

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Rob McCarty for Judge Committee						Registration Number, if PAC					
Full Name of Candidate Rob McCarty											
Street Address 1655 W Market St, Suite 525						Office Sought Common Pleas Judge			District		
City Akron						State O H		Zip Code 44313			
Type of Report (place X to the left of report type)	X	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September		Termination		Semiannual	
		Monthly		Monthly		Monthly					
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						0	5	0	8	1	8

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	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 10,330.00
3. Total other income (From Form No. 31-A-2)	\$ 3,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,330.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 10,447.31
6. Balance on hand (line 4 minus line 5)	\$ 2,882.69
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 130.73
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 7,961.11
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 APR 26 PM 12:40

BOARD OF ELECTIONS
AKRON, OHIO

2080 AVC

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.

Steven Wagner _____ **4/26/18** _____
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u> 2 </u>	Expenditure pages <u> 14 </u>	Other pages <u> 48 </u>	Total pages <u> 64 </u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee							
Full Name of Contributor Steven Wagner					Registration Number, if PAC		
Street Address 3066 N Martadale Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44333	M 0 2	D 1 8	Y 1 8	Amount 200.00
Full Name of Contributor William Zavarello					Registration Number, if PAC		
Street Address 313 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44308	M 0 2	D 2 3	Y 1 8	Amount 600.00
Full Name of Contributor Amelia Vaughan					Registration Number, if PAC		
Street Address 211 Overwood Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Akron		State O H	Zip Code 44313	M 0 3	D 0 4	Y 1 8	Amount 15.00
Full Name of Contributor Paul Colavacchio					Registration Number, if PAC		
Street Address 3414 Haggarty Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0 4	D 1 1	Y 1 8	Amount 300.00
Full Name of Contributor John D Wegryn					Registration Number, if PAC		
Street Address 4514 Swan Lake Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44321	M 0 4	D 1 1	Y 1 8	Amount 100.00
Full Name of Contributor Teamsters Local #348 PAC					Registration Number, if PAC LA1564		
Street Address 272 W Market ST			Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44303	M 0 4	D 1 0	Y 1 8	Amount 300.00
Full Name of Contributor Leslee Salhany					Registration Number, if PAC		
Street Address 205 W Poartage Trail Ext			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0 4	D 1 2	Y 1 8	Amount 200.00
Full Name of Contributor Contributions from form No. 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 0 2	D 2 7	Y 1 8	Amount 6,860.00

