

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Support Summit DD						Registration Number, if PAC			
Full Name of Candidate									
Street Address 2355 Second St					Office Sought		District		
City Cuyahoga Falls					State O	H	Zip Code 44221		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		X 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 RC 3517.10(H) for details.

1. Amount brought forward from last report	\$	99,892.23
2. Total monetary contributions (From Form No. 31-A)	\$	10,219.12
3. Total other income (From Form No. 31-A-2)	\$	61.21
4. Total funds available (sum of lines 1, 2, 3)	\$	110,172.56
5. Total monetary expenditures (From Form No. 31-B)	\$	4,468.33
6. Balance on hand (line 4 minus line 5)	\$	105,704.23
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions but unrecorded (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 Purposes only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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**OFFICIAL COPY
SUMMIT COUNTY
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

Mira Pozna, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Mira Pozna

Signature

7/5/18

Date

Contribution
pages 3

Expenditure
pages 4

Other
pages 1

Total
pages 9

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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Full Name of Candidate								
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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	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 pre-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

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Mira Pozna, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

7/5/18

Date

Contributions pages <u>3</u>

Expenditure pages <u>4</u>

Other pages <u>1</u>

Total pages <u>9</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD						
Full Name of Contributor Akron Canton Waste Oil Co Inc					Registration Number, if PAC	
Street Address 2090 May Road			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Mogadore			State O H	Zip Code 44260	M D Y 0 6 2 1 1 8	Amount 200.00
Full Name of Contributor William J Ginter						
Street Address 485 Delaware Ave					Registration Number, if PAC	
Street Address 485 Delaware Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44303	M D Y 0 6 2 1 1 8	Amount 200.00
Full Name of Contributor Siffrin						
Street Address 3688 Dressler Rd NW					Registration Number, if PAC	
Street Address 3688 Dressler Rd NW			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Canton			State O H	Zip Code 44718	M D Y 0 6 2 1 1 8	Amount 800.00
Full Name of Contributor Bechter Plumbing Inc						
Street Address 1151 Tower Dr					Registration Number, if PAC	
Street Address 1151 Tower Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44305	M D Y 0 6 2 1 1 8	Amount 650.00
Full Name of Contributor Blick Clinic						
Street Address 620 West Market St					Registration Number, if PAC	
Street Address 620 West Market St			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44303	M D Y 0 6 2 7 1 8	Amount 800.00
Full Name of Contributor 4myBenefits, Inc						
Street Address 4665 Cornell Rd, Suite 331					Registration Number, if PAC	
Street Address 4665 Cornell Rd, Suite 331			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cincinnati			State O H	Zip Code 45241	M D Y 0 6 2 7 1 8	Amount 200.00
Full Name of Contributor Blaugrand Haynes Kessler Myers & Postalakis, Inc						
Street Address 300 West Wilson Bridge Rd Ste 100					Registration Number, if PAC	
Street Address 300 West Wilson Bridge Rd Ste 100			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Worthington			State O H	Zip Code 43085	M D Y 0 6 2 7 1 8	Amount 800.00
Full Name of Contributor Ardmore Inc						
Street Address 981 E Market St					Registration Number, if PAC	
Street Address 981 E Market St			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44305	M D Y 0 6 2 7 1 8	Amount 1,200.00

