

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County ADM Support Committee Inc						Registration Number, if PAC				
Full Name of Candidate										
Street Address 1867 West Market St. Suite B2					Office Sought		District			
City Akron					State OH		Zip Code 44313			
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			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	\$ 216,508.88
2. Total monetary contributions (From Form No. 31-A)	\$ 50.00
3. Total other income (From Form No. 31-A:2)	\$ 934.15
4. Total funds available (sum of lines 1, 2, 3)	\$ 217,493.03
5. Total monetary expenditures (From Form No. 31-B)	\$ 556.00
6. Balance on hand (line 4 minus line 5)	\$ 216,937.03
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 50.24
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-G)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
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 30 PM 1:21

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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

Jennifer J. Peveich, Treasurer Jennifer Peveich 1/29/2018
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 2

Expenditure pages 3

Other pages 1

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Summit County ADM Support Committee Inc						
Full Name of Contributor Thomas R Leffler Jr.				Registration Number, if PAC		
Street Address 528 Amberwood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Check	
City Akron	State OH	Zip Code 44312	M 1	D 1	Y 17	Amount 50.00
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
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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Summit County ADM Support Committee Inc							
Full Name O'Neill Group				Registration Number, if PAC			
Address 111 High St	Type* R E			M 0	D 7	Y 2117	Amount 2.00
City Wadsworth	State O H	Zip Code 44281		Form(Cash,Check,etc) Cash			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 0	D 7	Y 3117	Amount 157.35
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 0	D 8	Y 3117	Amount 157.50
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 0	D 9	Y 3017	Amount 148.04
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 1	D 0	Y 3117	Amount 164.86
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 1	D 1	Y 3017	Amount 154.71
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name Westfield Bank				Registration Number, if PAC			
Address Two Park Circle PO 5002	Type* I N			M 1	D 2	Y 3117	Amount 149.69
City Westfield Center	State O H	Zip Code 44251		Form(Cash,Check,etc) Deposit			
Full Name				Registration Number, if PAC			
Address	Type*			M	D	Y	Amount
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 Summit County ADM Support Committee								
To Whom Paid Westfield Bank					M	D	Y	Amount
					1	0	3	1
					1	1	7	12.00
Address Two Park Circle PO 5002			Purpose Bank Service Charge					
City Westfield Center		State I N	Zip Code 44251	Check Number				
To Whom Paid Westfield Bank					M	D	Y	Amount
					1	2	3	1
					1	1	7	12.00
Address Two Park Circle PO 5002			Purpose Bank Service Charge					
City Westfield Center		State I N	Zip Code 44251	Check Number				
To Whom Paid Expenditures from Form 31-F					M	D	Y	Amount
								532.00
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 Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 03/01

Name of Committee in Full								
Summit County ADM Support Committee								
To Whom Paid				M	D	Y	Amount	
AG Print Promo Solutions Inc.				0	9	2	1 1 7	282.00
Address		Purpose						
960 Graham Rd, Suite 1		LED Flashlights						
City		State	Zip Code	Check Number				
Cuyahoga Falls		O	H	44221	1019			
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				
To Whom Paid				M	D	Y	Amount	
Address		Purpose						
City		State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount	

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 03/01

Name of Committee in Full							
Summit County ADM Support Committee							
To Whom Paid				M	D	Y	Amount
Running Away Enterprises				1	0	0	250.00
Address		Purpose					
951 Corporate Grove Dr		2018 Recovery Challenge Deposit					
City	State	Zip Code	Check Number				
Buffalo Grove	I L	60089	1020				
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				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

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.

In-Kind Contributions Received

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Name of Committee in Full Summit County ADM Support Committee				
Full Name of Contributor County of Summit ADM Board		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1867 W Market St B2		Description of Item or Service Postage		M D Y Fair Market Value 1 2 3 1 1 7 5.24
City Akron		State O H	Zip Code 44313	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Crum & Company		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 525 N. Cleveland-Massillon Rd #103		Description of Item or Service Unclaimed fund report		M D Y Fair Market Value 1 1 2 7 1 7 45.00
City Akron		State O H	Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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