

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CUYAHOGA FALLS DEMOCRATIC CLUB							Registration Number, if PAC		
Full Name of Candidate									
Street Address 2467 23 Rd Street					Office Sought			District	
City CUYAHOGA FALLS					State OH		Zip Code 44223		
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
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	\$	314.47
2. Total monetary contributions (From Form No. 31-A)	\$	650.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	964.47
5. Total monetary expenditures (From Form No. 31-B)	\$	397.08
6. Balance on hand (Use negative line 5)	\$	567.39
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	378.24
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
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

#24078

2018 JUL 31 AM 8:36

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

Print Name and Title (Treasurer and Deputy Treasurer only)
Shelley Goodrich

Signature
Shelley J. Goodman

Date
7/30/18

Contribution pages 3

Expenditure pages 2

Other pages 5

Total pages 10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB										
To Whom Paid CITY OF CUYAHOGA FALLS						M	D	Y	Amount 60.00	
Address 1201 GRANT AVENUE						Purpose MEETING SPACE RENTAL				
City CUYAHOGA FALLS, OH			State O	H	Zip Code 44221	Check Number DEBIT CARD				
To Whom Paid CITY OF CUYAHOGA FALLS						M	D	Y	Amount 30.00	
Address 1201 GRANT AVENUE						Purpose MEETING SPACE RENTAL				
City CUYAHOGA FALLS, OH			State O	H	Zip Code 44221	Check Number 451				
To Whom Paid BLANK						M	D	Y	Amount	
Address BLANK						Purpose BLANK				
City BLANK			State		Zip Code	Check Number				
To Whom Paid SAM'S CLUB						0	D	Y	Amount 29.82	
Address 1189 BUCHOLZER AVENUE						Purpose CANDY FOR PARADE				
City CUYAHOGA FALLS			State O	H	Zip Code 44221	Check Number DEBIT CARD				
To Whom Paid GIANT EAGLE						M	D	Y	Amount 1.99	
Address 2687 STATE ROAD						Purpose WATER FOR PARADE				
City CUYAHOGA FALLS			State O	H	Zip Code 44223	Check Number DEBIT CARD				
To Whom Paid SPINNER GRAPHICS & T'S						M	D	Y	Amount 54.00	
Address 1871 14TH STREET						Purpose T-SHIRTS				
City CUYAHOGA FALLS			State O	H	Zip Code 44223	Check Number 476				
To Whom Paid FALLS CATHOLIC CREDIT UNION						M	D	Y	Amount 15.00	
Address 33 GRAHAM ROAD						Purpose NSF FEE				
City CUYAHOGA FALLS			State O	H	Zip Code 44223	Check Number DEBIT				
To Whom Paid GETGO						M	D	Y	Amount 4.99	
Address 2816 STATE ROAD						Purpose ICE				
City CUYAHOGA FALLS			State O	H	Zip Code 44223	Check Number DEBIT CARD				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB												
To Whom Paid PAT CATAN'S						M	D	Y	Amount			
						0	5	1	6	1	8	51.28
Address 570 HOWE AVENUE				Purpose PARADE SUPPLIES				Check Number DEBIT CARD				
City CUYAHOGA FALLS DEMOCRATIC		State OH	Zip Code 44221									
To Whom Paid CITY OF CUYAHOGA FALLS						M	D	Y	Amount			
						0	3	0	5	1	8	150.00
Address 2310 2ND STREET				Purpose RENTAL OF LIONS LODGE FOR SEPT. EVENT				Check Number DEBIT CARD				
City CUYAHOGA FALLS		State OH	Zip Code 44221									
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							

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor DEBBIE ZICCARDI					Registration Number, if PAC		
Street Address 531 GROVE AVE			Employer/Occupation/Labor Organization* SOCIAL WORKER			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 6	Y 3 0 1 8	Amount 25.00
Full Name of Contributor DIANA COLAVECCHIO					Registration Number, if PAC		
Street Address 3414 HAGGARTY WAY			Employer/Occupation/Labor Organization* CLERK OF COURTS/STOW			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 6	Y 3 0 1 8	Amount 25.00
Full Name of Contributor DEBBIE ZICCARDI					Registration Number, if PAC		
Street Address 515 GROVE AVENUE			Employer/Occupation/Labor Organization* SOCIAL WORKER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 1	Y 1 8 1 8	Amount 25.00
Full Name of Contributor MICHAEL PENTA					Registration Number, if PAC		
Street Address 2467 23RD STREET			Employer/Occupation/Labor Organization* HOTEL MANAGER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 1	Y 0 4 1 8	Amount 25.00
Full Name of Contributor MEIKA PENTA					Registration Number, if PAC		
Street Address 2467 23RD STREET			Employer/Occupation/Labor Organization* FINANCE REP			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 1	Y 1 1 1 8	Amount 25.00
Full Name of Contributor MARIE HARVEY					Registration Number, if PAC		
Street Address 1323 CHESTNUT BLVD			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 1	Y 1 8 1 8	Amount 25.00
Full Name of Contributor STEFANIE DEDDO-EVANS					Registration Number, if PAC		
Street Address 1539 MERILINE STREET			Employer/Occupation/Labor Organization* ARTIST			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 1	Y 1 8 1 8	Amount 25.00
Full Name of Contributor JAMES EVANS					Registration Number, if PAC		
Street Address 1539 MERILINE STREET			Employer/Occupation/Labor Organization* SALES			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 1	Y 1 8 1 8	Amount 25.00

* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor BRYAN HOFFMAN					Registration Number, if PAC		
Street Address 3466 SQUIRES BEND		Employer/Occupation/Labor Organization* FINANCE DIRECTOR			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor LESLIE FRANK					Registration Number, if PAC		
Street Address 49 ORRVILLE AVENUE		Employer/Occupation/Labor Organization* PROGRAM SPECIALIST			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor KAREN SCHOFIELD					Registration Number, if PAC		
Street Address 2306 NORTH HAVEN BLVD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor KATHLEEN ARTHUR					Registration Number, if PAC		
Street Address 2187 W. BATH RD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44333	M 0 1	D 1 8	Y 1 8	Amount 50.00	
Full Name of Contributor ANTHONY GOMEZ					Registration Number, if PAC		
Street Address 3070 9TH STREET		Employer/Occupation/Labor Organization* DEPUTY CLERK			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor SHEILA KING					Registration Number, if PAC		
Street Address 43 QUARTZ AVENUE		Employer/Occupation/Labor Organization* ELECTRIC ENGINEER			Form (Cash, Check, etc.) CHECK		
City PENINSULA	State O H	Zip Code 44264	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor GARY KING					Registration Number, if PAC		
Street Address 43 QUARTZ AVENUE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City PENINSULA	State O H	Zip Code 44264	M 0 1	D 1 8	Y 1 8	Amount 25.00	
Full Name of Contributor TIM GORBACH					Registration Number, if PAC		
Street Address 3014 NORTHAMPTON		Employer/Occupation/Labor Organization* COMPANY OWNER			Form (Cash, Check, etc.) CASH		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0 5	D 2 9	Y 1 8	Amount 100.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor STEFANIE CASTILLO					Registration Number, if PAC		
Street Address 2911 NORTHLAND STREET			Employer/Occupation/Labor Organization* TEACHER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 6	Y 0 5 1 8	Amount 25.00
Full Name of Contributor BLANK					Registration Number, if PAC		
Street Address BLANK			Employer/Occupation/Labor Organization* BLANK			Form (Cash, Check, etc.) BLANK	
City BLANK		State	Zip Code	M	D	Y	Amount
Full Name of Contributor SHELLEY GOODRICH					Registration Number, if PAC		
Street Address 2765 CEDAR HILL RD			Employer/Occupation/Labor Organization* ACCOUNTING MANAGER			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44223	M 0	D 6	Y 2 3 1 8	Amount 25.00
Full Name of Contributor MARY NICHOLS RHODES					Registration Number, if PAC		
Street Address 739 LINCOLN AVENUE			Employer/Occupation/Labor Organization* NURSING HOME ADMINISTRATOR			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State O H	Zip Code 44221	M 0	D 2	Y 1 5 1 8	Amount 25.00
Full Name of Contributor PETE ZIEGLER					Registration Number, if PAC		
Street Address 1050 AUSTIN AVENUE			Employer/Occupation/Labor Organization* CLERK			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44306	M 0	D 2	Y 1 5 1 8	Amount 25.00
Full Name of Contributor KATHLEEN ARTHUR					Registration Number, if PAC		
Street Address 2187 W BATH ROAD			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44313	M 0	D 2	Y 1 5 1 8	Amount 50.00
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

