



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) 11/06/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> 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.		

1. Amount brought forward from last report	\$3,949.77
2. Total monetary contributions (From Forms 31-A and 31-E)	\$735.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$4,684.77
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$150.00
6. Balance on hand (line 4 minus line 5)	\$4,534.77
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)	\$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 JUL 30 PM 4:05
Michael Migden
#2405

**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

07/30/2018
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

Full Name of Committee JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
Full Name of Contributor COMMUNICATIONS WORKERS OF AMERICA			Registration Number, if PAC	
Street Address 20525 CENTER RIDGE ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City ROCKY RIVER	State OH	Zip Code 44116	Date (MM/DD/YYYY) 06/14/2018	Amount \$300.00
Full Name of Contributor SHIRLEY A. DECHECO			Registration Number, if PAC	
Street Address 2285 CORNELL DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UNIONTOWN	State OH	Zip Code 44685	Date (MM/DD/YYYY) 06/14/2018	Amount \$100.00
Full Name of Contributor SHYAM V. RAJADHYAKSHA			Registration Number, if PAC	
Street Address 6121 HUNTLEY ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43229	Date (MM/DD/YYYY) 06/14/2018	Amount \$100.00
Full Name of Contributor PETER M. KOSTOFF			Registration Number, if PAC	
Street Address 526 MEREDITH LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 06/19/2018	Amount \$100.00
Full Name of Contributor RAYMOND J. KAPPER			Registration Number, if PAC	
Street Address 10033 KEITH AVENUE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City SEMINOLE	State FL	Zip Code 33776	Date (MM/DD/YYYY) 06/19/2018	Amount \$100.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
Full Name of Contributor FRIENDS OF DAVID HAMILTON			Registration Number, if PAC	
Street Address 780 HARVARD STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City AKRON	State OH	Zip Code 44311	Date (MM/DD/YYYY) 06/20/2018	Amount \$35.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee JOHN A. DONOFRIO CAMPAIGN COMMITTEE			
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY		Date (MM/DD/YYYY) 06/29/2018	Amount \$150.00
Street Address 438 GRANT STREET		Purpose FDR DINNER	
City AKRON	State OH	Zip Code 44311	Check Number 1058
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 150.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee 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	Loans Received This Period		Payments This Period	
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	Loans Received This Period		Payments This Period	
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

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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 \$ 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)