

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF CLAIR DICKINSON						Registration Number, if PAC					
Full Name of Candidate CLAIR E. DICKINSON											
Street Address 844 ALDER RUN WAY						Office Sought COUNCIL AT LARGE			District SUMMIT COUNTY		
City AKRON						State O H		Zip Code 44333			
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly				August Monthly		September Monthly		Termination		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election			M	D	Y
									0	5	0 8 1 8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 3,651.63
2. Total monetary contributions (From Form No. 31-A)	\$ 4,645.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,296.63
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,021.28
6. Balance on hand (line 4 minus line 5)	\$ 6,275.35
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 149.56
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUN 15 PM 12: 24

AKRON, OHIO

#21620

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

David K. Horner, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

David K. Horner
Signature

6/15/2018
Date

Contribution pages 8

Expenditure pages 2

Other pages 3

Total pages 13

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF CLAIR DICKINSON							
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS		
City	State	Zip Code	M	D	Y	Amount 225.00	
			0	5	3	0	18
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH & CHECKS		
City	State	Zip Code	M	D	Y	Amount 4,420.00	
			0	6	0	6	18
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF CLAIR DICKINSON							
To Whom Paid TRIAD				M	D	Y	Amount
				0	5	1	800.00
Address 1701 FRONT STREET		Purpose INV 20353/MEIDA DESIGN/ADV					
City CUYAHOGA FALLS		State O H	Zip Code 44221	Check Number 111			
To Whom Paid U.S. BANK				M	D	Y	Amount
				0	5	1	5.00
Address 2226 STATE ROAD		Purpose SERVICE CHARGE					
City CUYAHOGA FALLS		State O H	Zip Code 44223	Check Number EFT			
To Whom Paid TOTAL EXPENDITURES FROM FORM 31-F				M	D	Y	Amount
				0	6	0	1,216.28
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF CLAIR DICKINSON													
From Whom Received CLAIR E. DICKINSON										Prior Amount 1,000.00		Amt. Incurred this Period 0.00	
Address 844 ALDER RUN WAY										Outstanding Balance 1,000.00			
City AKRON		State OH	Zip Code 44333		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0		9	1	2	1	6							
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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

- 1 Total prior amount \$ 1,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,000.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF CLAIR DICKINSON				
Full Name of Contributor JAMES J. LAWRENCE			Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 8	Amount 100.00
City CUYAHOGA FALLS	State O H	Zip Code 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS W. BEVAN			Registration Number, if PAC	
Street Address 530 MEADOWRIDGE WAY	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 8	Amount 100.00
City HUDSON	State O H	Zip Code 44236	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 8	Amount 25.00
City	State	Zip Code	Form(Cash,Check,etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

225.00

Total expenditures this event

0.00

Page Total \$ 225.00

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	
FRIENDS OF CLAIR DICKINSON			
Full Name of Contributor JASON D. DODSON		Registration Number, if PAC	
Street Address 3695 MOGADORE ROAD	Employer/Occupation/Labor Organization*	M D Y 0 5 2 3 1 8	Amount 50.00
City MOGADORE	State Zip Code O H 44260	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARTIN H. BELSKY		Registration Number, if PAC	
Street Address 344A VILLAGE POINTE DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 5 2 3 1 8	Amount 125.00
City AKRON	State Zip Code O H 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor VERNON L. SYKES		Registration Number, if PAC	
Street Address FURNACE RUN DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 5 2 4 1 8	Amount 100.00
City AKRON	State Zip Code O H 44307	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CARMEN V. ROBERTO		Registration Number, if PAC	
Street Address 3988 GREENRIDGE DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 5 2 5 1 8	Amount 125.00
City UNIONITOWN	State Zip Code O H 44685	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANN AMER BRENNAN		Registration Number, if PAC	
Street Address 1200 SUNSET VIEW DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 5 2 5 1 8	Amount 125.00
City AKRON	State Zip Code O H 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PHILIP H. MAYNARD		Registration Number, if PAC	
Street Address 1484 CAMDEN RIDGE	Employer/Occupation/Labor Organization*	M D Y 0 5 2 6 1 8	Amount 100.00
City AKRON	State Zip Code O H 44312	Form(Cash,Check,etc) CHECK	
Full Name of Contributor STEPHEN B. WARD		Registration Number, if PAC	
Street Address 190 25TH ST SE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 1 1 8	Amount 125.00
City NEW PHILADELPHIA	State Zip Code O H 44663	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 750.00

