

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CUYAHOGA FALLS DEMOCRATIC CLUB						Registration Number, if PAC			
Full Name of Candidate									
Street Address 2467 23 Rd Street				Office Sought			District		
City CUYAHOGA FALLS						State O H	Zip Code 44223		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2017
	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			M	D	Y	
Date of Election									

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(11) for details.

1. Amount brought forward from last report	\$	4,433.42
2. Total monetary contributions (From Form No. 31-A)	\$	1,530.00
3. Total other income (From Form No. 31-A-2)	\$	50.00
4. Total funds available (sum of lines 1, 2, 3)	\$	6,013.42
5. Total monetary expenditures (From Form No. 31-B)	\$	5,698.95
6. Balance on hand (line 4 minus line 5)	\$	314.47
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	289.70
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 10 PM 12:22

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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

Meika Penta, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Meika Penta
Signature

1/10/18
Date

Contribution pages 3

Expenditure pages 2

Other pages 16

Total pages 21

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor AARON CASTILLO					Registration Number, if PAC		
Street Address 2911 NORTHLAND ST		Employer/Occupation/Labor Organization* SUBSTITUTE TEACHER			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 8	Y 17	Amount 25.00
Full Name of Contributor STEFANIE CASTILLO					Registration Number, if PAC		
Street Address 2911 NORTHLAND ST		Employer/Occupation/Labor Organization* INTERVENTION SPECIALIST			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 8	Y 17	Amount 25.00
Full Name of Contributor JILL SCHNEIDER					Registration Number, if PAC		
Street Address 3205 HUDSON DRIVE		Employer/Occupation/Labor Organization* CLERK AT DEPARTMENT STORE			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 8	Y 17	Amount 25.00
Full Name of Contributor JOHN NOAH SPINNER					Registration Number, if PAC		
Street Address 1871 14TH STREET		Employer/Occupation/Labor Organization* STUDENT			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1	D 1	Y 15	Amount 15.00
Full Name of Contributor EMILY MAHER					Registration Number, if PAC		
Street Address 2303 GRANT AVE		Employer/Occupation/Labor Organization* STUDENT			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1	D 1	Y 15	Amount 15.00
Full Name of Contributor JANET CIOTOLA					Registration Number, if PAC		
Street Address 163 RAVENSHOLLOW DRIVE		Employer/Occupation/Labor Organization* DEPUTY LAW DIRECTOR/CITY OF CF			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1	D 1	Y 15	Amount 25.00
Full Name of Contributor MADELINE MICHAEL					Registration Number, if PAC		
Street Address 163 RAVENSHOLLOW DRIVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1	D 1	Y 15	Amount 25.00
Full Name of Contributor PATRICK HORNING					Registration Number, if PAC		
Street Address 80 PADDISON AVE		Employer/Occupation/Labor Organization* ACCOUNTANT			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 1	D 1	Y 29	Amount 25.00