* 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 Rob McCarty for Judge Committee							
Full Name of Contributor Contributions from form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 1,755.00	
			0	4	1	0	1 8
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	
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 Rob McCarty for Judge Committee							
Full Name Rob McCarty				Registration Number, if PAC			
Address 611 Woodbrook Rd		Type* L N		M 0	D 4	Y 1 6	Amount 3,000.00
City Cuyahoga Falls		State O H		Zip Code 44223		Form(Cash,Check,etc) Check	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				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												
Rob McCarty for Judge Committee												
To Whom Paid						M	D	Y	Amount			
Proforma						0	3	0	5	1	8	342.00
Address			Purpose									
PO Box 640814			Parade apparal									
City		State	Zip Code	Check Number								
Cincinnati		O	H	44223	1000							
To Whom Paid						M	D	Y	Amount			
Kane Sign Company									1,185.00			
Address			Purpose									
486 East Glenwood Avenue			Yard signs									
City		State	Zip Code	Check Number								
Akron		O	H	44310	1001							
To Whom Paid						M	D	Y	Amount			
Capitol Promotions Inc						0	4	0	8	1	8	549.00
Address			Purpose									
PO Box 231			Campaign materials									
City		State	Zip Code	Check Number								
Glenside		P	A	19038	1002							
To Whom Paid						M	D	Y	Amount			
Simon Salhany Realty Inc						0	4	1	7	1	8	200.00
Address			Purpose									
205 W Portage Trail Ext			Refund donation received from corporation									
City		State	Zip Code	Check Number								
Cuyahoga Falls		O	H	44223	1003							
To Whom Paid						M	D	Y	Amount			
Summit County Democratic Party						0	4	1	7	1	8	8,058.23
Address			Purpose									
438 Grant St			Donation									
City		State	Zip Code	Check Number								
Akron		O	H	44311	1005							
To Whom Paid						M	D	Y	Amount			
PayPal									3.08			
Address			Purpose									
			Transaction fees, 3 separate dates									
City		State	Zip Code	Check Number								
				EFT								
To Whom Paid						M	D	Y	Amount			
Kandy Munroe						0	4	1	8	1	8	30.00
Address			Purpose									
610 Oakview			Returned donation from court employee									
City		State	Zip Code	Check Number								
Macedonia		O	H	44056	1006							
To Whom Paid						M	D	Y	Amount			
Sarah Harvan						0	4	1	8	1	8	30.00
Address			Purpose									
6131 Fieldstone Trail			Returned donation from court employee									
City		State	Zip Code	Check Number								
Seven Hills		O	H	44131	1007							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Rob McCarty for Judge Committee												
To Whom Paid Holly Farah						M	D	Y	Amount			
						0	4	1	8	1	8	50.00
Address 1520 E Hines Hills Rd				Purpose Returned donation from court employee								
City Hudson		State OH		Zip Code 44236		Check Number 1008						
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			
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Rob McCarty for Judge Committee															
From Whom Received Rob McCarty										Prior Amount		Amt. Incurred this Period 7,961.11			
Address 611 Woodbrook Rd												Outstanding Balance 7,961.11			
City Cuhahoga Falls			State OH		Zip Code 44223			Loans Received This Period				Payments This Period			
								Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$		M	D	Y	\$	
						0	4	1	6	1	8			4961.11	
Registration Number, if PAC			M	D	Y	M	D	Y	\$		M	D	Y	\$	
						0	4	1	8	1	8			3000.00	
Employer/Occupation/Labor Organization*			M	D	Y	M	D	Y	\$		M	D	Y	\$	
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City			State		Zip Code			Loans Received This Period				Payments This Period			
								Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC			M	D	Y	M	D	Y	\$		M	D	Y	\$	
Employer/Occupation/Labor Organization*			M	D	Y	M	D	Y	\$		M	D	Y	\$	
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City			State		Zip Code			Loans Received This Period				Payments This Period			
								Date		Amount		Date		Amount	
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC			M	D	Y	M	D	Y	\$		M	D	Y	\$	
Employer/Occupation/Labor Organization*			M	D	Y	M	D	Y	\$		M	D	Y	\$	

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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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 7,961.11 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,961.11 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee						
Full Name of Contributor Michelle Gebler				Registration Number, if PAC		
Street Address 2107 White Oak Dr	Employer/Occupation/Labor Organization* Homemaker		M 0	D 2	Y 2018	Amount 60.00
City Stow	State OH	Zip Code 44224	Form(Cash,Check,etc) Cash			
Full Name of Contributor Andrew Olbrysh				Registration Number, if PAC		
Street Address 4675 Iroquois Cir	Employer/Occupation/Labor Organization* Partssource Inc		M 0	D 2	Y 2018	Amount 100.00
City Stow	State OH	Zip Code 44224	Form(Cash,Check,etc) Cash			
Full Name of Contributor Karen Hicks				Registration Number, if PAC		
Street Address 134 Colony Dr	Employer/Occupation/Labor Organization* Clerk		M 0	D 2	Y 2018	Amount 100.00
City Hudson	State OH	Zip Code 44236	Form(Cash,Check,etc) Cash			
Full Name of Contributor Mary Nichols-Rhodes				Registration Number, if PAC		
Street Address 739 Lincoln Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2018	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form(Cash,Check,etc) Check			
Full Name of Contributor James Field				Registration Number, if PAC		
Street Address 2700 Parkside Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2018	Amount 100.00
City Hudson	State OH	Zip Code 44236	Form(Cash,Check,etc) Check			
Full Name of Contributor Shammas Malik				Registration Number, if PAC		
Street Address 7241 Antares	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2018	Amount 25.00
City Gaithersburg	State MD	Zip Code 20879	Form(Cash,Check,etc) Check			
Full Name of Contributor Linda Teodosio				Registration Number, if PAC		
Street Address 495 Belmont Park Dr	Employer/Occupation/Labor Organization* Judge		M 0	D 2	Y 2018	Amount 300.00
City Munroe Falls	State OH	Zip Code 44262	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 \$ 735.00