* 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. [RC 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Tricia Perduk						Registration Number, if PAC	
Street Address 1195 Fairchild Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Kent		State O H	Zip Code 44240	M 0 6	D 2 6	Y 1 8	Amount 50.00
Full Name of Contributor Custom Apparel and Promotions of Akron LLC							
Street Address 1180 Brittain Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44305	M 0 6	D 2 6	Y 1 8	Amount 620.00
Full Name of Contributor Lois Anders							
Street Address 3720 Woodlawn			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Norton		State O H	Zip Code 44203	M 0 6	D 2 6	Y 1 8	Amount 26.00
Full Name of Contributor Cindy Scott							
Street Address 1991 High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44221	M 0 6	D 2 6	Y 1 8	Amount 29.00
Full Name of Contributor Cindy Scott							
Street Address 1991 High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Cuyahoga Falls		State O H	Zip Code 44221	M 0 6	D 2 6	Y 1 8	Amount 10.00
Full Name of Contributor Maria Osborne							
Street Address 3939 Sharon Copley Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Medina		State O H	Zip Code 44256	M 0 6	D 1 5	Y 1 8	Amount 600.00
Full Name of Contributor Russell DuPlain							
Street Address 3356 Suffolk Downs			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Stow		State O H	Zip Code 44224	M 0 6	D 2 0	Y 1 8	Amount 600.00
Full Name of Contributor Okey Ekechi							
Street Address 7996 Darrow Rd, Suite 20			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Twinsburg		State O H	Zip Code 44087	M 0 6	D 2 0	Y 1 8	Amount 600.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD						
Full Name of Contributor Jennifer Bako				Registration Number, if PAC		
Street Address 570 E Waterloo Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Akron	State O H	Zip Code 44319	M 0 6	D 2 2	Y 1 8	Amount 200.00
Full Name of Contributor Schroder's I.T.				Registration Number, if PAC		
Street Address 1301 N Summit St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Toledo	State O H	Zip Code 43604	M 0 6	D 2 6	Y 1 8	Amount 2,500.00
Full Name of Contributor Gregg McFarland				Registration Number, if PAC		
Street Address 2101 Florence Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Cincinnati	State O H	Zip Code 45206	M 0 6	D 2 7	Y 1 8	Amount 100.00
Full Name of Contributor Michael's				Registration Number, if PAC		
Street Address 697 Howe Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Bank Credit	
City Cuyahoga Falls	State O H	Zip Code 44221	M 0 3	D 0 6	Y 1 8	Amount 34.12
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

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Statement of Other Income

Prescribed by Secretary of State 201

Name of Committee or Full					
Support Summit DD					
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		1	2	9
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		7.23
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	1	3
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		7.24
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	2	2
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		6.53
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	3	3
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		8.52
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	4	3
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		10.51
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	5	3
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		10.86
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
3793 Darrow Rd	I N		0	6	2
City	State		Form (Cash, Checks, etc)		Amount
Stow	O H	44224	Cash		10.32
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State		Form (Cash, Checks, etc)		Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received. RE for a refund, uncashed check or the committee's own insufficient funds check received; place the letters IN for any investment or interest income earned by the committee; SA for the sale of committee assets; or LH for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee Fund							
Support Summit DD							
To Whom Paid				M	D	Y	Amount
Cincy McPeek				0	6	18	22.00
Address		Purpose					
3475 Charring Cross Dr		PO Box rental late fee					
City	State	Zip Code	Check Number				
Stow	OH	44224	1140				
To Whom Paid				M	D	Y	Amount
USPS				0	6	18	112.00
Address		Purpose					
North Ave		PO Box rental fee					
City	State	Zip Code	Check Number				
Monroe Falls	OH	44262	1139				
To Whom Paid				M	D	Y	Amount
Billie Jo David				0	2	18	121.76
Address		Purpose					
812 Horseshoe Way		Reimb for website registration software					
City	State	Zip Code	Check Number				
Avon Lake	OH	44012	1135				
To Whom Paid				M	D	Y	Amount
USPS				0	3	18	3.75
Address		Purpose					
North Ave		Postage					
City	State	Zip Code	Check Number				
Monroe Falls	OH	44262	Bank Debit				
To Whom Paid				M	D	Y	Amount
Michael's				0	2	18	51.18
Address		Purpose					
697 Howe Ave		Supplies					
City	State	Zip Code	Check Number				
Cuyahoga Falls	OH	44221	Bank Debit				
To Whom Paid				M	D	Y	Amount
Mira Pozna				1	2	17	12.04
Address		Purpose					
859 Southbridge Blvd		Reimb for postage stamps					
City	State	Zip Code	Check Number				
Brunswick	OH	44212	1130				
To Whom Paid				M	D	Y	Amount
Cunningham & Associates				0	5	18	400.00
Address		Purpose					
60 Eagle Valley Court		Tax prep					
City	State	Zip Code	Check Number				
Broadview Hts	OH	44147	1138				
To Whom Paid				M	D	Y	Amount
Record Publishing Company LLC				0	2	18	25.94
Address		Purpose					
1050 W Main St		Advertising					
City	State	Zip Code	Check Number				
Kent	OH	44240	1137				

