



Committee Name <i>Susan Baker Ross for Judge</i>		Office Sought <i>Judge of the Court of Common Pleas</i>		District
Street Address <i>333 N. Portage Path # 22</i>		City <i>Akron</i>	State <i>Oh</i>	Zip <i>44303</i>
Candidate Name OR PAC Registration Number <i>Susan Baker Ross</i>		Treasurer Name <i>Paula Prentice</i>		Election Date (MM/DD/YYYY) <i>11/6/2018</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" 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				Year
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.

1. Amount brought forward from last report	.00
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>3275.00</i>
3. Total other income (From Form 31-A-2)	<i>50021.78</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>53296.78</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>7315.31</i>
6. Balance on hand (line 4 minus line 5)	<i>45,981.47</i>
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	<i>50,000.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 APR 26 AM 11:42  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 #2133

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

*Paula Prentice*  
Signature of Treasurer or Deputy Treasurer

*4/26/2018*  
Date (MM/DD/YYYY)

Contribution Pages <i>5</i>	Expenditure Pages <i>5</i>	Other Pages <i>2</i>	Total Pages <i>12</i>
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Susan Baker Ross for Judge</i>				
Full Name of Contributor <i>David Huminski</i>			Registration Number, if PAC	
Street Address <i>476 Lamont Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Pay Pal</i>
City <i>AKron</i>	State <i>OH</i>	Zip Code <i>44305</i>	Date (MM/DD/YYYY) <i>4/14/2018</i>	Amount <i>\$200.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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)]

Page Total *\$200.00*



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee <i>Susan Baker Ross for Judge</i>			
Full Name of Contributor <i>J Wayne Baker</i>		Registration Number, if PAC	
Street Address <i>33 N Portage Path #22</i>	Type* Refund	Date (MM/DD/YYYY) <i>2/9/2018</i>	Form (Cash, Check, etc.) <i>Check</i>
City <i>Akron</i>	State OH	Zip Code <i>44303</i>	Amount <i>\$50,000.</i>
Full Name of Contributor <i>Michael's Stores</i>		Registration Number, if PAC	
Street Address <i>3750 W. Market</i>	Type* <u>Refund</u>	Date (MM/DD/YYYY) <i>3/8/2018</i>	Form (Cash, Check, etc.) <i>Debit CARD</i>
City <i>Fairlawn</i>	State OH	Zip Code <i>44333</i>	Amount <i>\$21.78</i>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	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* Refund	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* Refund	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.



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> <i>Susan Baker Ross for Judge</i>			
<b>To Whom Paid</b> <i>Madison Graphics</i>		<b>Date (MM/DD/YYYY)</b> <i>3/8/2018</i>	<b>Amount</b> <i>\$1,022.02</i>
<b>Street Address</b> <i>13130 Detroit Ave</i>		<b>Purpose</b> <i>t-shirts</i>	
<b>City</b> <i>Lakewood</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44107</i>	<b>Check Number</b> <i>1004</i>
<b>To Whom Paid</b> <i>Patriot Signage, Inc</i>		<b>Date (MM/DD/YYYY)</b> <i>3/16/2018</i>	<b>Amount</b> <i>4,200.82</i>
<b>Street Address</b> <i>10561 Chester Road</i>		<b>Purpose</b> <i>Campaign Signs</i>	
<b>City</b> <i>Cincinnati</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>45215</i>	<b>Check Number</b> <i>1005</i>
<b>To Whom Paid</b> <i>Dollar Tree Stores, Inc</i>		<b>Date (MM/DD/YYYY)</b> <i>3/7/2018</i>	<b>Amount</b> <i>\$19.22</i>
<b>Street Address</b> <i>3750 W. MARKET St Unit P</i>		<b>Purpose</b> <i>Parade Candy Buckets</i>	
<b>City</b> <i>Fairlawn</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44333-4804</i>	<b>Check Number</b> <i>Debit CARD</i>
<b>To Whom Paid</b> <i>Sam's Club</i>		<b>Date (MM/DD/YYYY)</b> <i>3/7/2018</i>	<b>Amount</b> <i>\$215.64</i>
<b>Street Address</b> <i>3750 W. Market St</i>		<b>Purpose</b> <i>Candy for Parade</i>	
<b>City</b> <i>Fairlawn</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44333</i>	<b>Check Number</b> <i>#6404 Debit CARD</i>
<b>To Whom Paid</b> <i>Michael's Stores</i>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> <i>\$21.78</i>
<b>Street Address</b> <i>3750 W. MARKET St</i>		<b>Purpose</b> <i>buckets for candy</i>	
<b>City</b> <i>Fairlawn</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44333</i>	<b>Check Number</b> <i>Debit CARD</i>

