



Committee Name SUMMITPAC		Office Sought N/A		District N/A
Street Address 863 N. CLEVELAND MASSILLON ROAD		City AKRON	State OH	Zip 44333
Candidate Name OR PAC Registration Number COUNTY ONLY		Treasurer Name STEVEN S. FANNIN, ESQ.		Election Date (MM/DD/YYYY) N/A
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year
2018

1. Amount brought forward from last report	1826.32
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	1826.32
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	1826.32
7. Value of in-kind contributions received (From Form 31-I-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 31 PM 1:11

1987343

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

Signature of Treasurer or Deputy Treasurer

1/31/2018
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
6

Total Pages
8



*All information same
as prior reporting
period. [Signature]
1/31/18*

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee SummitPAC			
To Whom Paid Friends of Vic Pallotta		Date (MM/DD/YYYY) 09/07/2017	Amount 500.00
Street Address 407 Marian Lake Blvd.		Purpose contribution	
City Cuyahoga Falls, Ohio	State OH	Zip Code 44223	Check Number 145
To Whom Paid Friends of Judge Ann Marie O'Brien		Date (MM/DD/YYYY) 10/17/17	Amount 750.00
Street Address 323 Castle Blvd.		Purpose contribution	
City Akron	State OH	Zip Code 44313	Check Number 185
To Whom Paid Friends of Jeff Iula		Date (MM/DD/YYYY) 10/17/2017	Amount 500.00
Street Address 2597 24th Street		Purpose contribution	
City Cuyahoga Falls	State OH	Zip Code 44223	Check Number 183
To Whom Paid Committee To Elect Tony Malorni		Date (MM/DD/YYYY) 10/17/2017	Amount 500.00
Street Address 1193 Cliffside St. Apt C3		Purpose contribution	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 182
To Whom Paid Elisa Hill for Judge Comte.		Date (MM/DD/YYYY) 10/17/2017	Amount 850.00
Street Address PO Box 5276		Purpose contribution	
City Fairlawn	State OH	Zip Code 44334	Check Number 184

Page Total \$ 3100.00



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee SummitPAC				
Full Name of Contributor None since last reporting period			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee SummitPAC			
Full Name of Contributor None since last reporting period.		Registration Number, if PAC	
Street Address	Type* Re id	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Re id	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Re id	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Re id	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Re id	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



In-Kind Contributions Made

Form 31-J-2
R.C. 3517.10

Full Name of Committee				
SummitPAC				
Recipient Committee				
None since last reporting period.				
Street Address		Description of Item c		Service
City		Sta	Zip Code	Date (MM/DD/YYYY)
		OH		
Recipient Committee				
Street Address		Description of Item c		Service
City		Sta	Zip Code	Date (MM/DD/YYYY)
		OH		
Recipient Committee				
Street Address		Description of Item c		Service
City		Sta	Zip Code	Date (MM/DD/YYYY)
		OH		
Recipient Committee				
Street Address		Description of Item c		Service
City		Sta	Zip Code	Date (MM/DD/YYYY)
		OH		
Recipient Committee				
Street Address		Description of Item c		Service
City		Sta	Zip Code	Date (MM/DD/YYYY)
		OH		
Recipient Committee				



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee SummitPAC					
To Whom Owed None since last reporting period, and none owed otherwise.				Prior Amount	Amount Incurred this Period
Street Address				Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code		Payments Received This Period	
	Date of Origin: Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC				Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount		
To Whom Owed				Prior Amount	Amount Incurred this Period
Street Address				Item or Purpose of Debt	Outstanding Balance
City	State OH	Zip Code		Payments Received This Period	
	Date of Origin: Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC				Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)



**Independent Expenditures Made by a Campaign Committee,
P/C, Political Party or Legislative Campaign Fund**

Form 31-U
R.C. 3517.105

Full Name of Committee SummitPAC				
Candidate or Ballot Issue None since last reporting period.		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount