

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Rob McCarty for Judge Committee						Registration Number, if PAC				
Full Name of Candidate Rob McCarty										
Street Address 1655 W Market St, Suite 525					Office Sought Common Pleas Judge		District			
City Akron						State O H	Zip Code 44313			
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		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 0 5	D 0 8	Y 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	\$ 2,882.69
2. Total monetary contributions (From Form No. 31-A)	\$ 790.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,672.69
5. Total monetary expenditures (From Form No. 31-B)	\$ 28.09
6. Balance on hand (line 4 minus line 5)	\$ 3,644.60
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 7,961.11
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
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	\$

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OHIO
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

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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.

Steven Wagner _____ **6/6/18** _____
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u> 1 </u>	Expenditure pages <u> 4 </u>	Other pages <u> 1 </u>	Total pages <u> 6 </u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Rob McCarty for Judge Committee							
Full Name of Contributor Diane Ringer					Registration Number, if PAC		
Street Address 3745 Market Ave N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canton	State O H	Zip Code 44714	M 0	D 5	Y 0	Amount 200.00	
Full Name of Contributor Timothy Truby					Registration Number, if PAC		
Street Address 2976 Devan Vale Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44223	M 0	D 5	Y 0	Amount 150.00	
Full Name of Contributor Maureen White					Registration Number, if PAC		
Street Address 3332 Bath Heights Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44223	M 0	D 5	Y 0	Amount 150.00	
Full Name of Contributor Elizabeth Tucci					Registration Number, if PAC		
Street Address 1745 Smokerise Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44313	M 0	D 5	Y 0	Amount 30.00	
Full Name of Contributor Brian Moore					Registration Number, if PAC		
Street Address 115 Barnes Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Tallmadge	State O H	Zip Code 44278	M 0	D 5	Y 0	Amount 30.00	
Full Name of Contributor Stephen Phillips					Registration Number, if PAC		
Street Address 701 Ecton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44303	M 0	D 5	Y 0	Amount 30.00	
Full Name of Contributor John Goodrich					Registration Number, if PAC		
Street Address 2765 Cedar Hill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44223	M 0	D 5	Y 0	Amount 50.00	
Full Name of Contributor Kimberly Ray					Registration Number, if PAC		
Street Address 378 Cheryl Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Tallmadge	State O H	Zip Code 44278	M 0	D 5	Y 0	Amount 150.00	

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

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Rob McCarty for Judge Committee							
To Whom Paid Proforma				M	D	Y	Amount
				0	4	2	5
				1	8		23.09
Address PO Box 640814		Purpose Parade apparel					
City Cincinnati	State O	H	Zip Code 44223	Check Number 1009			
To Whom Paid US Bank				M	D	Y	Amount
				0	4	1	3
				1	8		5.00
Address PO Box 1800		Purpose Bank Fees					
City Saint Paul	State M	N	Zip Code 55101	Check Number EFT			
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			
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

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Rob McCarty for Judge Committee												
From Whom Received Rob McCarty								Prior Amount 7,961.11		Amt. Incurred this Period		
Address 611 Woodbrook Rd										Outstanding Balance 7,961.11		
City Cuhahoga Falls		State OH	Zip Code 44223		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	
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 \$ 7,961.11
- 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 \$ 7,961.11 (To Form No. 30-A)