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor DENISE HORNING				Registration Number, if PAC		
Street Address 80 PADDISON AVE		Employer/Occupation/Labor Organization* LEGAL ASSISTANT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 1	Y 2	Amount 25.00
Full Name of Contributor DAVID PENTA				Registration Number, if PAC		
Street Address 2467 23RD STREET		Employer/Occupation/Labor Organization* STUDENT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 2	Y 2	Amount 15.00
Full Name of Contributor DON WALTERS				Registration Number, if PAC		
Street Address 3395 PENDLETON STREET		Employer/Occupation/Labor Organization* MAYOR OF CITY OF CUYAHOGA FALLS			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 1	D 2	Y 2	Amount 25.00
Full Name of Contributor BRENDA RYAN				Registration Number, if PAC		
Street Address 907 MAGNOLIA AVE		Employer/Occupation/Labor Organization* DIR OF KEYS OF SERENITY			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 1	D 2	Y 2	Amount 25.00
Full Name of Contributor DIANE SHERIDAN				Registration Number, if PAC		
Street Address 2481 N HAVEN BLVD		Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FALLS			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 2	Y 2	Amount 25.00
Full Name of Contributor BARBARA ROUDEBUSH				Registration Number, if PAC		
Street Address 71 MONROE AVE		Employer/Occupation/Labor Organization* DOG GROMMER/SELF EMPLOYED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 1	D 2	Y 2	Amount 25.00
Full Name of Contributor CLAIR DICKINSON				Registration Number, if PAC		
Street Address 884 ALDEN RUN WAY		Employer/Occupation/Labor Organization* LAWYER			Form (Cash, Check, etc.) CASH	
City AKRON	State O H	Zip Code 44333	M 1	D 2	Y 2	Amount 25.00
Full Name of Contributor CARRIE SNYDER				Registration Number, if PAC		
Street Address 1248 CHESTNUT BLVD		Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FALLS			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 2	Y 2	Amount 25.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB						
Full Name of Contributor DIANA COLAVECCHIO				Registration Number, if PAC		
Street Address 3414 HAGGARTY WAY		Employer/Occupation/Labor Organization* CLERK OF STOW MUNI COURT			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 2	Y 2 8 1 7	Amount 25.00
Full Name of Contributor PAUL COLAVECCHIO				Registration Number, if PAC		
Street Address 3414 HAGGARTY WAY		Employer/Occupation/Labor Organization* CUYAHOGA FALLS CITY COUNCIL			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 1	D 2	Y 2 8 1 7	Amount 25.00
Full Name of Contributor KATHLEEN ARTHUR				Registration Number, if PAC		
Street Address 2187 W BATH ROAD		Employer/Occupation/Labor Organization* RETRIED			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44313	M 1	D 2	Y 2 8 1 7	Amount 25.00
Full Name of Contributor DAVID ARTHUR				Registration Number, if PAC		
Street Address 2187 W BATH ROAD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44313	M 1	D 2	Y 2 8 1 7	Amount 25.00
Full Name of Contributor MEGAN MORELAND				Registration Number, if PAC		
Street Address 1492 W EXCHANGE STREET		Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FALLS			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44313	M 0	D 9	Y 2 2 1 7	Amount 50.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH/CHECK	
City	State	Zip Code	M	D	Y	Amount 1,010.00
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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB					
Full Name PARKS AND REC OFFICE OF CITY OF CUYAHOGA FALLS				Registration Number, if PAC	
Address 2310 2ND STREET		Type* R E		M: D: Y: 0 9 2 5 1 7	Amount 50.00
City CUYAHOGA FALLS		State O H	Zip Code 44221	Form(Cash,Check,etc) DEBIT CARD	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name					
Address				Type*	
City		State	Zip Code	Form(Cash,Check,etc)	