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	
Rob McCarty for Judge Committee			
Full Name of Contributor Paul Colavecchio		Registration Number, if PAC	
Street Address 3236 State Rd Apt 175	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 300.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash, Check, etc) Check	
Full Name of Contributor Donald Mullen		Registration Number, if PAC	
Street Address 4512 Castlemaine Ct	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 175.00
City Akron	State Zip Code <input type="radio"/> H 44333	Form(Cash, Check, etc) Check	
Full Name of Contributor J Bret Trier		Registration Number, if PAC	
Street Address 951 Newport Rd	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Akron	State Zip Code <input type="radio"/> H 44303	Form(Cash, Check, etc) Check	
Full Name of Contributor Helen McWilliams		Registration Number, if PAC	
Street Address 3024 Seventh Street	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44221	Form(Cash, Check, etc) Check	
Full Name of Contributor Gerald Glinsek		Registration Number, if PAC	
Street Address 1023 Galsworth Dr	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 100.00
City Akron	State Zip Code <input type="radio"/> H 44313	Form(Cash, Check, etc) Check	
Full Name of Contributor Rodney McGregor		Registration Number, if PAC	
Street Address 12 John Clark Lane	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Hudson	State Zip Code <input type="radio"/> H 44236	Form(Cash, Check, etc) Check	
Full Name of Contributor Brian Spitznagel		Registration Number, if PAC	
Street Address 16795 Spanghurst Dr	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Walton Hills	State Zip Code <input type="radio"/> H 44146	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 \$ 1,175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee						
Full Name of Contributor Pat Boggs			Registration Number, if PAC			
Street Address 6251 Riverview Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Peninsula	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44264	0	2	27	150.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabeth Tucci			Registration Number, if PAC			
Street Address 1745 Smokerise Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	2	27	50.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Vita Moore			Registration Number, if PAC			
Street Address 3775 Wyoga Lake Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44224	0	2	27	75.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Morneweck			Registration Number, if PAC			
Street Address 1723 Juniata Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Tallmadge	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44278	0	2	27	50.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Anthony Gomez			Registration Number, if PAC			
Street Address 3070 9th St	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44221	0	2	27	150.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Judy Casto			Registration Number, if PAC			
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44303	0	2	27	150.00
			Form(Cash,Check,etc) Check			
Full Name of Contributor Dana Capriulo			Registration Number, if PAC			
Street Address 595 Eastglen	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Tallmadge	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44278	0	2	27	150.00
			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 \$ 775.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Peter Zeigler			Registration Number, if PAC	
Street Address 1050 Austin Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 30.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44306	Form(Cash, Check, etc) Check	
Full Name of Contributor Terry Avant			Registration Number, if PAC	
Street Address 1066 Bellview Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 40.00
City Barberton	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	Form(Cash, Check, etc) Check	
Full Name of Contributor Sarah Hulburt			Registration Number, if PAC	
Street Address 2200 Ravenna St	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 150.00
City Hudson	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44236	Form(Cash, Check, etc) Check	
Full Name of Contributor Holly Frahlich			Registration Number, if PAC	
Street Address 3126 Bear Hollow Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 150.00
City Uniontown	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	Form(Cash, Check, etc) Check	
Full Name of Contributor Jill Eicher			Registration Number, if PAC	
Street Address 215 Hampshire Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 600.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash, Check, etc) Check	
Full Name of Contributor Robert Gippin			Registration Number, if PAC	
Street Address 929 Eaton Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 150.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44303	Form(Cash, Check, etc) Check	
Full Name of Contributor Maureen Foley			Registration Number, if PAC	
Street Address 2881 Norma St	Employer/Occupation/Labor Organization*		M D Y 0 2 7 1 8	Amount 50.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash, Check, etc) Check	

