



Committee Name John A. Donofrio Campaign Committee		Office Sought County Council At Large		District Summit
Street Address 218 Woodside Lane		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number John A. Donofrio		Treasurer Name Michael Migden		Election Date (MM/DD/YYYY) 05/08/2018
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$259.77
2. Total monetary contributions (From Forms 31-A and 31-E)	\$3,715.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$3,974.77
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$25.00
6. Balance on hand (line 4 minus line 5)	\$3,949.77
7. Value of in-kind contributions received (From Form 31-J-1)	\$259.50
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$1,500.00
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 13 PM 12: 21

Summit County Board of Elections  
10000 OHIO

#430

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

Michael Migden

Signature of Treasurer or Deputy Treasurer

06/13/2018

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> BRUBAKER FOR ENGINEER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1727 FAYLOR DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44312	<b>Date (MM/DD/YYYY)</b> 06/04/2018	<b>Amount</b> \$1,000.00
<b>Full Name of Contributor</b> THOMAS W. BEVAN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 530 MEADOWRIDGE WAY		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> HUDSON	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Date (MM/DD/YYYY)</b> 05/09/2018	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> JAMES J. LAWRENCE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2511 VALLEY VIEW DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> CUYAHOGA FALLS	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Date (MM/DD/YYYY)</b> 05/30/2018	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> SUSAN B. ROSS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 333 N. PORTAGE PATH UNIT 22		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44303	<b>Date (MM/DD/YYYY)</b> 05/30/2018	<b>Amount</b> \$25.00
<b>Full Name of Contributor</b> CONTRIBUTIONS RECEIVED AT 6/7/2018 FUNDRAISER			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$2,190.00

\*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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE			
To Whom Paid KeyBank		Date (MM/DD/YYYY) 01/31/2018	Amount \$5.00
Street Address 219 SOUTH MAIN STREET		Purpose Service Charge	
City AKRON	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 02/28/2018	Amount \$5.00
Street Address 219 SOUTH MAIN STREET		Purpose Service Charge	
City AKRON	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 03/30/2018	Amount \$5.00
Street Address 219 SOUTH MAIN STREET		Purpose Service Charge	
City AKRON	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 04/30/2018	Amount \$5.00
Street Address 219 SOUTH MAIN STREET		Purpose Service Charge	
City AKRON	State OH	Zip Code 44308	Check Number
To Whom Paid KeyBank		Date (MM/DD/YYYY) 05/31/2018	Amount \$5.00
Street Address 219 SOUTH MAIN STREET		Purpose Service Charge	
City AKRON	State OH	Zip Code 44308	Check Number

Page Total \$ 25.00



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE						
From Whom Received John A. Donofrio				Prior Amount \$1,000.00	Amt. Incurred this Period	
Street Address 67 Sand Run Road					Outstanding Balance \$1,000.00	
City Akron	State OH	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
Date Loan was Originally Incurred (MM/DD/YYYY) 09/25/2015		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 John A. Donofrio				Prior Amount \$500.00	Amt. Incurred this Period	
Street Address 67 Sand Run Road					Outstanding Balance \$500.00	
City Akron	State OH	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
Date Loan was Originally Incurred (MM/DD/YYYY) 06/13/2017		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	

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

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

Total Prior Amount \$ 1,500.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 1,500.00 (also record on Form 30-A)



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
Full Name of Contributor CHARLES J. D'ANDREA			Registration Number, if PAC	
Street Address 405 SACKETT AVENUE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$70.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, Etc) Check	
Full Name of Contributor JEFFREY C. FUSCO			Registration Number, if PAC	
Street Address 2117 FOREST OAK DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$70.00
City AKRON	State OH	Zip Code 44312	Form (Cash, Check, Etc) Check	
Full Name of Contributor DIANE DEKOVICH			Registration Number, if PAC	
Street Address 1359 ANDRUS STREET	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$100.00
City AKRON	State OH	Zip Code 44301	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*		Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor KELLY L. McGLAUGHLIN			Registration Number, if PAC	
Street Address 213 TUDOR AVENUE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$50.00
City AKRON	State OH	Zip Code 44312	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 \$ 325.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> JEFFREY C. THOMAS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 50 S. MAIN STREET STE. 1210		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$100.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44308	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> JEREMY LINN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1412 ALPHADA AVENUE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$35.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> ELECT ILENE L. SHAPIRO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 295 WYANT ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$50.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44313	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> JOHN SCHMIDT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1460 CURTIS AVENUE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$100.00
<b>City</b> CUYAHOGA FALLS		<b>State</b> OH	<b>Zip Code</b> 44221	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> GEORGE A. ALEXANDER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2 STARBOARD CIRCLE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$50.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Form (Cash, Check, Etc)</b> 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 \$ **\$335.00**