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
CUYAHOGA FALLS DEMOCRATIC CLUB							
Full Name of Contributor KATHLEEN ARTHUR							
Street Address 2187 W BATH RD		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	6	3018	50.00
City AKRON		State OH	Zip Code 44313	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARIE HARVEY							
Street Address 1323 CHESTNUT BLVD		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	6	3018	25.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CARRIE SNYDER							
Street Address 1248 CHESTNUT BLVD		Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS		M	D	Y	Amount
				0	6	3018	25.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DONALD WALTERS							
Street Address 3395 PENDLETON STREET		Employer/Occupation/Labor Organization* CITY OF CUYAHOGA FLS		M	D	Y	Amount
				0	6	3018	100.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ANTHONY GOMEZ							
Street Address 3070 9TH STREET		Employer/Occupation/Labor Organization* STOW MUNI COURT		M	D	Y	Amount
				0	6	3018	25.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARY NICHOLS-RHODES							
Street Address 739 LINCOLN AVE		Employer/Occupation/Labor Organization* LPN		M	D	Y	Amount
				0	6	3018	25.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NATALIE SCOTT							
Street Address 2886 REVERE DRIVE		Employer/Occupation/Labor Organization* BAILIFF TO JUDGE CABL		M	D	Y	Amount
				0	6	3018	25.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	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
650.00

Total expenditures this event
- 0 -

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 CUYAHOGA FALLS DEMOCRATIC CLUB						Registration Number, if PAC			
Full Name of Contributor JANET CIOTOLA						Registration Number, if PAC			
Street Address 163 RAVENSHOLLOW DRIVE		Employer/Occupation/Labor Organization* DEP LAW DIR/CITY OF C		M	D	Y	Amount		
				0	6	3	0	18	75.00
City CUYAHOGA FALLS		State O	H	Zip Code		Form(Cash,Check,etc) CHECK			
Full Name of Contributor KAREN SCHOFIELD						Registration Number, if PAC			
Street Address 2306 N HAVEN BLVD		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount		
				0	6	3	0	18	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44223		Form(Cash,Check,etc) CHECK			
Full Name of Contributor SHELIA HARTMAN KING						Registration Number, if PAC			
Street Address 43 QUARTZ AVE		Employer/Occupation/Labor Organization* ELECTRIC ENGINEER		M	D	Y	Amount		
				0	6	3	0	18	50.00
City PENINSULA		State O	H	Zip Code 44264		Form(Cash,Check,etc) CHECK			
Full Name of Contributor LESLIE FRANK						Registration Number, if PAC			
Street Address 49 ORRVILLE AVE		Employer/Occupation/Labor Organization* SUMMIT CTY DD		M	D	Y	Amount		
				0	6	3	0	18	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH			
Full Name of Contributor DEBBIE ZICCARDI						Registration Number, if PAC			
Street Address 531 GROVE AVE		Employer/Occupation/Labor Organization* SOCIAL WORKER		M	D	Y	Amount		
				0	6	3	0	18	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH			
Full Name of Contributor JOHN SCHMIDT						Registration Number, if PAC			
Street Address 1460 CURTIS AVE		Employer/Occupation/Labor Organization* SUMMIT CTY COUNCIL		M	D	Y	Amount		
				0	6	3	0	18	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH			
Full Name of Contributor MATT DICKINSON						Registration Number, if PAC			
Street Address 1080 MADRID DRVE		Employer/Occupation/Labor Organization* LAWYER/CITY OF CF		M	D	Y	Amount		
				0	6	3	0	18	25.00
City CUYAHOGA FALLS		State O	H	Zip Code		Form(Cash,Check,etc) 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

650.00

Total expenditures this event

- 0 -

Page Total \$ **250.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CUYAHOGA FALLS DEMOCRATIC CLUB				Registration Number, if PAC			
Full Name of Contributor CLAIR DICKINSON				Registration Number, if PAC			
Street Address 884 ALDEN RUN WAY		Employer/Occupation/Labor Organization* LAWYER		M	D	Y	Amount
				0	6	30	25.00
City AKRON		State O	H	Zip Code 44333		Form(Cash,Check,etc) CASH	
Full Name of Contributor RUSSELL BALTHIS				Registration Number, if PAC			
Street Address 2316 RIVERFRONT PKY		Employer/Occupation/Labor Organization* LAW DIR FOR CITY CF		M	D	Y	Amount
				0	6	30	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH	
Full Name of Contributor STERLING SHRIBER				Registration Number, if PAC			
Street Address 525 RIDGECREST		Employer/Occupation/Labor Organization* STUDENT		M	D	Y	Amount
				0	6	30	25.00
City AKRON		State O	H	Zip Code 44303		Form(Cash,Check,etc) CASH	
Full Name of Contributor WILL BEZBATCHENKO				Registration Number, if PAC			
Street Address 2093 NEWBERRY APT 1		Employer/Occupation/Labor Organization* STUDENT		M	D	Y	Amount
				0	6	30	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44221		Form(Cash,Check,etc) CASH	
Full Name of Contributor DIANA COLAVECCHIO				Registration Number, if PAC			
Street Address 3414 HAGGARTY WAY		Employer/Occupation/Labor Organization* CLERK OF COURTS/STOV		M	D	Y	Amount
				0	6	30	25.00
City CUYAHOGA FALLS		State O	H	Zip Code 44223		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	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	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