Statement of Expenditures

Prescribed by Secretary of State 201

Name of Commission Fund													
To Whom Paid							M	D	Y	Amount			
Support Summit DD							0	2	0	9	1	8	502.44
Address				Purpose									
5100 Darrow Rd				Consulting costs									
City		State	Zip Code	Check Number									
Hudson		O H	44236	1136									
To Whom Paid							M	D	Y	Amount			
Repros Inc							0	1	1	0	1	8	25.00
Address				Purpose									
1518 Copley Rd				Delivery charge									
City		State	Zip Code	Check Number									
Akron		O H	44320	1134									
To Whom Paid							M	D	Y	Amount			
Record Publishing Company, LLC							0	1	1	0	1	8	1,729.00
Address				Purpose									
1050 W Main St				Advertising									
City		State	Zip Code	Check Number									
Kent		O H	44240	1133									
To Whom Paid							M	D	Y	Amount			
Scriptype Publishing Inc							0	1	1	0	1	8	612.13
Address				Purpose									
4300 Streetsboro Rd				Advertising									
City		State	Zip Code	Check Number									
Richfield		O H	44286	1132									
To Whom Paid							M	D	Y	Amount			
GoDaddy.com, LLC							0	3	1	6	1	8	70.68
Address				Purpose									
14455 N Hayden Rd				.com domain registration									
City		State	Zip Code	Check Number									
Scottsdale		A Z	85260	PayPal									
To Whom Paid							M	D	Y	Amount			
GoDaddy.com, LLC							0	3	2	0	1	8	55.51
Address				Purpose									
14455 N Hayden Rd				.com domain registration									
City		State	Zip Code	Check Number									
Scottsdale		A Z	85260	PayPal									
To Whom Paid							M	D	Y	Amount			
GoDaddy.com, LLC							0	5	0	7	1	8	75.85
Address				Purpose									
14455 N Hayden Rd				.com domain registration									
City		State	Zip Code	Check Number									
Scottsdale		A Z	85260	PayPal									
To Whom Paid							M	D	Y	Amount			
GoDaddy.com, LLC							0	5	1	9	1	8	30.34
Address				Purpose									
14455 N Hayden Rd				.com domain registration									
City		State	Zip Code	Check Number									
Scottsdale		A Z	85260	PayPal									

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Support Summit DD												
To Whom Paid						M	D	Y	Amount			
GoDaddy.com, LLC						0	5	2	0	1	8	40.34
Address				Purpose								
14455 N Hayden Rd				.com domain registration								
City				State	Zip Code	Check Number						
Scottsdale				A	Z	85260		PayPal				
To Whom Paid						M	D	Y	Amount			
GoDaddy.com, LLC						0	5	2	3	1	8	20.17
Address				Purpose								
14455 N Hayden Rd				.com domain registration								
City				State	Zip Code	Check Number						
Scottsdale				A	Z	85260		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	1	5	1	8	17.70
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	2	0	1	8	17.70
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	2	0	1	8	17.70
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	2	2	1	8	6.10
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	2	6	1	8	72.80
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				
To Whom Paid						M	D	Y	Amount			
PayPal						0	6	2	7	1	8	3.20
Address				Purpose								
2211 N First Street				Credit Card fees								
City				State	Zip Code	Check Number						
San Jose				C	A	95131		PayPal				

Pay Total \$ 195.71

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Support Summit DD							
To Whom Paid BirdEase Pro				M	D	Y	Amount
				0	5	3	118
Address 406 High St				Purpose Golf outing website			
City Portsmouth		State N H	Zip Code 03801	Check Number Bank Debit			
To Whom Paid The Repository				M	D	Y	Amount
				0	1	1	018
Address 500 Market Ave, S				Purpose Advertising			
City Canton		State O H	Zip Code 44702	Check Number 1131			
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			