



Committee Name Barberton Indivisible		Office Sought		District
Street Address 5790 Lyric Dr.		City New Franklin	State OH	Zip 44216
Candidate Name OR PAC Registration Number		Treasurer Name Dave Fulton		Election Date (MM/DD/YYYY)
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 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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	542.24
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	542.24
5. Total monetary expenditures (From Forms 31-E and 31-F)	46.54
6. Balance on hand (line 4 minus line 5)	495.70
7. Value of in-kind contributions received (From Form 31-J-1)	300.00
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUL 30 PM 2:02

#2314 AR

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

Dave Fulton

Signature of Treasurer or Deputy Treasurer

07/30/2018

Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
2

Other Pages
1

Total Pages
5



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Barberton Indivisible				
Full Name of Contributor Sandy Parker			Registration Number, if PAC	
Street Address 13050 Hametown Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Doylestown	State OH	Zip Code 44230	Date (MM/DD/YYYY) 03/26/2018	Amount 5.00
Full Name of Contributor John Galonski			Registration Number, if PAC	
Street Address 1137 Allendale Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Akron	State OH	Zip Code 44306	Date (MM/DD/YYYY) 05/05/2018	Amount 10.00
Full Name of Contributor Total Contributions from Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount 527.24
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

*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

Full Name of Committee Barberton Indivisible			
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 04/11/2018	Amount 24.30
Street Address 4160 Cleveland-Massillon Rd		Purpose Checks	
City Norton	State OH	Zip Code 44203	Check Number Deducted from Acct.
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 05/07/2018	Amount 3.00
Street Address 4160 Cleveland-Massillon Rd		Purpose Statement Charge	
City Norton	State OH	Zip Code 44203	Check Number Deducted from Acct.
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 05/31/2018	Amount 3.00
Street Address 4160 Cleveland-Massillon Rd		Purpose Statement Charge	
City Norton	State OH	Zip Code 44203	Check Number Deducted from Acct.
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY)	Amount 16.24
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 \$ 46.54



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

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

Full Name of Committee Barberton Indivisible				
Full Name of Contributor Scott Siebel			Registration Number, if PAC	
Street Address 3625 16th St. NW Apt. 307	Employer/Occupation/Labor Organization* Bernie Sanders for President		Date (MM/DD/YYYY) 03/20/2018	Amount 216.24
City Washington D.C.	State ▼	Zip Code 20010	Form (Cash, Check, Etc) Credit Card	
Full Name of Contributor Contributions Received \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/03/2018	Amount 311.00
City	State ▼	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State ▼	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State ▼	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State ▼	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	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
527.24

Total Expenditures This Event
16.24

Page Total \$ **511.00**



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Barberton Indivisible				
To Whom Paid Event Brite		Date (MM/DD/YYYY) 03/20/2018		Amount 16.24
Street Address 155 5th St. 7th Floor		Purpose Fee for Service		
City San Francisco		State CA <input type="checkbox"/>	Zip Code 94103	Check Number Online Payment
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City		State <input type="checkbox"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City		State <input type="checkbox"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City		State <input type="checkbox"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City		State <input type="checkbox"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City		State <input type="checkbox"/>	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

Form 31-J-1
R.C. 3517.10

Full Name of Committee Barberton Indivisible			
Full Name of Contributor In-Kind Contributions Received at fundraising event \$325		Employer, Occupation, Labor Organization* or less	Registration Number, if PAC
Street Address	Description of Item or Service Venue & Food	Date (MM/DD/YYYY) 04/03/2018	Fair Market Value 300
City	State ▼	Zip Code	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	Date (MM/DD/YYYY)	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	Date (MM/DD/YYYY)	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	Date (MM/DD/YYYY)	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	Date (MM/DD/YYYY)	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	Date (MM/DD/YYYY)	Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

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