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
Full Name of Contributor JAMES J. LAWRENCE			Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$50.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, Etc) Check	
Full Name of Contributor MICHAEL T. CASSETTY			Registration Number, if PAC	
Street Address 12551 CLEVELAND AVENUE NW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$75.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor MARK POTTER			Registration Number, if PAC	
Street Address 2811 SUPERIOR DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor TIM CRAWFORD			Registration Number, if PAC	
Street Address 4109 CLEVELAND MASSILLON ROAD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$50.00
City NORTON	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor TOM BORCOMAN			Registration Number, if PAC	
Street Address 2141 STONEHENGE CIRCLE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44319	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 \$ 245.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> SUSAN BUTLER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1037 TALL GRASS CIRCLE APT. 101		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>Amount</b> \$35.00				
<b>City</b> STOW	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> CYNTHIA PROTICH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1228 EASTON DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>Amount</b> \$35.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> MAUREEN K. DAUGHERTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 808 E. WATERLOO ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>Amount</b> \$35.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44306	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> KRISTY BROWN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5093 SHEATERS DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>Amount</b> \$35.00				
<b>City</b> NORTH CANTON	<b>State</b> OH	<b>Zip Code</b> 44720	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> MICHAEL GOUDY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 425 E. ARCHWOOD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>Amount</b> \$50.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44301	<b>Form (Cash, Check, Etc)</b> 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 \$ 190.00





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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
Full Name of Contributor JOSEPH A. TESTA			Registration Number, if PAC	
Street Address 386 OXFORD AVENUE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount 35.00
City AKRON	State OH	Zip Code 44310	Form (Cash, Check, Etc) Check	
Full Name of Contributor JACK L. BURGESS JR.			Registration Number, if PAC	
Street Address 2829 AYLESBURY STREET NW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount 100.00
City NORTH CANTON	State OH	Zip Code 44720	Form (Cash, Check, Etc) Check	
Full Name of Contributor THOMAS S. MINNINGER			Registration Number, if PAC	
Street Address 19 LEICESTER DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount 35.00
City AKRON	State OH	Zip Code 44319	Form (Cash, Check, Etc) Check	
Full Name of Contributor GERALD V. TESTA			Registration Number, if PAC	
Street Address 1324 PEARTREE COURT	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City TALLMADGE	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor DALE R. MINNINGER			Registration Number, if PAC	
Street Address 5093 SHEATERS DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City NORTH CANTON	State OH	Zip Code 44720	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 \$ 240.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO				
Full Name of Contributor STEPHANIE D. HUMMEL			Registration Number, if PAC	
Street Address 2440 SHAW AVENUE		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, Etc) Check
Full Name of Contributor CHRISTINA BALLIET			Registration Number, if PAC	
Street Address 1794 DEANNA LN		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City NORTH CANTON		State OH	Zip Code 44720	Form (Cash, Check, Etc) Check
Full Name of Contributor VICKI KIDDER			Registration Number, if PAC	
Street Address 2146 FOREST OAK DRIVE		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/07/2018	Amount \$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor JENNIFER L. JONES			Registration Number, if PAC	
Street Address 236 RIVER ROAD		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/07/2018	Amount \$50.00
City CANAL FULTON		State OH	Zip Code 44614	Form (Cash, Check, Etc) Check
Full Name of Contributor JACQUELINE SAMPSEL			Registration Number, if PAC	
Street Address 274 HARVEST DRIVE		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/07/2018	Amount \$35.00
City AKRON		State OH	Zip Code 44333	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 \$ 255.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> JOHN D. DELLAGNESE III			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4000 EMBASSY PARKWAY, SUITE 400		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 05/24/2018
<b>Amount</b> \$100.00				
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44333	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> JOSEPH MIGDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2678 11TH STREET		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 05/21/2018
<b>Amount</b> \$100.00				
<b>City</b> CUYAHOGA FALLS		<b>State</b> OH	<b>Zip Code</b> 44221	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> JASON DODSON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3695 MOGADORE ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 05/20/2018
<b>Amount</b> \$50.00				
<b>City</b> MOGADORE		<b>State</b> OH	<b>Zip Code</b> 44260	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> STEPHEN B. WARD			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 190 25TH STREET SE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 05/29/2018
<b>Amount</b> \$200.00				
<b>City</b> NEW PHILADELPHIA		<b>State</b> OH	<b>Zip Code</b> 44663	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> STEPHEN A. ZIMMERMAN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 210 LAKE FRONT DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 05/30/2018
<b>Amount</b> \$35.00				
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Form (Cash, Check, Etc)</b> Check

