



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought COURT OF COMMON PLEAS JUDGE		District SUMMIT COUNTY	
Street Address 720 WOLF LEDGES STE 270		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) 05/08/18	

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

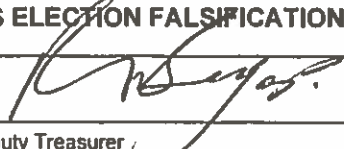
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$5,390.43
2. Total monetary contributions (From Forms 31-A and 31-E)	\$6,430.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1,2, and 3)	\$11,820.43
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$3,980.93
6. Balance on hand (line 4 minus line 5)	\$7,839.50
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$161,255.74
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUN 12 AM 11:41
 DEPT. OF PUBLIC SAFETY
 AKRON, OHIO
 # 2201 DT

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


 Signature of Treasurer or Deputy Treasurer

6/12/18
 Date (MM/DD/YYYY)

Contribution Pages 7	Expenditure Pages 3	Other Pages 2	Total Pages 12
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+ 6 SUPPLEMENT 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 CONTRIBUTIONS FROM FORM 31E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y	Amount	
		OH			0	4	2	5	18
Full Name of Contributor STACY L MCGOWAN									
Street Address 670 CROSSINGS CIRCLE							Registration Number, if PAC		
Street Address 670 CROSSINGS CIRCLE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City TALLMADGE		State OH	Zip Code 44278		M 0	D 4	Y 3	Y 0	Amount \$100.00
Full Name of Contributor WILLIAM ZAVARELLO									
Street Address 313 S HIGH ST							Registration Number, if PAC		
Street Address 313 S HIGH ST				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44308		M 0	D 4	Y 3	Y 0	Amount \$600.00
Full Name of Contributor DAVID A LOONEY									
Street Address 1735 S MAIN ST							Registration Number, if PAC		
Street Address 1735 S MAIN ST				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44301		M 0	D 4	Y 3	Y 0	Amount \$175.00
Full Name of Contributor STACY L MCGOWAN									
Street Address 670 CROSSINGS CIRCLE							Registration Number, if PAC		
Street Address 670 CROSSINGS CIRCLE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44278		M 0	D 4	Y 3	Y 0	Amount \$100.00
Full Name of Contributor ANNETTE L POWERS									
Street Address 1190 JEFFERSON AVENUE .							Registration Number, if PAC		
Street Address 1190 JEFFERSON AVENUE .				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44313		M 0	D 5	Y 3	Y 1	Amount \$350.00
Full Name of Contributor MARTIN H BELSKY									
Street Address 344A VILLAGE POINTE DRIVE							Registration Number, if PAC		
Street Address 344A VILLAGE POINTE DRIVE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44313		M 0	D 5	Y 3	Y 1	Amount \$250.00
Full Name of Contributor BRIAN J WILLIAMS									
Street Address 209 S MAIN ST							Registration Number, if PAC		
Street Address 209 S MAIN ST				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44308		M 0	D 5	Y 3	Y 1	Amount \$175.00

* 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 NICHOLAS SWRYDENKO				Registration Number, if PAC		
Street Address 1997 FOX TRACE TRAIL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State OH	Zip Code 44223	M 0	D 5	Y 3 1 1 8
Amount \$100.00						
Full Name of Contributor REEN SREMACK				Registration Number, if PAC		
Street Address 2745 S ARLINGTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City AKRON		State OH	Zip Code 44312	M 0	D 5	Y 3 1 1 8
Amount \$100.00						
Full Name of Contributor CONTRIBUTIONS FROM FORM 31E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M 0	D 5	Y 2 9 1 8
Amount \$2,115.00						
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						

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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 EXPENDITURES FROM FORM 31F						M	D	Y	Amount			
						0	4	2	5	1	8	\$782.05
Address				Purpose								
City		State	Zip Code	Check Number								
AKRON		OH		1182								
To Whom Paid GRAFFITTI PRINT SHOP						M	D	Y	Amount			
						0	4	2	6	1	8	\$809.27
Address 739 NORTH MAIN ST				Purpose CAMPAIGN PROMOTION PENS AND T-SHIRTS								
City		State	Zip Code	Check Number								
AKRON		OH	44310	1182								
To Whom Paid GRAFFITTI PRINT SHOP						M	D	Y	Amount			
						0	5	2	4	1	8	\$250.86
Address 739 NORTH MAIN ST				Purpose CAMPAIGN PROMOTION CAR MAGNETS								
City		State	Zip Code	Check Number								
AKRON		OH	44310	1184								
To Whom Paid GRAFFITTI PRINT SHOP						M	D	Y	Amount			
						0	5	3	0	1	8	\$624.60
Address 739 NORTH MAIN ST				Purpose CAMPAIGN PROMOTION PENS								
City		State	Zip Code	Check Number								
AKRON		OH	44310	1186								
To Whom Paid EXPENDITURES FROM FORM 31F						M	D	Y	Amount			
						0	5	2	9	1	8	\$139.15
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid TRIAD COMMUNICATIONS						M	D	Y	Amount			
						0	5	0	4	1	8	\$1,375.00
Address 1701 FRONT ST				Purpose CAMPAIGN DIGITAL ADS								
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1183								
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										