650.00

Total expenditures this event

- 0 -

Page Total \$ **125.00**

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor NATALIE SCOTT	Employer, Occupation, Labor Organization * BAILIFF TO JUDGE CABLE	Registration Number, if PAC	
Street Address 2886 REVERE DRIVE	Description of Item or Service Dessert for 6/30/18 event	M D Y 0 6 3 0 1 8	Fair Market Value 9.98
City CUYAHOGA FALLS	State Zip Code O H 44223	Received at Fundraising Event? YES NO	
Full Name of Contributor ANTHONY GOMEZ			
Employer, Occupation, Labor Organization * CLERK FOR STOW MUNI			
Street Address 3070 9TH STREET	Description of Item or Service Fruit/Raffle item for 6/30/18	M D Y 0 6 3 0 1 8	Fair Market Value 34.99
City CUYAHOGA FALLS	State Zip Code O H 44221	Received at Fundraising Event? YES NO	
Full Name of Contributor STEFANIE WISE			
Employer, Occupation, Labor Organization * CITY OF CF			
Street Address 2017 GRANT AVE APT 1	Description of Item or Service Ribs for 6/30/18 event	M D Y 0 6 3 0 1 8	Fair Market Value 9.99
City CUYAHOGA FALLS	State Zip Code O H 44223	Received at Fundraising Event? YES NO	
Full Name of Contributor STEFANIE CASTILLO			
Employer, Occupation, Labor Organization * Intervention Spec. Teacher			
Street Address 2911 NORTHLAND STREET	Description of Item or Service Coleslaw and BBQ Tofu	M D Y 0 6 3 0 1 8	Fair Market Value 25.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Received at Fundraising Event? YES NO	
Full Name of Contributor MARY NICHOLAS-RHODES			
Employer, Occupation, Labor Organization * LPN			
Street Address 739 LINCOLN AVE	Description of Item or Service Ice, cheese, pop, raffle item	M D Y 0 6 3 0 1 8	Fair Market Value 47.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Received at Fundraising Event? YES NO	
Full Name of Contributor FRIENDS & FAMILY FOR NOAH SPINNER			
Employer, Occupation, Labor Organization * N/A			
Street Address 1871 14TH STREET	Description of Item or Service Dessert for 6/30/18 event	M D Y 0 6 3 0 1 8	Fair Market Value 4.99
City CUYAHOGA FALLS	State Zip Code O H 44223	Received at Fundraising Event? YES NO	
Full Name of Contributor KAREN SCHOFIELD			
Employer, Occupation, Labor Organization * RETIRED			
Street Address 2306 NORTH HAVEN BLVD	Description of Item or Service Ice/Bread for 6/30/18 event	M D Y 0 6 3 0 1 8	Fair Market Value 8.98
City CUYAHOGA FALLS	State Zip Code O H 44223	Received at Fundraising Event? YES NO	
Full Name of Contributor LESLIE FRANK			
Employer, Occupation, Labor Organization * SUMMIT COUNTY DD			
Street Address 49 ORRVILLE AVE	Description of Item or Service Chips/Dip/Bowls for 6/30/18 event	M D Y 0 6 3 0 1 8	Fair Market Value 15.00
City CUYAHOGA FALLS	State Zip Code O H 44221	Received at Fundraising Event? YES 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)]

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CUYAHOGA FALLS DEMOCRATIC CLUB			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MIKE PENTA	HOTEL MANAGER		
Street Address	Description of Item or Service	M	D Y Fair Market Value
2467 23RD STREET	Water/plates for 6/30/18 event	0	6 3 0 1 8 10.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44223	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
STEFANIE CASTILLO	TEACHER		
Street Address	Description of Item or Service	M	D Y Fair Market Value
2187 WEST BATH ROAD	COLOR COPIES	0	6 1 5 1 8 52.31
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44221	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MARY NICHOLS RHODES	NURSING HOME ADMIN		
Street Address	Description of Item or Service	M	D Y Fair Market Value
739 LINCOLN AVENUE	STAMPS	0	6 3 0 1 8 50.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44221	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
MARY NICHOLS RHODES	NURSING HOME ADMIN		
Street Address	Description of Item or Service	M	D Y Fair Market Value
739 LINCOLN AVENUE	MEETING SPACE	0	1 1 2 1 8 110.00
City	State Zip Code	Received at Fundraising Event?	
CUYAHOGA FALLS	OH 44221	YES 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?	
		YES 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?	
		YES NO	

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