\* 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

Total Expenditures This Event

Page Total \$ 485.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> JOHN LAMONICA			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4526 HONEYSUCKLE DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/06/2018
<b>City</b> NORTH CANTON		<b>State</b> OH	<b>Zip Code</b> 44720	<b>Amount</b> \$100.00
<b>Form (Cash, Check, Etc)</b> Check				
<b>Full Name of Contributor</b> DENNIS MENENDEZ			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 500 FILMORE AVENUE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44314	<b>Amount</b> \$70.00
<b>Form (Cash, Check, Etc)</b> Check				
<b>Full Name of Contributor</b> MICHAEL MIGDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 218 WOODSIDE LANE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>City</b> TALLMADGE		<b>State</b> OH	<b>Zip Code</b> 44278	<b>Amount</b> \$100.00
<b>Form (Cash, Check, Etc)</b> Check				
<b>Full Name of Contributor</b> VIRGINIA WHITED			<b>Registration Number, if PAC</b>	
<b>Street Address</b> PO BOX 282 2530 LAKESIDE DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>City</b> LAKEMORE		<b>State</b> OH	<b>Zip Code</b> 44250	<b>Amount</b> \$35.00
<b>Form (Cash, Check, Etc)</b> CHECK				
<b>Full Name of Contributor</b> DOMINIC BASILE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 793 CLYDE STREET		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Amount</b> \$35.00
<b>Form (Cash, Check, Etc)</b> 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 \$ 340.00



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

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

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> TROY EDWARDS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 978 WOODWARD AVENUE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$35.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> JOE FANTOZZI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 548 BOBWHITE TRAIL		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 06/07/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
				<b>Amount</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</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  
\$2,490.00 (~~\$2,490.00~~)

Total Expenditures This Event  
\$0.00

Page Total \$75.00



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**  
JOHN A. DONOFRIO CAMPAIGN COMMITTEE

**Full Name of Contributor**  
MARK POTTER

**Street Address**  
2811 SUPERIOR DRIVE

**Date (MM/DD/YYYY)**  
06/07/2018

**Amount**  
\$35.00

**City**  
UNIONTOWN

**State**  
OH

**Zip Code**  
44685

**Form (Cash, Check, etc.)**  
Check

**Full Name of Contributor**

**Street Address**

**Date (MM/DD/YYYY)**

**Amount**

**City**

**State**  
OH

**Zip Code**

**Form (Cash, Check, etc.)**

**Full Name of Contributor**

**Street Address**

**Date (MM/DD/YYYY)**

**Amount**

**City**

**State**  
OH

**Zip Code**

**Form (Cash, Check, etc.)**

**Full Name of Contributor**

**Street Address**

**Date (MM/DD/YYYY)**

**Amount**

**City**

**State**  
OH


**Zip Code**

**Form (Cash, Check, etc.)**

The above are employees of a unit or department under the direct supervision and control of JOHN A. DONOFRIO  
Name of Officeholder

who currently holds the public office SUMMIT COUNTY COUNCIL AT LARGE  
Name of Public Office

I hereby affirm that each contribution was voluntarily made.

  
(Signature of Treasurer or Deputy Treasurer)



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> FRIENDS OF KRISTEN M. SCALISE		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 274 HARVEST DRIVE	<b>Description of Item or Service</b> POSTAGE FOR MAILER		<b>Date (MM/DD/YYYY)</b> 05/17/2018	<b>Fair Market Value</b> \$87.50
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> FRIENDS OF KRISTEN M. SCALISE		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 274 HARVEST DRIVE	<b>Description of Item or Service</b> BEVERAGES FOR FUNDRAISER		<b>Date (MM/DD/YYYY)</b> 06/07/2018	<b>Fair Market Value</b> \$172.00
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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