

LATE



Committee Name Summit County Young Democrats		Office Sought		District
Street Address 438 GRANT ST		City AKRON	State OH	Zip 44311
Candidate Name OR PAC Registration Number		Treasurer Name Imokhai OKOLO		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				
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.

Year
2018

1. Amount brought forward from last report	\$ 4,570.52
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 1,255
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	\$ 5,825.52
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 400.00
6. Balance on hand (line 4 minus line 5)	\$ 5,425.52
7. Value of in-kind contributions received (From Form 31-J-1)	0
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 AUG -9 PM 12:32

#2345 Arc

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

8/6/2018

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

SCYD Next Gen Dems Sign In

Name ROB NGUNGU **Office Held/Union Membership**
1029 JONATHAN AVENUE
Address CHIEF OPERATING OFFICER, QUEST MEDICAL IMAGING
Occupation & Employer 320 419 3488 robngungu@yahoo.com
Phone \$ 100 - **Email**
Contribution Amount

Name Debra Wino **Office Held/Union Membership**
2002 DARNOLD DR
Address 2002 DARNOLD DR
Occupation & Employer Retired 370 758 2561 wisedebfirst@gmail.com
Phone \$ 50.00 **Email**
Contribution Amount



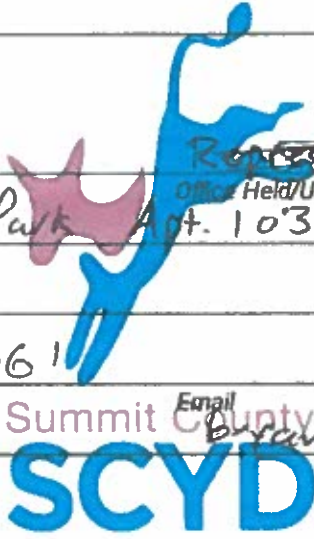
Name JOHN CHESTER **Office Held/Union Membership**
668 HALLKREN DR.
Address RACE TIRES GOODYEAR TIRE & RUBBER CO.
Occupation & Employer 330-858-9031 Jchester6@NZU.RR.COM
Phone \$ 30.00 **Email**
Contribution Amount

SCYD Next Gen Dems Sign In

Name Michelle Andersen
Office Held/Union Membership P.O. Box 670616
Address HCL SVS & Sustainability Solutions
Occupation & Employer 239-687-0148 Wisdom1908@yahoo.com
Phone \$ 25
Contribution Amount

Name Bryan Herschel
Office Held/Union Membership Representing Co. Exec. Shapiro
Address 3793 Fairway Park Apt. 103
Occupation & Employer County Exec
Phone 330-401-9061
Contribution Amount \$ 100.00
Email Summit County
bryan.herschel@gmail.com

Name Emily Maher
Office Held/Union Membership Young Democrats
Address 2303 Gint Ave
Occupation & Employer Cooper Brothers
Phone 330-719-6420
Contribution Amount \$ 20
Email emaher09@gmail.com



SCYD Next Gen Dems Sign In

Russell Balthis City of C.F. Lee Director
Name Office Held/Union Membership

2316 Riverview Pkwy
Address

City of Cayuga Falls
Occupation & Employer

Phone 330-523-1566 Email russbalthis@gmail.com

Contribution Amount 35.00

Barb Kaplan
Name Office Held/Union Membership

1570 Stine
Address

Crooked River Action
Occupation & Employer

Phone 30.00 Email Summit County

Contribution Amount



Summit County
SCYD
Young Democrats

Aysha Riba
Name Office Held/Union Membership

178 W. Grayling Drive Fairlawn 44333
Address

Buckeye Health Plan
Occupation & Employer

Phone 330-2034691 Email mstury85@gmail.com

Contribution Amount 20.00

SCYD Next Gen Dems Sign In

Name Steven McCulley Office Held/Union Membership _____

Address _____

Occupation & Employer _____

Phone \$ 20

Phone _____

Contribution Amount \$ 216-509-5247

Contribution Amount _____

Email _____

Name Tracyel Armstrong Office Held/Union Membership _____

Address 10127 Flagstone Drive _____ Zenithburg, GA 31702

Occupation & Employer Cleveland Hts - University Hts City Schools

Phone 216-543-0063

Phone _____

Contribution Amount \$ 20

Contribution Amount _____

Summit County
SCYD
Young Democrats

Name Jeron Godfrey Office Held/Union Membership _____

Address 1507 Hunter Chase Dr 2B

Occupation & Employer Physicist / ZIN Technologies Inc

Phone 440 470 4950

Phone _____

Contribution Amount \$ 30

Contribution Amount _____

Email godfrey.jeron@gmail.com

Email _____

PAGE (4) Total
\$70.00



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

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

Full Name of Contributor					Registration Number, if PAC	
Kathryn Michael						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
720 Wolf Ledges		Akron. Muni Court		05-24-2018	100 ⁰⁰	
City		State	Zip Code	Form (Cash, Check, Etc)		
Akron		OH	44311	Check		
Full Name of Contributor					Registration Number, if PAC	
SANDRA Ruet						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
140 Mayfield Ave				5-24-18	100 ⁰⁰	
City		State	Zip Code	Form (Cash, Check, Etc)		
Akron		OH	44313	Check		
Full Name of Contributor					Registration Number, if PAC	
TAVIA GALONSKI						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1137 Allendale Ave				5-24-18	75 ⁰⁰	
City		State	Zip Code	Form (Cash, Check, Etc)		
Akron		OH	44302	Check		
Full Name of Contributor					Registration Number, if PAC	
JEFF FUSCO						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
					50 ⁰⁰	
City		State	Zip Code	Form (Cash, Check, Etc)		
		OH		Check		
Full Name of Contributor					Registration Number, if PAC	
Donald Walters						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
		Mayor Cuyahoga Falls		5/24/18	100 ⁰⁰	
City		State	Zip Code	Form (Cash, Check, Etc)		
Cuyahoga Falls		OH	44302	Check		

* 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)]

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
1,255

Total Expenditures This Event
400⁰⁰

Page Total \$ 425⁰⁰