

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>BLUE RIBBON SCHOOLS COMMITTEE</b>						Registration Number, if PAC		
Full Name of Candidate								
Street Address <b>2914 Granby Circle</b>					Office Sought		District	
City <b>Twinsburg</b>					State <b>O H</b>		Zip Code <b>44087</b>	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year			
	July Monthly	August Monthly	September Monthly	Termination	Semiannual			
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 <b>0 5</b>	D <b>0 8</b>	Y <b>1 8</b>

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	\$ <b>13,898.54</b>
2. Total monetary contributions (From Form No. 31-A)	\$ <b>2,839.00</b>
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ <b>16,737.54</b>
5. Total monetary expenditures (From Form No. 31-B)	\$
6. Balance on hand (sum of lines 4 and 5)	\$ <b>16,737.54</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ <b>1,675.00</b>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ <b>693.97</b>
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	\$

#2129  
 SUMMIT COUNTY BOARD OF ELECTIONS  
 AKRON, OHIO  
 2018 APR 26 AM 8:13

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 SUMMIT COUNTY  
 BOARD OF ELECTIONS

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.

**John B Cook, Treasurer** \_\_\_\_\_ **04-26-2018** \_\_\_\_\_  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>  1  </u>	Expenditure pages <u>  0  </u>	Other pages <u>  12  </u>	Total pages <u>  13  </u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>BLUE RIBBON SCHOOLS COMMITTEE</b>							
Full Name of Contributor <b>Amount brought forward from schedule 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>cash</b>	
City			State	Zip Code	M	D	Y
					0	4	1
					5	1	8
							Amount <b>2,839.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
							Amount

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

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>BLUE RIBBON SCHOOLS COMMITTEE</b>						
Full Name of Contributor			Registration Number, if PAC			
Danielle Grummitt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1987 Glenwood Dr			0	4	1518	94.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
David Grano						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
9650 East Idlewood			0	4	1518	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Matt Cellura						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
9901 Ravenna Rd			0	4	1518	49.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Jenni Ferro						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
36659 Meadowdale Dr			0	4	1518	43.00
City	State	Zip Code	Form(Cash, Check, etc)			
Solon	O   H	44139	Cash			
Full Name of Contributor			Registration Number, if PAC			
Maggie Cherrick						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
9423 Gettysburg			0	4	1518	42.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
David Drabousky						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10306 Sabdalwood			0	4	1518	42.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Danielle Hejduk						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3071 Liberty Ledges			0	4	1518	42.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	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 \$ 362.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
<b>BLUE RIBBON SCHOOLS COMMITTEE</b>							
Full Name of Contributor			Registration Number, if PAC				
Olivia DePiore							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
11100 Ravenna Rd			0	4	15	18	41.00
City	State	Zip Code	Form(Cash, Check, etc)				
Twinburg	O   H	44087	Cash				
Full Name of Contributor			Registration Number, if PAC				
Chad Walker							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
295 East Legend Crt			0	4	15	18	40.00
City	State	Zip Code	Form(Cash, Check, etc)				
Highland Heights	O   H	44143	Cash				
Full Name of Contributor			Registration Number, if PAC				
Marian Wright							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2836 Abrams			0	4	15	18	40.00
City	State	Zip Code	Form(Cash, Check, etc)				
Twinsburg	O   H	44087	Cash				
Full Name of Contributor			Registration Number, if PAC				
Daniel Marsh							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
10282 Clipper Cove			0	4	15	18	37.00
City	State	Zip Code	Form(Cash, Check, etc)				
Twinsburg	O   H	44087	Cash				
Full Name of Contributor			Registration Number, if PAC				
Monica Price							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3539 Jasmine Dr			0	4	15	18	37.00
City	State	Zip Code	Form(Cash, Check, etc)				
Seven Hills	O   H	44131	Cash				
Full Name of Contributor			Registration Number, if PAC				
Emily Depew							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
9422 Chamberlin Rd			0	4	15	18	35.00
City	State	Zip Code	Form(Cash, Check, etc)				
Twinsburg	O   H	44087	Cash				
Full Name of Contributor			Registration Number, if PAC				
Kevin Clune							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2328 Sherwin Rd			0	4	15	18	32.00
City	State	Zip Code	Form(Cash, Check, etc)				
Twinsburg	O   H	44087	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 \$ 262.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>BLUE RIBBON SCHOOLS COMMITTEE</b>						
Full Name of Contributor			Registration Number, if PAC			
Jed Davis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10037 Deerfield			0	4	1518	32.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
David Granger						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2038 Edgewood Rd			0	4	1518	32.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Bob Rathbone						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2158 Van Oaks			0	4	1518	32.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Tim Sullen						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
32102 Springside Lane			0	4	1518	32.00
City	State	Zip Code	Form(Cash, Check, etc)			
Solon	O   H	44139	Cash			
Full Name of Contributor			Registration Number, if PAC			
Andy Baskin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
9298 Helen Ln			0	4	1518	31.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Laura Dorland						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2861 Alling Dr			0	4	1518	31.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	Cash			
Full Name of Contributor			Registration Number, if PAC			
Rob Felber						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7887 Wildell Dr			0	4	1518	30.00
City	State	Zip Code	Form(Cash, Check, etc)			
Twinsburg	O   H	44087	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 \$ 220.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
<b>BLUE RIBBON SCHOOLS COMMITTEE</b>							
Full Name of Contributor				Registration Number, if PAC			
Aimee Banas							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10971 Ravenna Rd				0	4	1518	29.00
City		State		Zip Code		Form(Cash, Check, etc)	
Twinsburg		OH		44087		Cash	
Full Name of Contributor				Registration Number, if PAC			
Mike Marsh							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3131 Killingworth Lane				0	4	1518	29.00
City		State		Zip Code		Form(Cash, Check, etc)	
Twinsburg		OH		44087		Cash	
Full Name of Contributor				Registration Number, if PAC			
Seth Rodin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2227 Meadowood				0	4	15129	29.00
City		State		Zip Code		Form(Cash, Check, etc)	
Twinsburg		OH		44087		Cash	
Full Name of Contributor				Registration Number, if PAC			
Greg Osborn							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
9978 Pebble Beach Cove				0	4	1518	28.00
City		State		Zip Code		Form(Cash, Check, etc)	
Reminderville		OH		44202		Cash	
Full Name of Contributor				Registration Number, if PAC			
Travis Whaley							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10220 Spinnaker Run				0	4	1518	28.00
City		State		Zip Code		Form(Cash, Check, etc)	
Reminderville		OH		44202		Cash	
Full Name of Contributor				Registration Number, if PAC			
Jennifer Farthing							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
30700 Miles Rd				0	4	1518	27.00
City		State		Zip Code		Form(Cash, Check, etc)	
Twinsburg		OH		44087		Cash	
Full Name of Contributor				Registration Number, if PAC			
Kelly Hrach							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2968 Trisch Circle				0	4	1518	27.00
City		State		Zip Code		Form(Cash, Check, etc)	
Twinsburg		OH		44087		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 \$ 197.00

## 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			
BLUE RIBBON SCHOOLS COMMITTEE					
Full Name of Contributor		Registration Number, if PAC			
Marty Aho					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
375 Cathy Dr		0	4	1518	27.00
City	State	Zip Code		Form(Cash, Check, etc)	
Munroe Falls	O   H	444262		Cash	
Full Name of Contributor		Registration Number, if PAC			
Ian Cunningham					
Street Address		Registration Number, if PAC			
10037 Ridgewood Dr					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	26.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		Cash	
Full Name of Contributor		Registration Number, if PAC			
Gartrell Dickson					
Street Address		Registration Number, if PAC			
1596 Woodland Ct					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	26.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		Cash	
Full Name of Contributor		Registration Number, if PAC			
Kathy Sutkowski					
Street Address		Registration Number, if PAC			
2968 Cannon Rd					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	26.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		Cash	
Full Name of Contributor		Registration Number, if PAC			
Bryan Waldorf					
Street Address		Registration Number, if PAC			
10343 Luman Lane					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	26.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		Cash	
Full Name of Contributor		Registration Number, if PAC			
Ravi Dhanekula					
Street Address		Registration Number, if PAC			
3050 Cabot Way					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	25.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		Cash	
Full Name of Contributor		Registration Number, if PAC			
Bryan Hendking					
Street Address		Registration Number, if PAC			
2147 Pebble Creek Dr					
City	State	M	D	Y	Amount
Twinsburg	O   H	0	4	1518	25.00
City		Zip Code		Form(Cash, Check, etc)	
Twinsburg		44087		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 \$ 181.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>BLUE RIBBON SCHOOLS COMMITTEE</b>							
Full Name of Contributor <b>Cyndi Kurt</b>			Registration Number, if PAC				
Street Address <b>3241 Evans Way</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	25.00
City <b>Twinburg</b>		State <b>O</b>	H	Zip Code <b>44087</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Jen Lunn</b>			Registration Number, if PAC				
Street Address <b>3241 Fenmore Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	25.00
City <b>Reminderville</b>		State <b>O</b>	H	Zip Code <b>44202</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Melissa Mook</b>			Registration Number, if PAC				
Street Address <b>1663 Jennifer Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	25.00
City <b>Reminderville</b>		State <b>O</b>	H	Zip Code <b>44202</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Jenny Nally</b>			Registration Number, if PAC				
Street Address <b>2318 Meadowood Blvd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	25.00
City <b>Twinsburg</b>		State <b>O</b>	H	Zip Code <b>44087</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Marcy Schwind</b>			Registration Number, if PAC				
Street Address <b>9380 Gettysburg Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	25.00
City <b>Twinsburg</b>		State <b>O</b>	H	Zip Code <b>44087</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Aggregate contributions less than \$25 each</b>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	1,034.00
City		State	Zip Code	Form(Cash, Check, etc)		<b>Cash</b>	
Full Name of Contributor <b>Aggregate anonymous contributions less than \$25 each</b>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	324.00
City		State	Zip Code	Form(Cash, Check, etc)		<b>Cash</b>	

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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 \$ 1,483.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>BLUE RIBBON SCHOOLS COMMITTEE</b>							
Full Name of Contributor <b>Anonymous Contribtution</b>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	81.00
City		State	Zip Code	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor <b>Anonymous Contribtution</b>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	27.00
City		State	Zip Code	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor <b>Anonymous Contribtution</b>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	15	26.00
City		State	Zip Code	Form(Cash,Check,etc)			
				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)			
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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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  
2,839.00

Total expenditures this event  
693.97

Page Total \$ 134.00

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
<b>BLUE RIBBON SCHOOLS COMMITTEE</b>				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
RB Chamberlin				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
10270 Ravenna Rd		Gift Basket Prizes		0   4   1   5   1   8   260.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Bissel PTA				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
1811 Glenwood Dr		Gift Basket Prizes		0   4   1   5   1   8   75.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
M&G Pools				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
9901 Ravenna Rd		Gift Basket Prizes		0   4   1   5   1   8   200.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Wilcox PTA				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
9198 Darrow Rd		Gift Basket Prizes		0   4   1   5   1   8   135.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Twinsburg High School				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
10084 Ravenna Rd		Gift Basket Prizes		0   4   1   5   1   8   560.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Twinsburg Board of Education				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
11136 Ravenna Rd		Gift Basket Prizes		0   4   1   5   1   8   135.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Bissell Elementary School				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
1811 Glenwood Dr		Gift Basket Prizes		0   4   1   5   1   8   40.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Wlicox Primary School				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
9198 Darrow Rd		Gift Basket Prizes		0   4   1   5   1   8   135.00
City		State   Zip Code		Received at Fundraising Event?
Twinsburg		OH   44087		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>BLUE RIBBON SCHOOLS COMMITTEE</b>			
Full Name of Contributor <b>Dodge Intermediate</b>		Employer, Occupation, Labor Organization *	
Street Address <b>10225 Ravenna Rd</b>		Description of Item or Service <b>Gift Basket Prizes</b>	
City <b>Twinsburg</b>		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
State <b>OH</b>		Fair Market Value <b>135.00</b>	
Zip Code <b>44087</b>		M   D   Y <b>0   4   1   5   1   8</b>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Fair Market Value	
Zip Code		M   D   Y	

\* 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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>BLUE RIBBON SCHOOLS COMMITTEE</b>										
To Whom Owed <b>Twinsburg City Schools</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>693.97</b>		
Address <b>10084 Ravenna Rd</b>						Item or Purpose for Debt <b>Catering</b>		Outstanding Balance <b>693.97</b>		
City <b>Twinsburg</b>				State <b>OH</b>		Zip Code <b>44087</b>		Payments Made This Period		
						Date		Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
				0	4	1	5	1	8	0.00
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
						Date		Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
						Date		Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		

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

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 693.97 (also record on cover page)