Page Total \$ *5479.48*



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge			
To Whom Paid ACME #14		Date (MM/DD/YYYY) 3/21/2018	Amount \$100.00
Street Address 3235 Manchester Rd		Purpose Stamps	
City AKRON	State OH	Zip Code 44319	Check Number Debit CARD
To Whom Paid <del>BRICO</del>		Date (MM/DD/YYYY) <del>3/21/2018</del>	Amount <del>196.24</del>
Street Address		Purpose F	
City	State OH	Zip Code	Check Number
To Whom Paid Joseph C Levack		Date (MM/DD/YYYY) 3/29/2018	Amount \$600.00
Street Address .57 East Market Street		Purpose Portrait	
City Akron	State OH OH	Zip Code 44308	Check Number 1007
To Whom Paid Charles Armstrong		Date (MM/DD/YYYY) 3/25/2018	Amount 216.95
Street Address 460 Bryant St #100		Purpose Website	
City San Francisco	State OH CA	Zip Code 94107-1303	Check Number 1006
To Whom Paid Shamrock Cultural Charities		Date (MM/DD/YYYY) 2/21/2018	Amount \$50.00
Street Address 2000 BROWN Str		Purpose PARADE	
City AKRON	State OH	Zip Code 44319	Check Number 1003

Page Total \$ 966.95



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge				
To Whom Paid St Paul's AMEC/HKSD		Date (MM/DD/YYYY) 2/19/2018	Amount \$95.00	
Street Address 1250 S. Hawkins Ave		Purpose Parade		
City AKRON	State OH	Zip Code 44320	Check Number 1001	
To Whom Paid Victims Assistance Program		Date (MM/DD/YYYY) 2/19/2018	Amount 200.00	
Street Address 150 Furnace Street		Purpose MARDI GRAS Program		
City AKRON	State OH	Zip Code 44304	Check Number 1002	
To Whom Paid City of Barberton		Date (MM/DD/YYYY) 4/5/2018	Amount \$150.00	
Street Address 576 W. Park Ave		Purpose Political Signs		
City Barberton	State OH	Zip Code 44203	Check Number 1008	
To Whom Paid Christ Child Society of Akron		Date (MM/DD/YYYY) 4/9/2018	Amount 56.90	
Street Address P.O Box 13411		Purpose Event General Admission		
City Akron	State OH	Zip Code 44334-8811	Check Number Debit CARD	
To Whom Paid FedEx		Date (MM/DD/YYYY) 4/8/2018	Amount \$136.64	
Street Address 3757 W. MARKET Str Ste B		Purpose Print literature		
City Fairlawn	State OH	Zip Code 44333	Check Number Debit CARD	

Page Total \$ 638.54



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> <i>Susan Baker Ross for Judge</i>			
<b>To Whom Paid</b> <i>Pay Pal</i>		<b>Date (MM/DD/YYYY)</b> <i>4/14/2018</i>	<b>Amount</b> <i>\$6.10</i>
<b>Street Address</b>		<b>Purpose</b> <i>Pay Pal fees</i>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 6.10



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Susan Baker Ross for Judge								
<b>From Whom Received</b> J Wayne Baker					<b>Prior Amount</b> 0		<b>Amt. Incurred this Period</b> \$50,000.00	
<b>Street Address</b> 333 N Portage Path #22							<b>Outstanding Balance</b> \$50,000.00	
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44303		<b>Loans Received This Period</b>		<b>Payments This Period</b>	
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>
<b>From Whom Received</b>					<b>Prior Amount</b>		<b>Amt. Incurred this Period</b>	
<b>Street Address</b>							<b>Outstanding Balance</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Loans Received This Period</b>		<b>Payments This Period</b>	
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>

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

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

Total Prior Amount \$ 0

Total Received This Period \$ \$50,000.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ \$50,000.00 (also record on Form 30-A)