* 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, place the letters 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
To Whom Paid FRIENDS OF DEBBIE ZICCARDI				M	D	Y	Amount
				0	7	2017	500.00
Address 3070 9TH STREET		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 437			
To Whom Paid FRIENDS OF MEIKA PENTA				M	D	Y	Amount
				0	7	2017	500.00
Address 2467 23 RD STREET		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44223	Check Number 440			
To Whom Paid FRIENDS FOR ANTHONY GOMEZ				M	D	Y	Amount
				0	7	2017	250.00
Address 2765 CEDAR HILL ROAD		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44223	Check Number 441			
To Whom Paid COMMITTEE TO ELECT DON WALTERS				M	D	Y	Amount
				0	7	2017	1,200.00
Address 3395 PENDLETON STREET		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 442			
To Whom Paid NICHOLS-RHODES FOR COUNCIL				M	D	Y	Amount
				0	7	2017	500.00
Address 739 LINCOLN AVE		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 443			
To Whom Paid FRIENDS OF DREW REILY				M	D	Y	Amount
				0	7	2017	500.00
Address 816 DAVIS AVE		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 444			
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY				M	D	Y	Amount
				0	7	2015	200.00
Address 438 GRANT STREET		Purpose DONATION					
City AKRON		State OH	Zip Code 44311	Check Number 445			
To Whom Paid COMMITTEE TO ELECT DON WALTERS				M	D	Y	Amount
				0	9	2017	250.00
Address 3395 PENDLETON STREET		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 446			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
To Whom Paid COMMITTEE TO ELECT DON WALTERS				M	D	Y	Amount
				0	9	2	500.00
Address 3395 PENDLETON STREET		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS	State O	H	Zip Code 44221	Check Number 449			
To Whom Paid COMMITTEE TO ELECT GARY DEREMER				M	D	Y	Amount
				1	0	0	1,000.00
Address 3390 HENDON CIRCLE		Purpose CAMPAIGN CONTRIBUTION					
City CUYAHOGA FALLS	State O	H	Zip Code 44221	Check Number 450			
To Whom Paid MARKET DISTRICT SUPERMARKET				M	D	Y	Amount
				1	1	1	50.00
Address 2687 STATE ROAD		Purpose DEPOSIT FOR ROOM					
City CUYAHOGA FALLS	State O	H	Zip Code 44223	Check Number DEBIT			
To Whom Paid MARKET DISTRICT SUPERMARKET				M	D	Y	Amount
				1	2	2	248.95
Address 2687 STATE ROAD		Purpose FOOD FOR HOLIDAY PARTY					
City CUYAHOGA FALLS	State O	H	Zip Code 44223	Check Number DEBIT			
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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor GUY MARENTEFTE		Registration Number, if PAC	
Street Address 723 ARCADIA AVE	Employer/Occupation/Labor Organization* RETIRED	M D Y 0 9 2 1 1 7	Amount 50.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SCOTT FEENEY		Registration Number, if PAC	
Street Address 1456 NEPTUNE AVE	Employer/Occupation/Labor Organization* SUMMIT CLERK OF CRT	M D Y 0 9 2 1 1 7	Amount 50.00
City AKRON	State Zip Code O H 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AARON CASTILLO		Registration Number, if PAC	
Street Address 2911 NORTHLAND STREET	Employer/Occupation/Labor Organization* SUBSTITUTE TEACHER	M D Y 0 9 2 1 1 7	Amount 50.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN SCHMIDT		Registration Number, if PAC	
Street Address 1460 CURTIS AVE	Employer/Occupation/Labor Organization* SUMMIT CITY COUNCIL	M D Y 0 9 2 1 1 7	Amount 100.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CARRIE SNYDER		Registration Number, if PAC	
Street Address 1248 CHESTNUT BLVD	Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN SCHOFIELD		Registration Number, if PAC	
Street Address 2306 NORTHAVEN BLVD	Employer/Occupation/Labor Organization* RETIRED	M D Y 0 9 2 1 1 7	Amount 80.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEVE DEAK		Registration Number, if PAC	
Street Address 59 RIVER DRIVE	Employer/Occupation/Labor Organization* ZENTECH INFOSOFT LLC	M D Y 0 9 2 1 1 7	Amount 50.00
City EASTLAKE	State Zip Code O H 44095	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 \$ 405.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor BARBARA ROUDEBUSH		Registration Number, if PAC	
Street Address 71 MONROE AVE	Employer/Occupation/Labor Organization* RETIRED	M D Y 0 9 2 1 1 7	Amount 50.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor COMMITTEE TO FLECT DON WALTERS		Registration Number, if PAC	
Street Address 3395 PENDLETON STREET		Employer/Occupation/Labor Organization* RETIRED	
City CUYAHOGA FALLS	State Zip Code O H 44221	M D Y 0 9 2 1 1 7	Amount 25.00
Full Name of Contributor THOMAS SCHMIDA		Registration Number, if PAC	
Street Address 270 FINCHFIELD CIRCLE		Employer/Occupation/Labor Organization* RETIRED	
City MACEDONIA	State Zip Code O H 44056	M D Y 0 9 2 1 1 7	Amount 25.00
Full Name of Contributor FRIENDS OF MEIKA PENTA		Registration Number, if PAC	
Street Address 2467 23RD STREET		Employer/Occupation/Labor Organization* RETIRED	
City CUYAHOGA FALLS	State Zip Code O H 44223	M D Y 0 9 2 1 1 7	Amount 25.00
Full Name of Contributor MADELINE MICHAEL		Registration Number, if PAC	
Street Address 163 RAVENSHOLLOW DRIVE		Employer/Occupation/Labor Organization* RETIRED	
City CUYAHOGA FALLS	State Zip Code O H 44223	M D Y 0 9 2 1 1 7	Amount 25.00
Full Name of Contributor MARIE HARVEY		Registration Number, if PAC	
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED	
City CUYAHOGA FALLS	State Zip Code O H 44223	M D Y 0 9 2 1 1 7	Amount 25.00
Full Name of Contributor JERRY JAMES		Registration Number, if PAC	
Street Address 2209 LIBERTY STREET		Employer/Occupation/Labor Organization* CUYAHOGA FLS COUNCIL	
City CUYAHOGA FALLS	State Zip Code O H 44221	M D Y 0 9 2 1 1 7	Amount 25.00
Form(Cash,Check,etc)		CHECK	