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 \$ 161,255.74

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			
JULIE TOTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
221 N PORTAGE PATH				0	4	2518	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ROBSON NGUNGU							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1029 JONATHAN AVENUE				0	4	2518	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL M GRANT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S MAIN ST 8TH FLR STE 3				0	4	2518	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CARA C KENNERLY-FORD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
424 MERRIMAN RD				0	4	2518	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JAMES J LAWRENCE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2511 VALLEY VIEW DR				0	4	2518	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JONATHAN SINN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
955 EDGEWATER CIRCLE				0	4	2518	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
KENT		OH	44240	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JACLYN PALUMBO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
879 NORTH POINT DR APT A				0	4	2518	\$100.00
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

Total expenditures this event

Page Total \$

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	
NOWAR KATIRJI			
Street Address	Employer/Occupation/Labor Organization*	M	D
1655 West Market Street Suite 230		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$175.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
BEVERLY HALE			
Street Address	Employer/Occupation/Labor Organization*	M	D
1031 MEADOW RUN		0	4
City	State	Y	Amount
COPLEY	OH	2	5
	Zip Code	1	8
			\$25.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
JAMES K REED			
Street Address	Employer/Occupation/Labor Organization*	M	D
3178 DOVES XING		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$175.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
ALISON BREAUX			
Street Address	Employer/Occupation/Labor Organization*	M	D
675 MERRIMAN ROAD		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$150.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
ED SMITH			
Street Address	Employer/Occupation/Labor Organization*	M	D
268 S MAIN ST		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$150.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
SARAH HULBURT			
Street Address	Employer/Occupation/Labor Organization*	M	D
2200 RAVENNA ST		0	4
City	State	Y	Amount
HUDSON	OH	2	5
	Zip Code	1	8
			\$175.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
MARK S GERVELIS			
Street Address	Employer/Occupation/Labor Organization*	M	D
3790 BOARDMAN-CANFIELD RD		0	4
City	State	Y	Amount
CANFIELD	OH	2	5
	Zip Code	1	8
			\$175.00
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
\$0.00

Total expenditures this event
\$0.00

Page Total \$ **\$1,025.00**

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	
DELODIA FEASTER			
Street Address	Employer/Occupation/Labor Organization*	M	D
883 DAVIES ST		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$50.00
Form (Cash, Check, etc.)			
CASH			
Full Name of Contributor		Registration Number, if PAC	
AJA MIXON			
Street Address	Employer/Occupation/Labor Organization*	M	D
1752 W MARKET ST		0	4
City	State	Y	Amount
AKRON	OH	2	5
	Zip Code	1	8
			\$40.00
Form (Cash, Check, etc.)			
CASH			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	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
\$2,365.00

Total expenditures this event
\$0.00

Page Total \$ **\$90.00**

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			
WILLIAM J WHITAKER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
54 E MILL				0	5	29	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CARL MASSOUH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
9589 PORTAGE ST NW				0	5	29	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
MASSILLON		OH	44646	CHECK			
Full Name of Contributor				Registration Number, if PAC			
THOMAS W BEVAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
530 MEADOWRIDGE WAY				0	5	29	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HUDSON		OH	44236	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JEFFREY N JAMES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
337 HICKORY ST				0	5	29	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JENNIFER NIKOLIN-MEYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1700 RUGG ST				0	5	29	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
KENT		OH	44240	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CARA C KENNERLY-FORD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
424 MERRIMAN RD				0	5	29	\$175.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
TROY A REEVES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3341 SUFFOLK DOWNS				0	5	29	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
STOW		OH	44224	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 \$ 1,700.00

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 ALAN M MEDVICK		Registration Number, if PAC	
Street Address 265 CROSBY ST	Employer/Occupation/Labor Organization*	M D Y 0 5 2 9 1 8	Amount \$100.00
City AKRON	State OH Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PAUL M GRANT		Registration Number, if PAC	
Street Address 209 S MAIN ST 8TH FLR STE 3	Employer/Occupation/Labor Organization*	M D Y 0 5 2 9 1 8	Amount \$100.00
City AKRON	State OH Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANDREA WHITAKER		Registration Number, if PAC	
Street Address 17007 DORCHESTER DR	Employer/Occupation/Labor Organization*	M D Y 0 5 2 9 1 8	Amount \$175.00
City CLEVELAND	State OH Zip Code 44119	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DELONDIA FEASTER		Registration Number, if PAC	
Street Address 883 DAVIES RD	Employer/Occupation/Labor Organization*	M D Y 0 5 2 9 1 8	Amount \$20.00
City AKRON	State OH Zip Code 44306	Form (Cash, Check, etc.) CASH	
Full Name of Contributor ANDREY RICHARDSON		Registration Number, if PAC	
Street Address 3678 FAIRWAY PARK #213	Employer/Occupation/Labor Organization*	M D Y 0 5 2 9 1 8	Amount \$20.00
City COPLEY	State OH Zip Code 44321	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 OH 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 OH 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

\$2,115.00

Total expenditures this event.

\$139.15

Page Total \$ **\$415.00**

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 KEN STEWART'S GRILLE				M	D	Y	Amount			
				0	4	2	5	1	8	\$782.05
Address 1970 WEST MARKET ST			Purpose FOOD AND DRINKS							
City AKRON		State OH	Zip Code 44313	Check Number 1181						
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			

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.

\$782.05
Page Total \$ _____

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 BRICCO				M	D	Y	Amount
				0	5	2	9
				1	8		
				\$139.15			
Address 1 W EXCHANGE		Purpose FOOD AND DRINK					
City AKRON		State OH	Zip Code 44308	Check Number 1185			
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

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.

\$139.15
Page Total \$ _____