* 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 \$ 1,170.00

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	
Rob McCarty for Judge Committee			
Full Name of Contributor Lawrence DeLino, Jr		Registration Number, if PAC	
Street Address 137 South Main Street 204	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Akron	State Zip Code <input type="radio"/> H 44308	Form(Cash,Check,etc) Check	
Full Name of Contributor James Wagner		Registration Number, if PAC	
Street Address 80 Devon Lane #103	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Akron	State Zip Code <input type="radio"/> H 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Geoffrey Eicher		Registration Number, if PAC	
Street Address One Cascade Plaza, 7th Floor	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 600.00
City Akron	State Zip Code <input type="radio"/> H 44308	Form(Cash,Check,etc) Check	
Full Name of Contributor John Adams		Registration Number, if PAC	
Street Address 3800 Embassy Parkway Suite 120	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Akron	State Zip Code <input type="radio"/> H 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Philip Conard		Registration Number, if PAC	
Street Address 3342 Creekside Trail	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 150.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Haag		Registration Number, if PAC	
Street Address 2291 Riverfront Pkwy, Suite 1000	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 300.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 11221	Form(Cash,Check,etc) Check	
Full Name of Contributor John Hurley		Registration Number, if PAC	
Street Address 118 Cedar Woods Dr	Employer/Occupation/Labor Organization*	M D Y 0 2 27 18	Amount 50.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash,Check,etc) Check	

* 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 \$ 1,550.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Patrick Horning			Registration Number, if PAC	
Street Address 80 Paddison Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 25.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Babarick			Registration Number, if PAC	
Street Address 3883 Baird Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 150.00
City Stow	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Meika Penta			Registration Number, if PAC	
Street Address 2467 23rd St	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 25.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Martin Belsky			Registration Number, if PAC	
Street Address 344A Village Pointe Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 150.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor The Carr Law Office LLC			Registration Number, if PAC	
Street Address 5824 Akron-Cleveland Rd Suite A	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 150.00
City Hudson	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44236	Form(Cash,Check,etc) Check	
Full Name of Contributor Political Action Committee of KWW			Registration Number, if PAC C00383505	
Street Address 3550 W Market St #100	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 150.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Marks			Registration Number, if PAC	
Street Address 3578 N Fork Drive	Employer/Occupation/Labor Organization*		M D Y 0 2 27 18	Amount 150.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Check	

* 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 \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Pamela O'Keefe			Registration Number, if PAC	
Street Address 767 Ardmore Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 7 1 8	Amount 25.00
City Kent	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44240	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald Finn			Registration Number, if PAC	
Street Address 2674 Owaisa Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 8	Amount 50.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor George Flower			Registration Number, if PAC	
Street Address 512 Evergreen Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 8	Amount 150.00
City Tallmadge	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44278	Form(Cash,Check,etc) Check	
Full Name of Contributor Kelly McIntyre			Registration Number, if PAC	
Street Address 1247 Chestnut Blvd	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 8	Amount 50.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Slocum			Registration Number, if PAC	
Street Address 1563 Mill St E	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 8	Amount 150.00
City Peninsula	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44264	Form(Cash,Check,etc) Check	
Full Name of Contributor NJ Akbar			Registration Number, if PAC	
Street Address 1900 Thornhill Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 8	Amount 50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Terrence Brennan			Registration Number, if PAC	
Street Address 2485 Brice Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 0 5 1 8	Amount 100.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check	

* 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 \$ 575.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Jennifer Moretti			Registration Number, if PAC	
Street Address 431 Heathrow Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 0 5 1 8	Amount 30.00
City Cuyahoga Falls	State O H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph Schaber			Registration Number, if PAC	
Street Address 4162 Collinwood AVE	Employer/Occupation/Labor Organization*		M D Y 0 4 0 5 1 8	Amount 50.00
City Akron	State O H	Zip Code 44310	Form(Cash,Check,etc) Check	
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)	
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
6,860.00