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

Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3.05

Name of Committee in Full		Registration Number, if PAC	
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor ANTHONY GOMEZ		Registration Number, if PAC	
Street Address 3070 9TH STREET	Employer/Occupation/Labor Organization* STOW MUNI CLERK	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DIANE SHERIDAN		Registration Number, if PAC	
Street Address 2481 NORTHAVEN BLVD		Registration Number, if PAC	
Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JANET CIOTOLA		Registration Number, if PAC	
Street Address 163 RAVENSHOLLOW DRIVE		Registration Number, if PAC	
Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RUSSELL BALTHIS		Registration Number, if PAC	
Street Address 2316 RIVERFRONT PKY		Registration Number, if PAC	
Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARY NICHOLS-RHODES		Registration Number, if PAC	
Street Address 739 LINCOLN AVE		Registration Number, if PAC	
Employer/Occupation/Labor Organization* LPN		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PETER ZEIGLER		Registration Number, if PAC	
Street Address 1050 AUSTIN AVE		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUM. CTY BRD ELECTIONS		M D Y 0 9 2 1 1 7	Amount 25.00
City AKRON	State Zip Code O H 44306	Form(Cash,Check,etc) CHECK	
Full Name of Contributor GARY DEREMER		Registration Number, if PAC	
Street Address 2905 CEDAR HILL ROAD		Registration Number, if PAC	
Employer/Occupation/Labor Organization* REALTOR		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form(Cash,Check,etc) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ 175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor PATRICK HORNING		Registration Number, if PAC	
Street Address 80 PADDISON AVE	Employer/Occupation/Labor Organization* ACCOUNTANT	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc) CHECK	
Full Name of Contributor RAELENE GORLINSKY		Registration Number, if PAC	
Street Address 2473 23RD STREET	Employer/Occupation/Labor Organization* FREELANCE EDITOR	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc) CHECK	
Full Name of Contributor NATALIE SCOTT		Registration Number, if PAC	
Street Address 2886 REVERE DRIVE	Employer/Occupation/Labor Organization* BAILIFF TO JUDGE CABLE	M D Y 0 9 2 1 1 7	Amount 20.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc) CASH	
Full Name of Contributor LESLIE FRANK		Registration Number, if PAC	
Street Address 49 ORRVILLE AVE	Employer/Occupation/Labor Organization* SUMMIT CITY DD	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form (Cash, Check, etc) CASH	
Full Name of Contributor CATHY MEACHAM		Registration Number, if PAC	
Street Address 3149 CHARLES STREET	Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Form (Cash, Check, etc) CASH	
Full Name of Contributor MIKE PENTA		Registration Number, if PAC	
Street Address 2467 23RD STREET	Employer/Occupation/Labor Organization* IQ MANAGEMENT	M D Y 0 9 2 1 1 7	Amount 10.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form (Cash, Check, etc) CASH	
Full Name of Contributor DEBBIE ZICCARDI		Registration Number, if PAC	
Street Address 531 GROVE AVE	Employer/Occupation/Labor Organization* SOCIAL WORKER	M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	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 \$ 155.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB					
Full Name of Contributor JOHN NOAH SPINNER				Registration Number, if PAC	
Street Address 1871 14TH STREET		Employer/Occupation/Labor Organization* STUDENT		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	Form(Cash,Check,etc) CASH	
Full Name of Contributor VIRGINIA CALDWELL				Registration Number, if PAC	
Street Address 3836 WYNDAM RIDGE DRIVE APT 103		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 9 2 1 1 7	Amount 25.00
City STOW		State O H	Zip Code 44224	Form(Cash,Check,etc) CASH	
Full Name of Contributor CAROL MARSHALL				Registration Number, if PAC	
Street Address 80 PADDISON AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 9 2 1 1 7	Amount 25.00
City CUYAHOGA FALLS		State O H	Zip Code 44223	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				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				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				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
1,010.00

