



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought COURT OF COMMON PLEAS JUDGE		District SUMMIT COUNTY
Street Address 720 WOLF LEDGES STE 207		City AKRON	State OH	Zip 44311
Candidate Name OR PAC Registration Number KATHRYN A MICHAEL		Treasurer Name ROBERT C BOYCE		Election Date (MM/DD/YYYY) 05/08/2018

Type of Report (choose one):
 Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Year: 2018

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.
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1. Amount brought forward from last report	\$1907.91
2. Total monetary contributions (From Forms 31-A and 31-E)	\$4625.00
3. Total other income (From Form 31-A-2)	\$0
4. Total funds available (sum of lines 1,2, and 3)	\$6532.91
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$1142.48
6. Balance on hand (line 4 minus line 5)	\$5390.43
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)	161,255.74
10. Outstanding debts owed by committee (From Form 31-N)	\$0
11. Outstanding loans owed to committee (From Form 31-K)	\$0
12. Value of independent expenditures made (From Form 31-U)	\$0

2018 APR 25 AM 10:17
 BOARD OF ELECTIONS
 AKRON, OHIO
 # 2074 Ar

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

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

[Signature]
 Signature of Treasurer or Deputy Treasurer

04/25/2018
 Date (MM/DD/YYYY)

Contribution Pages
6

Expenditure Pages
2

Other Pages
2

Total Pages
10

+7 SUPPORT PAGES.

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE											
Full Name of Contributor KERRY M O'BRIEN						Registration Number, if PAC					
Street Address 4510 W BATH RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44333		M 0	D 1	Y 0	Y 2	Y 1	Y 8	Amount \$150.00
Full Name of Contributor ANGELINA GINGO						Registration Number, if PAC					
Street Address 2106 BRAEWICK CIRCLE STE 201			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44333		M 0	D 3	Y 0	Y 5	Y 1	Y 8	Amount \$100.00
Full Name of Contributor NEIL S RUBIN						Registration Number, if PAC					
Street Address 2259 SANDALWOOD RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City TWINSBURG		State OH	Zip Code 44087		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$25.00
Full Name of Contributor JULIE A TOTH						Registration Number, if PAC					
Street Address 221 N PORTAGE PATH			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$100.00
Full Name of Contributor LABORERS INTERNATIONAL UNION LOCAL 894						Registration Number, if PAC LA236					
Street Address 720 WOLF LEDGES PKWY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHEK				
City AKRON		State OH	Zip Code 44311		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$175.00
Full Name of Contributor LOCAL 219 PCE 7695						Registration Number, if PAC					
Street Address 1655 BRITAIN RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44310		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$100.00
Full Name of Contributor TRI COUNTY BUILDING TRADES PCE						Registration Number, if PAC					
Street Address 67 S MAPLE ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44302		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$250.00
Full Name of Contributor KATHRYN A BALFANCE						Registration Number, if PAC					
Street Address 50 S MAIN ST FL 10			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44308		M 0	D 4	Y 0	Y 5	Y 1	Y 8	Amount \$100.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE									
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M 0	D 3	Y 2 7 1 8	Amount \$3,625.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	Zip Code		M	D	Y	Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE													
To Whom Paid KEY BANK							M	D	Y	Amount			
							1	2	3	1	7	\$5.00	
Address				Purpose BANKING SERVICES CHARGE									
City				State	Zip Code		Check Number						
				OH			DIRECT DEBIT						
To Whom Paid KEY BANK							M	D	Y	Amount			
							0	1	3	1	8	\$5.00	
Address				Purpose BANKING SERVICES CHARGE									
City				State	Zip Code		Check Number						
				OH			DIRECT DEBIT						
To Whom Paid KEY BANK							M	D	Y	Amount			
							0	2	2	7	1	8	\$44.44
Address				Purpose BANKING SERVICES - NEW CHECKS									
City				State	Zip Code		Check Number						
				OH			DIRECT DEBIT						
To Whom Paid TRIAD COMMUNICATIONS							M	D	Y	Amount			
							0	2	2	7	1	8	\$475.00
Address 1701 FRONT STREET				Purpose CAMPAIGN PRESS RELEASE									
City CUYAHOGA FALLS				State	Zip Code		Check Number						
				OH	44221		1179						
To Whom Paid Expenditures from Form 31-F							M	D	Y	Amount			
							0	3	2	7	1	8	\$603.04
Address				Purpose									
City				State	Zip Code		Check Number						
				OH			1180						
To Whom Paid KEY BANK							M	D	Y	Amount			
							0	2	2	8	1	8	\$5.00
Address				Purpose BANKING SERVICES CHARGE									
City				State	Zip Code		Check Number						
				OH			DIRECT DEBIT						
To Whom Paid KEY BANK							M	D	Y	Amount			
							0	3	3	1	1	8	\$5.00
Address				Purpose BANKING SERVICES CHARGE									
City				State	Zip Code		Check Number						
				OH			DIRECT DEBIT						
To Whom Paid							M	D	Y	Amount			
Address													
City				State	Zip Code		Check Number						
				OH									



