

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Paula Prentice Committee						Registration Number, if PAC			
Full Name of Candidate Paula Prentice									
Street Address 4235 Aldawood Hills Dr.					Office Sought Summit Ctv Council		District 8		
City Akron						State O H	Zip Code 44319		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual X 2018
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election	M	D	Y

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	\$	2989.95 4,039.95 C8
2. Total monetary contributions (From Form No. 31-A)	\$	6,175.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (Sum of lines 1, 2, 3)	\$	9164.95 10,214.95 C8
5. Total monetary expenditures (From Form No. 31-B)	\$	1910.54 2,910.54 C8
6. Balance on hand (Line 4 minus line 5)	\$	7254.41 7,304.41
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	60.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
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	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUL 30 PM 12:03

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Catherine A Stoyanoff, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Catherine A Stoyanoff
Signature

7/22/18
Date

Contribution pages **9**

Expenditure pages **2**

Other pages **13**

Total pages **24**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Prentice Committee							
Full Name of Contributor Transfer from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 6,175.00	
			0	5	0	5	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	
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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Labor		0	5	18	100.00
Full Name of Contributor Local No. 219 PCE 7695		Registration Number, if PAC					
Street Address 1655 Brittain Rd		City Akron		Form(Cash,Check,etc) Check #1714			
City Akron		State OH		Zip Code 44310			
Jason Dodson		Summit County		0	5	18	75.00
Full Name of Contributor Jason Dodson		Registration Number, if PAC					
Street Address 3695 Mogadore Rd		City Mogadore		Form(Cash,Check,etc) Check #5162			
City Mogadore		State OH		Zip Code 44260			
David Horner		Summit County		0	5	18	50.00
Full Name of Contributor David Horner		Registration Number, if PAC					
Street Address 554 Weber Ave		City Akron		Form(Cash,Check,etc) Check #6316			
City Akron		State OH		Zip Code 44303			
Phillip Montgomery		Summit County		0	5	18	50.00
Full Name of Contributor Phillip Montgomery		Registration Number, if PAC					
Street Address 1180 W. Exchange St		City Akron		Form(Cash,Check,etc) Check #564			
City Akron		State OH		Zip Code 44313			
Frank Kunstel		Retired		0	5	18	500.00
Full Name of Contributor Frank Kunstel		Registration Number, if PAC					
Street Address 131 Seaborn Dr		City Willowick		Form(Cash,Check,etc) Check #11945			
City Willowick		State OH		Zip Code 44095			
Jeremy Linn		President AFSME 1229		0	5	18	25.00
Full Name of Contributor Jeremy Linn		Registration Number, if PAC					
Street Address 1412 Alphada Ave		City Akron		Form(Cash,Check,etc) Check #9291			
City Akron		State OH		Zip Code 44310			
Justin Leonti		Larock Academy		0	5	18	25.00
Full Name of Contributor Justin Leonti		Registration Number, if PAC					
Street Address 540 E. Nimisila Rd		City Akron		Form(Cash,Check,etc) Check #5345			
City Akron		State OH		Zip Code 44319			

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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		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		N/A		0	5	18	25.00
Full Name of Contributor Stefanie Wise		Registration Number, if PAC					
Street Address 2017 Grant Ave Apt. 1		City Cuvahoga Falls		Form(Cash,Check,etc) Check #101			
Sarah Akers		N/A		0	4	18	25.00
Full Name of Contributor Sarah Akers		Registration Number, if PAC					
Street Address 570 Bell Mawr Pl		City Barberton		Form(Cash,Check,etc) Check #5264			
Donald Mehl		Retired		0	5	18	25.00
Full Name of Contributor Donald Mehl		Registration Number, if PAC					
Street Address 790 Mt. Pleasant Rd NW		City Clinton		Form(Cash,Check,etc) Check #10440			
Matthew Shaughnessy		Self-employed Attorney		0	5	18	50.00
Full Name of Contributor Matthew Shaughnessy		Registration Number, if PAC					
Street Address 4781 Laburnum Dr		City Akron		Form(Cash,Check,etc) Check #310			
Rocco Yeargin		Self-employed Attorney		0	5	18	50.00
Full Name of Contributor Rocco Yeargin		Registration Number, if PAC					
Street Address 4064 Greenridge Dr		City Uniontown		Form(Cash,Check,etc) Check #6335			
Melissa Dean		Roderick, Belfance, Linton		0	5	18	50.00
Full Name of Contributor Melissa Dean		Registration Number, if PAC					
Street Address 3857 Heron Watch Dr		City Akron		Form(Cash,Check,etc) Check #2645			
Christopher Verich		Summit County		0	5	18	50.00
Full Name of Contributor Christopher Verich		Registration Number, if PAC					
Street Address 955 W. Exchange St		City Akron		Form(Cash,Check,etc) Check #438			

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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 \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Summit County		0	5	18	50.00
Full Name of Contributor Tim Crawford		Registration Number, if PAC					
Street Address 4109 Cleveland Massillon Rd		City Norton		Form(Cash,Check,etc) Check #1722			
State O H		Zip Code 44203					
Laura Leonti		N/A		0	5	18	50.00
Full Name of Contributor Laura Leonti		Registration Number, if PAC					
Street Address 122 Wymore Ave		City Akron		Form(Cash,Check,etc) Check #1244			
State O H		Zip Code 44319					
George Johnson		City of Akron		0	5	18	50.00
Full Name of Contributor George Johnson		Registration Number, if PAC					
Street Address 1378 Gurley Cir		City Akron		Form(Cash,Check,etc) Check #2251			
State O H		Zip Code 44310					
IBEW PAC Voluntary Fund		Labor		0	5	18	250.00
Full Name of Contributor IBEW PAC Voluntary Fund		Registration Number, if PAC					
Street Address 900 Seventh St. NW		City Washington		Form(Cash,Check,etc) Check #038037			
State D C		Zip Code 20001					
Sandy Money Penny		Summit County		0	5	18	50.00
Full Name of Contributor Sandy Money Penny		Registration Number, if PAC					
Street Address 3984 Idella Ave		City Mogadore		Form(Cash,Check,etc) Check #6006			
State O H		Zip Code 44260					
Jeff Fusco		City of Akron		0	5	18	50.00
Full Name of Contributor Jeff Fusco		Registration Number, if PAC					
Street Address 2117 Forest Oak Dr		City Akron		Form(Cash,Check,etc) Check #1314			
State O H		Zip Code 44312					
Pat Vickers		N/A		0	5	18	50.00
Full Name of Contributor Pat Vickers		Registration Number, if PAC					
Street Address 2036 Vancouver St		City Cudahy Falls		Form(Cash,Check,etc) Check #7252			
State O H		Zip Code 44221					

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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 Paula Prentice Committee				
Full Name of Contributor Catherine Stovnoff			Registration Number, if PAC	
Street Address 235 Lake Front Dr.	Employer/Occupation/Labor Organization* The University of Akron		M D Y 0 5 1 8	Amount 50.00
City Akron	State O H	Zip Code 44319	Form(Cash,Check,etc) Check #5291	
Full Name of Contributor Vernon Sykes			Registration Number, if PAC	
Street Address 133 Furnace Run Dr	Employer/Occupation/Labor Organization* State of Ohio		M D Y 0 5 0 5 1 8	Amount 100.00
City Akron	State O H	Zip Code 44307	Form(Cash,Check,etc) Check #1853	
Full Name of Contributor Sandra Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave	Employer/Occupation/Labor Organization* Summit County		M D Y 0 5 0 5 1 8	Amount 50.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check #4346	
Full Name of Contributor Aaron Conrow			Registration Number, if PAC	
Street Address 184 Lake Front Dr	Employer/Occupation/Labor Organization* N/A		M D Y 0 5 0 5 1 8	Amount 100.00
City Akron	State O H	Zip Code 44319	Form(Cash,Check,etc) Check #533	
Full Name of Contributor Elliot Kolkovich			Registration Number, if PAC	
Street Address 369 Gresham Dr	Employer/Occupation/Labor Organization* Summit County		M D Y 0 5 0 5 1 8	Amount 100.00
City Fairlawn	State O H	Zip Code 44333	Form(Cash,Check,etc) Check #607	
Full Name of Contributor Janice Stottler			Registration Number, if PAC	
Street Address 635 Howe Rd	Employer/Occupation/Labor Organization* Tri-County		M D Y 0 5 0 5 1 8	Amount 100.00
City Cuyahoga Falls	State O H	Zip Code 44221	Form(Cash,Check,etc) Check #2107	
Full Name of Contributor David Mucklow			Registration Number, if PAC	
Street Address 4882 Mayfair Rd	Employer/Occupation/Labor Organization* Self-employed Attorney		M D Y 0 5 0 5 1 8	Amount 100.00
City North Canton	State O H	Zip Code 44720	Form(Cash,Check,etc) Check #3178	

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Total contributions this event

Total expenditures this event

Page Total \$ 600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		N/A		0	5	18	100.00
Full Name of Contributor Friends of Tavia Galonski		Registration Number, if PAC					
Street Address 1137 Allendale Ave		City Akron		Form(Cash,Check,etc) Check #150			
Steven Stroman		Self-employed		0	5	18	100.00
Street Address 430 North Second St		City Clarksville		Form(Cash,Check,etc) Check #6277			
Terri Burns		Summit County		0	5	18	100.00
Street Address 1701 State Route 43		City Mogadore		Form(Cash,Check,etc) Check #2111			
Al Bollas		Retired		0	4	18	100.00
Street Address 4758 Rooney Ave		City Akron		Form(Cash,Check,etc) Check #1617			
Emilia Sykes Campaign		N/A		0	5	18	100.00
Street Address 109 N Howard St #A		City Akron		Form(Cash,Check,etc) Check #504			
Stephen Zimmerman		Retired		0	5	18	100.00
Street Address 210 Lake Front Dr		City Akron		Form(Cash,Check,etc) Check #3176			
Timothy Piatt		Attorney		0	5	18	200.00
Street Address 950 Brigantine Ave		City Uniontown		Form(Cash,Check,etc) Check #2733			

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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 \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee							
Full Name of Contributor Thomas Bevan		Registration Number, if PAC					
Street Address 530 Meadowridge Way	Employer/Occupation/Labor Organization* Attorney	M 0	D 4	Y 3	0	1	8 250.00
City Hudson	State O H	Zip Code 44236	Form(Cash,Check,etc) Check #7466				
Full Name of Contributor Friends of Kristen M. Scalise		Registration Number, if PAC					
Street Address 274 Harvest Dr	Employer/Occupation/Labor Organization* N/A	M 0	D 5	Y 0	2	1	8 100.00
City Akron	State O H	Zip Code 44333	Form(Cash,Check,etc) Check #2428				
Full Name of Contributor Transport Workers Union Local No. 1		Registration Number, if PAC					
Street Address 411 Wolf Ledges Pkwy Ste 301	Employer/Occupation/Labor Organization* Labor	M 0	D 5	Y 0	1	1	8 250.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check #17794				
Full Name of Contributor Ohio Assoc. of Professional Fire Fighters		Registration Number, if PAC #9700					
Street Address 140 E. Town St. Suite #1225	Employer/Occupation/Labor Organization* Labor	M 0	D 5	Y 0	1	1	8 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check #01529				
Full Name of Contributor Elect Ilene Shapiro		Registration Number, if PAC					
Street Address 295 Wyant Rd	Employer/Occupation/Labor Organization* N/A	M 0	D 5	Y 0	8	1	8 100.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check #1580				
Full Name of Contributor Laborers International Union of North America		Registration Number, if PAC LA236					
Street Address 720 Wolf Ledges Pkwy	Employer/Occupation/Labor Organization* Labor	M 0	D 5	Y 1	4	1	8 500.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check #2108				
Full Name of Contributor Matthew Mullen		Registration Number, if PAC					
Street Address 220 Highland Ave	Employer/Occupation/Labor Organization* N/A	M 0	D 5	Y 0	4	1	8 50.00
City Munroe Falls	State O H	Zip Code 44262	Form(Cash,Check,etc) Check				

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Total contributions this event

Total expenditures this event

Page Total \$ 1,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		Labor		0	5	0	500.00
Full Name of Contributor United Steelworkers District 1 PCE		Registration Number, if PAC		Form(Cash,Check,etc)			
Street Address 777 Dearborn Park Ln Suite J		City Columbus		Zip Code 43085		Check #2382	
William Zavarello		Attorney		0	4	2	500.00
Street Address 313 S. High St		City Akron		Zip Code 44308		Check #15101	
Elva Pounders		Retired		0	5	0	25.00
Street Address 2393 Hillstock Ave		City Akron		Zip Code 44312		Cash	
Linda Fink		Retired		0	5	0	25.00
Street Address 285 Skyview Dr		City Akron		Zip Code 44319		Cash	
Susan Ridgeway		Akron Public Schools		0	5	0	50.00
Street Address 7685 Mt. Pleasant Rd		City North Canton		Zip Code 44720		Cash	
Philip Ridgeway		Self-employed		0	5	0	50.00
Street Address 7685 Mt. Pleasant Rd		City North Canton		Zip Code 44720		Cash	
Evis Brinson		N/A		0	5	0	20.00
Street Address 292 Greenfield Ln		City Fairlawn		Zip Code 44321		Cash	

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Total contributions this event

Total expenditures this event

Page Total \$ 1,170.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paula Prentice Committee		SUPER Learning		0	5	18	100.00
Full Name of Contributor Richard Cole		Registration Number, if PAC					
Street Address 1577 Raymond Ave		City Lakemore		Form(Cash,Check,etc) Cash			
Full Name of Contributor John Chester		Registration Number, if PAC					
Street Address 668 Tallkron Ave		City Akron		Form(Cash,Check,etc) Cash			
Full Name of Contributor Bill Carpenter		Registration Number, if PAC					
Street Address No Address		City Provided		Form(Cash,Check,etc) Cash			
Full Name of Contributor Marie Black		Registration Number, if PAC					
Street Address 2548 Spvglass Ave		City Uniontown		Form(Cash,Check,etc) Cash			
Full Name of Contributor Robert Black		Registration Number, if PAC					
Street Address 2548 Spvglass Ave		City Uniontown		Form(Cash,Check,etc) Cash		50.00	
Full Name of Contributor Abigail Charton		Registration Number, if PAC					
Street Address 2037 26th St.		City Cuyahoga Falls		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	Zip Code				

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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 \$ \$ 455.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Paula Prentice Committee													
To Whom Paid							M	D	Y	Amount			
Friends of Elizabeth Walters							0	2	1	3	1	8	50.00
Address				Purpose									
1700 W. Market St Ste. 103				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44305		1238							
To Whom Paid							M	D	Y	Amount			
Friends of Sandra Kurt							0	5	0	2	1	8	50.00
Address				Purpose									
140 Mayfield Ave				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44313		1240							
To Whom Paid							M	D	Y	Amount			
Committee to Support Green Schools							0	6	1	1	1	8	100.00
Address				Purpose									
4426 Provens Dr				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44319		1246							
To Whom Paid							M	D	Y	Amount			
Friend of Claire Dickinson							0	6	1	0	1	8	50.00
Address				Purpose									
554 Weber				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44303		1244							
To Whom Paid							M	D	Y	Amount			
Akron Community Foundations							0	6	1	1	1	8	100.00
Address				Purpose									
345 W. Cedar St				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44307		1245							
To Whom Paid							M	D	Y	Amount			
Mike Soyars							0	6	2	5	1	8	100.00
Address				Purpose									
209 E. Park Ave				Contribution									
City		State		Zip Code		Check Number							
Barberton		OH		44203		1248							
To Whom Paid							M	D	Y	Amount			
Summit County Democratic Party							0	6	2	8	1	8	300.00
Address				Purpose									
438 Grant St				Contribution									
City		State		Zip Code		Check Number							
Akron		OH		44308		1249							
To Whom Paid							M	D	Y	Amount			
Transfer from 31-F							0	5	0	5	1	4	2,160.54
Address				Purpose									
City		State		Zip Code		Check Number							

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Paula Prentice Committee								
To Whom Paid D.J. Luciano				M	D	Y	Amount	
				0	4	1 1	1 8	1,000.00
Address 613 Gibbs Rd		Purpose Coordinate Fundraiser						
City Akron		State O H	Zip Code 44312	Check Number 1239				
To Whom Paid Pick's				M	D	Y	Amount	
				0	5	1 5	1 8	800.00
Address 530 Portage Lakes Dr		Purpose Food & Drinks at Fundraiser						
City Akron		State O H	Zip Code 44319	Check Number 1241				
To Whom Paid D.J. Luciano				M	D	Y	Amount	
				0	5	2 9	1 8	360.54
Address 613 Gibbs Rd		Purpose Coordinate Fundraiser						
City Akron		State O H	Zip Code 44312	Check Number 1242				
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				

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.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Prentice Committee			
Full Name of Contributor Paula Prentice	Employer, Occupation, Labor Organization * Summit County	Registration Number, if PAC	
Street Address 4235 Aldawood Hills Dr.	Description of Item or Service Labels	M D Y 0 5 0 4 1 8	Fair Market Value 34.00
City Akron	State Zip Code OH 44319	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Paula Prentice	Employer, Occupation, Labor Organization * Summit County	Registration Number, if PAC	
Street Address 4235 Aldawood Hills Dr.	Description of Item or Service Copies	M D Y 0 5 0 4 1 8	Fair Market Value 26.00
City Akron	State Zip Code OH 44319	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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 Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Paula Prentice Committee									
To Whom Owed Paula Prentice						Prior Amount 21,600.00		Amt. Incurred this Period	
Address 4235 Aldawood Hills Dr						Item or Purpose for Debt		Outstanding Balance 21,600.00	
City Akron				State OH	Zip Code 44319		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

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

Total Outstanding Balance \$ 21,600.00 (also record on cover page)