**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee <i>Susan Baker Ross for Judge</i>				
Full Name of Contributor <i>Ficks Law Offices, LLC</i>			Registration Number, if PAC	
Street Address <i>50 S. Main St 10th Floor</i>		Employer/Occupation/Labor Organization* <i>attorney</i>	Date (MM/DD/YYYY) <i>3/22/2018</i>	Amount <i>100.00</i>
City <i>AKRON</i>	State <i>OH</i>	Zip Code <i>44308</i>	Form (Cash, Check, Etc) <i>Check</i>	
Full Name of Contributor <i>Karen C Hartley</i>			Registration Number, if PAC	
Street Address <i>7191 Lakebrook Blvd</i>		Employer/Occupation/Labor Organization* <i>retired</i>	Date (MM/DD/YYYY) <i>3/7/2018</i>	Amount <i>\$200.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43235</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Zachary Jones</i>			Registration Number, if PAC	
Street Address <i>335 Nob Hill Dr</i>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount <i>\$75.00</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44303</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Kyle Vuchak</i>			Registration Number, if PAC	
Street Address <i>5367 White Trail Cir</i>		Employer/Occupation/Labor Organization* <i>attorney</i>	Date (MM/DD/YYYY)	Amount <i>\$50.00</i>
City <i>wadsworth</i>	State <i>OH</i>	Zip Code <i>44281</i>	Form (Cash, Check, Etc) <i>Check</i>	
Full Name of Contributor <i>Joy Oldfield</i>			Registration Number, if PAC	
Street Address <i>333 Kimberly Rd</i>		Employer/Occupation/Labor Organization* <i>Judge</i>	Date (MM/DD/YYYY) <i>3/20/2018</i>	Amount <i>100.00</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Form (Cash, Check, Etc) <i>CASH</i>	

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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  
*\$3075.00*  
*3075.00 PP*

Total Expenditures This Event  
*\$164.24*

Page Total \$ *525.00*



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee <u>Susan Baker Ross for Judge</u>				
Full Name of Contributor <u>Don Hicks</u>			Registration Number, if PAC	
Street Address <u>134 Colony Dr</u>	Employer/Occupation/Labor Organization* <u>self-employed</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$100.00</u>	
City <u>Hudson</u>	State <u>OH</u>	Zip Code <u>44226</u>	Form (Cash, Check, Etc) <u>CASH</u>	
Full Name of Contributor <u>Claire E Dickinson</u>			Registration Number, if PAC	
Street Address <u>884 Alder Run Way</u>	Employer/Occupation/Labor Organization* <u>attorney</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$100.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44333</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Jean M Dietz</u>			Registration Number, if PAC	
Street Address <u>1989 Center Rd</u>	Employer/Occupation/Labor Organization* <u>SCJFS</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$100.00</u>	
City <u>Clinton</u>	State <u>OH</u>	Zip Code <u>44216</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>David E. Prentice</u>			Registration Number, if PAC	
Street Address <u>4235 Aldawood Hills D</u>	Employer/Occupation/Labor Organization* <u>Tri-County Labor Council</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$100.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Rosemarie Sprague</u>			Registration Number, if PAC	
Street Address <u>2008 Broad Blvd</u>	Employer/Occupation/Labor Organization* <u>retired</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>250.00</u>	
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, Etc) <u>check</u>	

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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  
3005.00

Total Expenditures This Event  
164.24

Page Total \$ 650.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee <u>Susan Baker Ross for Judge</u>				
Full Name of Contributor <u>Kaitlin Bailey</u>			Registration Number, if PAC	
Street Address <u>2127 Pilgrim Way</u>	Employer/Occupation/Labor Organization* <u>SCBOE</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 900.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Corina Staehle Gaffney</u>			Registration Number, if PAC	
Street Address <u>3996 Bramblewood Dr</u>	Employer/Occupation/Labor Organization* <u>attorney/baker</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 100.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>David J. Welner</u>			Registration Number, if PAC	
Street Address <u>5900 Father Caruso Dr <sup>appt</sup> 4424</u>	Employer/Occupation/Labor Organization* <u>Sales</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 150.00</u>	
City <u>Cleveland</u>	State <u>OH</u>	Zip Code <u>44102</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Diana M. Colavecchio</u>			Registration Number, if PAC	
Street Address <u>3414 Haggarty Way</u>	Employer/Occupation/Labor Organization* <u>Clerk of Courts</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 100.00</u>	
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>James L Wagner</u>			Registration Number, if PAC	
Street Address <u>80 Devon Ln #103</u>	Employer/Occupation/Labor Organization* <u>retired</u>	Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 150.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, Etc) <u>check</u>	

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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  
~~1200~~ 3075.00 pp