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE							
From Whom Received KATHRYN A MICHAEL					Prior Amount \$161,255.74	Amt. Incurred this Period	
Street Address 3363 STANLEY ROAD						Outstanding Balance \$161,255.74	
City FAIRLAWN	State OH	Zip Code 44333	Loans Received This Period		Payments Received This Period		
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period		
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		

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

Total Prior Amount \$ 161255.74

Total Received This Period \$ 0 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 161,255.74 (also record on Form 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JEFFREY N JAMES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
137 HICKORY ST				0	3	2718	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ELINORE STORMER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
343 HICKORY ST				0	3	2718	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
LINDA M MALEK							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2142 PINEBROOK TRAIL				0	3	2718	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CARMEN ROBERTO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3988 GREENRIDGE DR				0	3	2718	\$125.00
City		State	Zip Code	Form (Cash, Check, etc.)			
UNIONTOWN		OH	44685	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CHARLES DANDREA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
405 SACKETT AVENUE				0	3	2718	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DANIELA T WILLIAMS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1299 BROWNSTONE AVENUE				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44310	CHECK			
Full Name of Contributor				Registration Number, if PAC			
BRIAN A SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1344 BENTON ST				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BARBERTON		OH	44203	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$	\$925.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
PAUL E MEYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1191 N CLEVELAND-MASSILLION RD				0	3	2718	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
BATH		OH	44210	CHECK			
Full Name of Contributor				Registration Number, if PAC			
FRIENDS OF DAVID HAMILTON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
780 HARVARD ST				0	3	2718	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44311	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PENNY E SNYDER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4240 IRON GATE COURT				0	3	2718	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
SANFORD		FL	32773	CHECK			
Full Name of Contributor				Registration Number, if PAC			
TODD BREAUX							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
675 MERRIMAN RD				0	3	2718	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAULA PRENTICE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4235 ALDAWOOD HILLS DR				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44319	CHECK			
Full Name of Contributor				Registration Number, if PAC			
BEVERLY D HALE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1031 MEADOW RUN				0	3	2718	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COPLEY		OH	44321	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MATTHEW FORTADO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1700 W MARKET ST				0	3	2718	\$350.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ 1,450.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
JOSEPH F GORMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL ST STE 400				0	3	2718	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANNETTE L POWERS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1190 JEFFERSON AVENUE				0	3	2718	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANITA BROWN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1858 MCTAGGART DR				0	3	2718	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44320	CHECK			
Full Name of Contributor				Registration Number, if PAC			
NOAH C MUNYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL ST STE 400				0	3	2718	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ED SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
265 S Main St #106				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CASH			
Full Name of Contributor				Registration Number, if PAC			
CHARLY OLDFIELD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 KIMBERLY RD				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CASH			
Full Name of Contributor				Registration Number, if PAC			
JOY OLDFIELD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 KIMBERLY RD				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 950.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor			Registration Number, if PAC				
CRAIG SIPE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
963 MORNINGSTAR DR				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44307	CASH			
Full Name of Contributor			Registration Number, if PAC				
OMAR LITTLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
744 EASTLAND				0	3	2718	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44305	CASH			
Full Name of Contributor			Registration Number, if PAC				
DONALD HICKS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S MAIN ST STE 423				0	3	2718	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CASH			
Full Name of Contributor			Registration Number, if PAC				
KAREN HICKS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
135 COLONY DR				0	3	2718	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HUDSON		OH	44236	CASH			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
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.)			
		OH					
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.)			
		OH					

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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

\$3,625.00

Total expenditures this event.

\$603.04

Page Total \$ 300.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid JILLY'S MUSIC ROOM				M	D	Y	Amount
				0	3	2	7
				1	8		\$603.04
Address 111 N MAIN ST		Purpose FOOD AND DRINKS FOR FUNDRAISER					
City AKRON	State OH	Zip Code 44308	Check Number 1180				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
OH							

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.

\$603.04
Page Total \$