Total expenditures this event
1,543.48

Page Total \$ 80.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full										
Rob McCarty for Judge Committee										
To Whom Paid				M	D	Y	Amount			
From Form 31C Loans by Candidate				0	2	2	7	1	8	1,543.48
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			
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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Rob McCarty for Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
Dawn King							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
966 Morningstar Dr				0	4	10	30.00
City		State	Zip Code	Form(Cash, Check, etc)			
Akron		<input type="radio"/> O <input type="radio"/> H	44307	PayPal			
Full Name of Contributor				Registration Number, if PAC			
Amelia Vaughan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
211 Overwood Rd				0	4	12	30.00
City		State	Zip Code	Form(Cash, Check, etc)			
Akron		<input type="radio"/> O <input type="radio"/> H	44313	PayPal			
Full Name of Contributor				Registration Number, if PAC			
Annette Powers							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1190 Jefferson Ave				0	4	10	75.00
City		State	Zip Code	Form(Cash, Check, etc)			
Akron		<input type="radio"/> O <input type="radio"/> H	44313	Check			
Full Name of Contributor				Registration Number, if PAC			
Joan Lauck							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
725 Meredith Lane				0	4	12	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Cuyahoga Falls		<input type="radio"/> O <input type="radio"/> H	44223	Check			
Full Name of Contributor				Registration Number, if PAC			
Ronald T Gatts, Sr							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
137 S Main St, Ste 201				0	4	10	30.00
City		State	Zip Code	Form(Cash, Check, etc)			
Akron		<input type="radio"/> O <input type="radio"/> H	44308	Cash			
Full Name of Contributor				Registration Number, if PAC			
Kandy Munroe							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
610 Oakview				0	4	10	30.00
City		State	Zip Code	Form(Cash, Check, etc)			
Macedonia		<input type="radio"/> O <input type="radio"/> H	44056	Cash			
Full Name of Contributor				Registration Number, if PAC			
Sarah Harvan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6131 Fieldstone Trail				0	4	10	30.00
City		State	Zip Code	Form(Cash, Check, etc)			
Seven Hills		<input type="radio"/> O <input type="radio"/> H	44131	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 \$ 275.00