Total Expenditures This Event  
\$ 164.24

Page Total \$ 700.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee <u>Susan Baker Ross for Judge</u>				
Full Name of Contributor <u>Rob Horten</u>			Registration Number, if PAC	
Street Address <u>1484 Buckhurst Run</u>	Employer/Occupation/Labor Organization* <u>attorney</u>		Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 500.00</u>
City <u>Wadsworth</u>	State <u>OH</u>	Zip Code <u>44281</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Donald Pond</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 1792</u>	Employer/Occupation/Labor Organization* <u>attorney</u>		Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$ 100.00</u>
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44309</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Thomas Bevan</u>			Registration Number, if PAC	
Street Address <u>530 Meadowridge Way</u>	Employer/Occupation/Labor Organization* <u>attorney</u>		Date (MM/DD/YYYY) <u>3/17/2018</u>	Amount <u>\$ 600.00</u>
City <u>Hudson</u>	State <u>OH</u>	Zip Code <u>44236</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	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 also 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  
\$ 3675.00

Total Expenditures This Event  
\$ 164.24

Page Total \$ 1200.00



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

Full Name of Committee <u>Susan Baker Ross for Judge</u>				
To Whom Paid <u>BRICCO</u>			Date (MM/DD/YYYY) <u>3/20/2018</u>	Amount <u>\$164.24</u>
Street Address <u>1 W. Exchange</u>		Purpose <u>Fundraiser</u>		
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44308</u>	Check Number <u>Debit CARD</u>	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street 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.

Page Total \$ 164.24



COPY

**Designation of Treasurer**

Form 30-D  
ORC 3517.10

**TYPE OF FILING:**  **NEW**     **UPDATE**

**COMMITTEE TYPE:**  **Candidate**     **PAC**     **PCE**     **Political Party**     **Legislative Campaign Fund**

**If update, please check the appropriate reason(s):**

Change of Committee Name.    Prior Name was: \_\_\_\_\_

Change of Filing Location.    Prior Location was: \_\_\_\_\_    New Location is: \_\_\_\_\_

Change of Office Sought.    Previous Office Sought: \_\_\_\_\_    New Office Sought: \_\_\_\_\_

Change of Treasurer Info     Designation or Change of Deputy Treasurer Info

Change of address/phone/email for:     Committee     Treasurer     Deputy Treasurer     Candidate

Other    Please Explain: \_\_\_\_\_

**All Committees**

Full Name of Committee  
SUSAN BAKER ROSS FOR JUDGE    PAC # (if Updated)

Street Address  
333 N. PORTAGE PATH, #22    City: AKRON    State: OH    Zip: 44303

Telephone: 330-808-0749    Email: SBROSSFORJUDGE@GMAIL.COM

Treasurer  
PAULA PRENTICE    Telephone: 330-608-4309    Email: PRENPAULA@AOL.COM

Street Address  
4235 ALDAWOOD HILLS DRIVE    City: AKRON    State: OH    Zip: 44319

Deputy Treasurer (if any)  
DENISE RADDISH    Telephone: 330-472-0422    Email: NESSIE1@NEO.RR.COM

Street Address  
3763 PROSPECT ST    City: MOGADORE    State: OH    Zip: 44260

**Candidate Committees Only**

Full Name of Candidate  
SUSAN BAKER ROSS    Email: SBROSSFORJUDGE@GMAIL.COM

Street Address  
333 N PORTAGE PATH, #22    City: AKRON    State: OH    Zip: 44303

Office Sought & Subdivision/District  
JUDGE OF THE COURT OF COMMON PLEAS    Party Affiliation/Independent/Non-Partisan: DEMOCRAT/NON-PARTISAN    Election Year: 2018

**Political Action Committees Only**

PAC is sponsored by:  
 Labor Organization  
 Corporation  
 Not Sponsored

If Sponsored, Name the Sponsor: \_\_\_\_\_    Acronym Used (if any): \_\_\_\_\_

If Ballot Issue PAC, list issue: \_\_\_\_\_

Is this a Ballot Issue PAC?  
 Yes     No

**PACs and PCEs Only**    List any Affiliated PACs/PCEs: \_\_\_\_\_

*Paula Prentice*  
Signature of Treasurer or Deputy Treasurer

01/29/18  
Date (MM/DD/YYYY)

*[Signature]*  
Signature of Candidate if Candidate Committee

01-31-2018  
Date (MM/DD/YYYY)