty			Registration Number, if PAC			
Street Address 1061 Riverwoods Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	300.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Gerard Flohr			Registration Number, if PAC			
Street Address 5246 Taylor Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	440.00
City Norton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Alan Bittinger			Registration Number, if PAC			
Street Address 371 Shenandoah Blvd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	110.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Brian Bidlingmyer			Registration Number, if PAC			
Street Address 1455 Normandy Cir	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	110.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,870.00

Page Total \$ 1,870.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of William B. Judge						
Full Name of Contributor			Registration Number, if PAC			
Melissa Dean						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3857 Heron Watch Dr			0	8	17	220.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44319	Check			
Full Name of Contributor			Registration Number, if PAC			
Andrew Padrutt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1460 Curtis Ave			0	8	17	330.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O H	44221	Check			
Full Name of Contributor			Registration Number, if PAC			
Fiends of Kristen M. Scalise						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
274 Harvest Dr			0	8	17	220.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44333	Check			
Full Name of Contributor			Registration Number, if PAC			
Matthew Reed						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7885 Killington Ave NW			0	8	17	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
North Canton	O H	44720	Check			
Full Name of Contributor			Registration Number, if PAC			
John Galonski						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1137 Allendale Ave			0	8	17	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44306	Check			
Full Name of Contributor			Registration Number, if PAC			
Clifford Connelly						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6041 Twitchell Rd			0	8	17	440.00
City	State	Zip Code	Form(Cash,Check,etc)			
Andover	O H	44003	Check			
Full Name of Contributor			Registration Number, if PAC			
John Trew						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4023 Lake Rockwell Rd			0	8	17	110.00
City	State	Zip Code	Form(Cash,Check,etc)			
Ravenna	O H	44266	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 \$ 1,470.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor Dennis Tubbs			Registration Number, if PAC			
Street Address 1591 South Hametown Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	2	110.00
City Copley	State O H	Zip Code 44321	Form(Cash,Check,etc) Check			
Full Name of Contributor John Cavileer			Registration Number, if PAC			
Street Address 40 Waldorf Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	2	110.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Jason Dodson			Registration Number, if PAC			
Street Address 3695 Mogadore Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	2	110.00
City Mogadore	State O H	Zip Code 44260	Form(Cash,Check,etc) Check			
Full Name of Contributor Patricia M. Perrin			Registration Number, if PAC			
Street Address 1994 Fox Trace Trl	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	3	440.00
City Cuyahoga Falls	State O H	Zip Code 44223	Form(Cash,Check,etc) Check			
Full Name of Contributor Adelina Angeloff			Registration Number, if PAC			
Street Address 756 E Ford Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	7	3	150.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Primovero			Registration Number, if PAC			
Street Address 4021 Deerspring Ct	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	150.00
City Norton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Donna Keim			Registration Number, if PAC			
Street Address 889 N Columbine Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	0	50.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,120.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge							
Full Name of Contributor Julie Wichert			Registration Number, if PAC				
Street Address 1200 Grahm Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	03	17	400.00
City Cuyahoga Falls	State O H	Zip Code 44224	Form(Cash,Check,etc) Check				
Full Name of Contributor Christopher Randles			Registration Number, if PAC				
Street Address 149 Hillside Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	03	17	50.00
City Wadsworth	State O H	Zip Code 44281	Form(Cash,Check,etc) Check				
Full Name of Contributor Nathan Podoll			Registration Number, if PAC				
Street Address 57 E Schaaf Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	03	17	150.00
City Brooklyn Heights	State O H	Zip Code 44131	Form(Cash,Check,etc) Check				
Full Name of Contributor Michael Vinay			Registration Number, if PAC				
Street Address 1493 Wilsonway Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	04	17	450.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check				
Full Name of Contributor Thomas Schnee			Registration Number, if PAC				
Street Address 669 Austin Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	04	17	150.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check				
Full Name of Contributor Scott Bennett			Registration Number, if PAC				
Street Address 2795 Barber Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	05	17	150.00
City Norton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check				
Full Name of Contributor Erik McKinney			Registration Number, if PAC				
Street Address 153 Ledgewater Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	8	17	17	100.00
City Akron	State O H	Zip Code 44319	Form(Cash,Check,etc) Cash				

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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 \$ 1,450.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of William B. Judge						
Full Name of Contributor Kathie Bass			Registration Number, if PAC			
Street Address 1439 Copley Meadows Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	100.00
City Copley	State O H	Zip Code 44321	Form(Cash,Check,etc) Cash			
Full Name of Contributor Martin Eberhart			Registration Number, if PAC			
Street Address 20 22nd St NW	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	110.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Tom James			Registration Number, if PAC			
Street Address 1455 Union St	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	100.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Cash			
Full Name of Contributor Sarah Strohscher			Registration Number, if PAC			
Street Address 2928 Ieneagle Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	100.00
City Findlay	State O H	Zip Code 45840	Form(Cash,Check,etc) Cash			
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)			
Full Name of Contributor Contributions \$25.00 or less			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	17	860.00
City	State	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	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

27,605.00

Total expenditures this event

5,618.75

Page Total \$ **1,270.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Friends of William B. Judge						
To Whom Paid			M	D	Y	Amount
Good Park Golf Course			09	01	17	2,450.00
Address		Purpose				
530 Nome Ave		Golf Outing				
City	State	Zip Code	Check Number			
Akron	O H	44320	1277			
To Whom Paid			M	D	Y	Amount
The Upper Deck			12	15	17	1,381.25
Address		Purpose				
357 W Turkeyfoot Lake Rd		Golf Outing Catering				
City	State	Zip Code	Check Number			
Akron	O H	44319	1284			
To Whom Paid			M	D	Y	Amount
Edgar's Restaurant Inc			09	01	17	1,576.13
Address		Purpose				
530 Nome Ave		Golf Outing Refresments				
City	State	Zip Code	Check Number			
Akron	O H	44320	1279			
To Whom Paid			M	D	Y	Amount
Fastsigns			09	01	17	211.37
Address		Purpose				
1783 Brittain Rd		Golf Outing Signs-Inv129-76418				
City	State	Zip Code	Check Number			
Akron	O H	44310	1278			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	O H					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	O H					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	O H					

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