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	
Rob McCarty for Judge Committee			
Full Name of Contributor Christine Schaffer		Registration Number, if PAC	
Street Address 5400 Watertower Ct #220	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 50.00
City Cincinnati	State <input type="radio"/> O <input type="radio"/> H	Zip Code 45277	Form(Cash,Check,etc) Cash
Full Name of Contributor Thomas Wells		Registration Number, if PAC	
Street Address 1015 Mountain Aven Rd	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 100.00
City Copley	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44321	Form(Cash,Check,etc) Cash
Full Name of Contributor Ed Smith		Registration Number, if PAC	
Street Address 268 S Main St	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 40.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Cash
Full Name of Contributor Robert Corrigan		Registration Number, if PAC	
Street Address 1100 Berwin St	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 30.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44310	Form(Cash,Check,etc) Cash
Full Name of Contributor Don Hicks		Registration Number, if PAC	
Street Address 134 Colony Drive	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 30.00
City Hudson	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44236	Form(Cash,Check,etc) Cash
Full Name of Contributor Michael Goode		Registration Number, if PAC	
Street Address 993 Lovers Lane	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 60.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44306	Form(Cash,Check,etc) Cash
Full Name of Contributor Stacy McGowan		Registration Number, if PAC	
Street Address 670 Crossings Circle	Employer/Occupation/Labor Organization*	M D Y 0 4 1 0 1 8	Amount 50.00
City Tallmadge	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44278	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 \$ 360.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Timothy Flower			Registration Number, if PAC	
Street Address 2888 Norton Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 60.00
City Stow	State O H	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Hailer			Registration Number, if PAC	
Street Address 4466 Salsbury Lane	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Stow	State O H	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Helen McWilliams			Registration Number, if PAC	
Street Address 3024 Seventh Street	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 60.00
City Cuyahoga Falls	State O H	Zip Code 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor Leslee Salhany			Registration Number, if PAC	
Street Address 4127 Bunting Trail	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 200.00
City Stow	State O H	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Nye			Registration Number, if PAC	
Street Address 6902 Hunting Hollow Lane E	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 100.00
City Hudson	State O H	Zip Code 44236	Form(Cash,Check,etc) Check	
Full Name of Contributor Gerald Glinsek			Registration Number, if PAC	
Street Address 1023 Galsworthy Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Holly Farah			Registration Number, if PAC	
Street Address 1520 E Hines Hills Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Hudson	State O H	Zip Code 44236	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 \$ 530.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Brian Ashton			Registration Number, if PAC	
Street Address 302 Baronsway Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Gerald Holland			Registration Number, if PAC	
Street Address 354 Timber Ridge Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Michele Tomer			Registration Number, if PAC	
Street Address 679 West Market Street	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44303	Form(Cash,Check,etc) Check	
Full Name of Contributor Amber Crowe			Registration Number, if PAC	
Street Address 120 Woodcrest Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City New Franklin	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44319	Form(Cash,Check,etc) Check	
Full Name of Contributor Tim Crawford			Registration Number, if PAC	
Street Address 4109 Cleveland Massillon Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Norton	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	Form(Cash,Check,etc) Check	
Full Name of Contributor Jacquelyn Harsch			Registration Number, if PAC	
Street Address 1908 Hibbard Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Stow	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44224	Form(Cash,Check,etc) Check	
Full Name of Contributor David Muntean			Registration Number, if PAC	
Street Address 1674 Redwood Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44301	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 \$ 270.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Katirji Law Office			Registration Number, if PAC	
Street Address 1655 W Market St Ste 230	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Iryna Cable			Registration Number, if PAC	
Street Address 2470 Wendling Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 100.00
City Akron	State O H	Zip Code 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Holly Frahlich			Registration Number, if PAC	
Street Address 3126 Bear Hollow Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 60.00
City Uniontown	State O H	Zip Code 44685	Form(Cash,Check,etc) Check	
Full Name of Contributor Anthony Gomez			Registration Number, if PAC	
Street Address 3070 9th St	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Cuyahoga Falls	State O H	Zip Code 44221	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Tucci Teodosio			Registration Number, if PAC	
Street Address 495 Belmont Park Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 50.00
City Munroe Falls	State O H	Zip Code 44262	Form(Cash,Check,etc) Check	
Full Name of Contributor Lawrence DeLino			Registration Number, if PAC	
Street Address 137 S Main Street, 204	Employer/Occupation/Labor Organization*		M D Y 0 4 1 0 1 8	Amount 30.00
City Akron	State O H	Zip Code 44308	Form(Cash,Check,etc) Check	
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)	

* 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
1,755.00

Total expenditures this event
1,019.37

Page Total \$ **320.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Rob McCarty for Judge Committee							
To Whom Paid From Form 31-C Loans by Candidate				M	D	Y	Amount
				0	4	1 8	888.64
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid From Form 31-J-1 In-Kind Contributions received				M	D	Y	Amount
				0	4	1 8	130.73
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

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee				
Full Name of Contributor Dawn King		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 966 Morningstar Dr		Description of Item or Service Cutlery		M D Y Fair Market Value 0 4 1 0 1 8 9.99
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44307	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Dawn King		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 966 Morningstar Dr		Description of Item or Service Food		M D Y Fair Market Value 0 4 1 0 1 8 23.55
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Eric Schaffer		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1816 19th Street		Description of Item or Service Food		M D Y Fair Market Value 0 4 1 0 1 8 36.49
City Cuyahoga Falls		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Stefanie Castillo		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 2911 Northland St		Description of Item or Service Food		M D Y Fair Market Value 0 4 1 0 1 8 29.81
City Cuyahoga Falls		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44221	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Michelle Gebler		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 2107 White Oak Drive		Description of Item or Service Food		M D Y Fair Market Value 0 4 1 0 1 8 30.89
City Stow		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44224	Received at Fundraising Event? <input checked="" 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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