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	
FRIENDS OF CLAIR DICKINSON			
Full Name of Contributor STEPHEN Z. ZIMMERMAN		Registration Number, if PAC	
Street Address 210 LAKE FRONT DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 1 1 8	Amount 50.00
City AKRON	State Zip Code O H 44319	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BRUBAKER FOIR ENGINEER		Registration Number, if PAC	
Street Address 1727 FAYLOR DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 4 1 8	Amount 1,000.00
City AKRON	State Zip Code O H 44312	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ALAN M. MEDVICK		Registration Number, if PAC	
Street Address 265 CROSBY STREET	Employer/Occupation/Labor Organization*	M D Y 0 6 0 6 1 8	Amount 100.00
City AKRON	State Zip Code O H 44303	Form(Cash,Check,etc) CHECK	
Full Name of Contributor IRVING B. SUGERMAN		Registration Number, if PAC	
Street Address 2276 RICKEL DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 6 1 8	Amount 125.00
City AKRON	State Zip Code O H 44333	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KELLI R. CREWFORD-SMITH		Registration Number, if PAC	
Street Address 300 QUARTETTE LANE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 6 1 8	Amount 50.00
City CUYAHOGA FALLS	State Zip Code O H 44223	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SANDRA J. KURT		Registration Number, if PAC	
Street Address 140 MAYFIELD AVENUE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 6 1 8	Amount 50.00
City AKRON	State Zip Code O H 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL G. VANBUREN		Registration Number, if PAC	
Street Address 240 WILMINGTON DRIVE	Employer/Occupation/Labor Organization*	M D Y 0 6 0 6 1 8	Amount 100.00
City BROADVIEW HEIGHTS	State Zip Code O H 44147	Form(Cash,Check,etc) CHECK	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,475.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				
FRIENDS OF CLAIR DICKINSON				
Full Name of Contributor			Registration Number, if PAC	
STEPHANIE ANN CASTILLO				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2911 NORTHLAND STREET		0	6	0
City	State	Zip Code	Amount	
CUYAHOGA FALLS	O H	44221	50.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
KELLY L. McLAUGHLIN				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
213 TUDOR AVENUE		0	6	0
City	State	Zip Code	Amount	
AKRON	O H	44312	50.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
MATTHEW A. DICKINSON				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1080 MADRID DRIVE		0	6	0
City	State	Zip Code	Amount	
AKRON	O H	44313	100.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
JOHN L. REYES				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2338 STOCKBRIDGE ROAD		0	6	0
City	State	Zip Code	Amount	
AKRON	O H	44313	125.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
AMBER ZIBRITOSKY				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2303 CROCKETT CIRCLE		0	6	0
City	State	Zip Code	Amount	
STOW	O H	44224	50.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
KATHY ASHTON				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
3391 BOARD DRIVE		0	6	0
City	State	Zip Code	Amount	
CUYAHOGA FALLS	O H	44223	125.00	
Form(Cash,Check,etc)				
CHECK				
Full Name of Contributor			Registration Number, if PAC	
ANTHONY L. ZUMBO				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
189 GRANITE DRIVE		0	6	0
City	State	Zip Code	Amount	
PENINSULA	O H	44264	50.00	
Form(Cash,Check,etc)				
CHECK				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 550.00

