



Committee Name The Committee to Re-Elect Judge Rowlands		Office Sought Common Pleas Court Judge		District Summ
Street Address 2200 Stockbridge Rd.		City Akron	State Oh	Zip 44313
Candidate Name OR PAC Registration Number Mary Margaret Rowlands		Treasurer Name Ralph Streza		Election Date (MM/DD/YYYY) 11/04/2014

**Type of Report (choose one):**

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

**Statewide Candidates Only:**

July Monthly  August Monthly  September Monthly

Year  
2017

**Amended Report**

No  Yes

**Termination**

Check this box if the committee wishes to terminate with this report

**Short Form Report (R.C. 3517.10(H))**

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	1441.77
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.06
4. Total funds available (sum of lines 1, 2, 3)	1441.83
5. Total monetary expenditures (From Forms 31-B and 31-F)	816.25
6. Balance on hand (line 5 minus line 4)	625.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	24,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2018 JAN 25 PM 4:09

#1924

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

*Ralph Streza*

Signature of Treasurer or Deputy Treasurer

01/25/2018

Date (MM/DD/YYYY)

Contribution Pages  
1

Expenditure Pages  
2

Other Pages  
2

Total Pages  
5



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> The Committee to Re-Elect Judge Rowlands				
<b>Full Name of Contributor</b> The Huntington National Bank			<b>Registration Number, if PAC</b>	
<b>Street Address</b> PO Box EA1W37		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Interest, cash
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43216	<b>Date (MM/DD/YYYY)</b> 12/31/2017	<b>Amount</b> 0.06
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> The Committee to Re-Elect Judge Rowlands			
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 02/16/2017	Amount 50.00
Street Address 438 Grant St.		Purpose Ticket to Event	
City Akron	State OH	Zip Code 44311	Check Number 1123
To Whom Paid Summit County Deputies FOP #139		Date (MM/DD/YYYY) 02/21/2017	Amount 70.71
Street Address 520 S Main St. #2417		Purpose Program Ad	
City Akron	State OH	Zip Code 44311	Check Number 1124
To Whom Paid Victims Assistance		Date (MM/DD/YYYY) 02/21/2017	Amount 31.25
Street Address 150 Furnace St.		Purpose Program Ad	
City Akron	State OH	Zip Code 44304	Check Number 1125
To Whom Paid Cuyahoga Falls Cancer Club		Date (MM/DD/YYYY) 02/21/2017	Amount 14.29
Street Address 2253 3rd St.		Purpose Program Ad	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1126
To Whom Paid Summit County Progressive Democrats		Date (MM/DD/YYYY) 04/27/2017	Amount 250.00
Street Address 929 Eaton Ave.		Purpose Fundraising donation for R.C. 3517.18(A)	
City Akron	State OH	Zip Code 44303	Check Number 1127

Page Total \$ 416.25



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> The Committee to Re-Elect Judge Rowlands			
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 06/23/2017	Amount 150.00
Street Address 438 Grant St.		Purpose Ticket to Event	
City Akron	State OH	Zip Code 44311	Check Number 1128
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 08/17/2017	Amount 250.00
Street Address 438 Grant St.		Purpose Ticket to Event	
City Akron	State OH	Zip Code 44311	Check Number 1129
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 \$ **400.00**



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> The Committee to Re-Elect Judge Rowlands					
<b>From Whom Received</b> Mary Margaret Rowlands			<b>Prior Amount</b> 20,000.00	<b>Amt. Incurred this Period</b> 0.00	
<b>Street Address</b> 2200 Stockbridge Rd.				<b>Outstanding Balance</b> 20,000.00	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b> 11/01/2004		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>From Whom Received</b> Ralph Streza			<b>Prior Amount</b> 4,000.00	<b>Amt. Incurred this Period</b> 0.00	
<b>Street Address</b> 2200 Stockbridge Rd.				<b>Outstanding Balance</b> 4,000.00	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b> 01/22/2014		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>		<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 24,000.00

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

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

Total Outstanding Balance \$ 24,000.00 (also record on Form 30-A)