Total expenditures this event
0

Page Total \$ **75.00**

In-Kind Contributions Received

Prescribed by Secretary of State 3.05

Name of Committee in Full				
CUYAHOGA FALLS DEMOCRATIC CLUB				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
NATALIE SCOTT	BAILIFF TO JUDGE CABLE			
Street Address	Description of Item or Service	M	D	Y
2886 REVERE DRIVE	DRINKS FOR HOLIDAY PART	1	2	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	29.73	
Received at Fundraising Event?				
YES NO				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
DIANA COLAVECCHIO	STOW MUNI COURT			
Street Address	Description of Item or Service	M	D	Y
3414 HAGGARTY WAY	PASTA FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	10.00	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
MARIE HARVEY	RETIRED			
Street Address	Description of Item or Service	M	D	Y
1323 CHESTNUT BLVD	FOOD FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	42.50	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
STEVE DEAK	ZENTECH INFOSOFT LLC			
Street Address	Description of Item or Service	M	D	Y
59 RIVER DRIVE	FACEBOOK ADS	1	1	3
City	State	Zip Code	Fair Market Value	
EASTLAKE	OH	44095	100.91	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
MARY NICHOLS-RHODES				
Street Address	Description of Item or Service	M	D	Y
739 LINCOLN AVE	FOOD FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	34.00	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
ANTHONY GOMEZ	CLERK FOR STOW MUNI			
Street Address	Description of Item or Service	M	D	Y
3070 9TH STREET	BREAD FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44221	13.56	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
KATHLEEN ARTHUR	RETIRED			
Street Address	Description of Item or Service	M	D	Y
2187 W BATH ROAD	COFFEE FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
AKRON	OH	44313	44.00	
Received at Fundraising Event?				
YES NO				
YES				
NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
KAREN SCHOFIELD	RETIRED			
Street Address	Description of Item or Service	M	D	Y
2306 N HAVEN BLVD	DRINKS FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	15.00	
Received at Fundraising Event?				
YES NO				
YES				
NO				

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
CUYAHOGA FALLS DEMOCRATIC CLUB				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
STEFANIE CASTILLO				
Street Address	Description of Item or Service	M	D	Y
2911 NORTHLAND STREET	FOOD FOR 9/21/17 EVENT	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44221	30.00	
Received at Fundraising Event?	YES NO			
YES				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
MIKE PENTA	IQ MANAGEMENT			
Street Address	Description of Item or Service	M	D	Y
2467 23RD STREET	CUPS/NAPKINS/WATER	0	9	2
City	State	Zip Code	Fair Market Value	
CUYAHOGA FALLS	OH	44223	40.00	
Received at Fundraising Event?	YES NO			
YES				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	
Received at Fundraising Event?	YES NO			
YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	
Received at Fundraising Event?	YES NO			
YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	
Received at Fundraising Event?	YES NO			
YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Fair Market Value	
Received at Fundraising Event?	YES NO			
YES NO				

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