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			
FRIENDS OF CLAIR DICKINSON							
Full Name of Contributor THOMAS A. TEODOSIO				Registration Number, if PAC			
Street Address 495 BELMONT PARK DRIVE	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	6	18	100.00
City MUNROE FALLS	State O H	Zip Code 44262		Form(Cash,Check,etc) CHECK			
Full Name of Contributor TIM S. CRAWFORD				Registration Number, if PAC			
Street Address 4109 CLEVELAND MASSILLON RD.				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	50.00
City NORTON	State O H	Zip Code 44203		Form(Cash,Check,etc) CHECK			
Full Name of Contributor BRIAN M. ASHTON				Registration Number, if PAC			
Street Address 302 BARONSWAY DRIVE				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	100.00
City CUYAHOGA FALLS	State O H	Zip Code 44223		Form(Cash,Check,etc) CHECK			
Full Name of Contributor FRANK M. KUNSTEL				Registration Number, if PAC			
Street Address 131 SEABORN DRIVE				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	300.00
City WILLOWICK	State O H	Zip Code 44096		Form(Cash,Check,etc) CHECK			
Full Name of Contributor RUSSELL W. BALTHIS				Registration Number, if PAC			
Street Address 2316 RIVERFRONT PKW				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	50.00
City CUYAHOGA FALLS	State O H	Zip Code 44221		Form(Cash,Check,etc) CHECK			
Full Name of Contributor ALISON BREAUX				Registration Number, if PAC			
Street Address 675 MERRIMAN ROAD				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	125.00
City AKRON	State O H	Zip Code 44303		Form(Cash,Check,etc) CHECK			
Full Name of Contributor JANET M. CIOTOLA				Registration Number, if PAC			
Street Address 163 RAVENSHOLLOW DRIVE				Employer/Occupation/Labor Organization*			
				M	D	Y	Amount
				0	6	18	100.00
City CUYAHOGA FALLS	State O H	Zip Code 44223		Form(Cash,Check,etc) CHECK			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 825.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF CLAIR DICKINSON				
Full Name of Contributor PAUL A. ROSE			Registration Number, if PAC	
Street Address 2310 OAK GLEN COURT	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 8	Amount 250.00
City AKRON	State O H	Zip Code 44333	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN SCHMIDT			Registration Number, if PAC	
Street Address 1460 CURTIS AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 8	Amount 100.00
City CUYAHOGA FALLS	State O H	Zip Code 44221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DAVID KEVIN HORNER			Registration Number, if PAC	
Street Address 554 WEBER AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 8	Amount 250.00
City AKRON	State O H	Zip Code 44303	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ELECT ILENE SHAPIRO			Registration Number, if PAC	
Street Address 295 WYANT ROAD	Employer/Occupation/Labor Organization*		M D Y 0 6 0 7 1 8	Amount 50.00
City AKRON	State O H	Zip Code 44313	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 8	Amount 120.00
City	State	Zip Code	Form(Cash,Check,etc) CASH & CHECKS	
Full Name of Contributor TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 8	Amount 50.00
City	State	Zip Code	Form(Cash,Check,etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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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
4,420.00

Total expenditures this event
1,216.28

Page Total \$ 820.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full FRIENDS OF CLAIR DICKINSON								
To Whom Paid U.S. POSTMASTER					M	D	Y	Amount
					0	5	1	125.00
Address 675 WOLF LEDGES PARKWAY		Purpose POSTAGE 06/06/2018 FUNDRAISER						
City AKRON		State O H	Zip Code 44309	Check Number 112				
To Whom Paid U.S. POSTMASTER					M	D	Y	Amount
					0	5	1	125.00
Address 675 WOLF LEDGES PARKWAY		Purpose POSTAGE 06/06/2018 FUNDRAISER						
City AKRON		State O H	Zip Code 44309	Check Number 113				
To Whom Paid CLAIR DICKINSON					M	D	Y	Amount
					0	5	1	425.38
Address 884 ALDER RUN WAY		Purpose REIMBURSEMENT-FR INVITATIONS						
City AKRON		State O H	Zip Code 44333	Check Number 114				
To Whom Paid STAPLES					M	D	Y	Amount
					0	5	1	145.90
Address 645 HOWE AVENUE		Purpose ADDN'L INVITATIONS-06/06/2018 FUNDRAISER						
City CUYAHOGA FALLS		State O H	Zip Code 44221	Check Number 115				
To Whom Paid THIRSTY DOG BREWING CO.					M	D	Y	Amount
					0	6	0	395.00
Address 587 GRANT STREET		Purpose FOOD/BEV-06/06/2018 FUNDRAISER						
City AKRON		State O H	Zip Code 44311	Check Number 116				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
FRIENDS OF CLAIR DICKINSON							
Full Name of Contributor							
MARK R. POTTER							
Street Address				M	D	Y	Amount
2811 SUPERIOR DRIVE				0	6	0	50.00
City		State	Zip Code		Form (Cash, Check, etc)		
UNIONTOWN		O	H	44685		CHECK	
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
City							

The above are employees of a unit or department under the direct supervision or control of CLAIR DICKINSON, who currently holds the public office of SUMMIT COUNTY COUNCILMAN. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF CLAIR DICKINSON			
Full Name of Contributor FRIENDS OF ELIZABETH WALTERS		Employer, Occupation, Labor Organization *	
Street Address 1700 WEST MARKET STREET		Description of Item or Service FOOD - BREAKFAST FR	
City AKRON		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	

* 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)]