

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|-----------------|--|---|--|----------|--|----------------------|--------------------------|----------------------------------|--------|-------------|
| Full Name of Committee FRIENDS OF CLAIR DICKINSON | | | | | | Registration Number, if PAC | | | | | |
| Full Name of Candidate CLAIR E. DICKINSON | | | | | | | | | | | |
| Street Address 554 WEBER AVENUE | | | | | | Office Sought COUNCIL AT LARGE | | | District SUMMIT COUNTY | | |
| City AKRON | | | | | | State O H | | Zip Code 44303 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | X | | 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 1 | D 1 | Y 0 |
| | | | | | | | | 6 | | 1 8 | |

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 | \$ 6,275.35 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 12,268.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 18,543.35 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 10,647.06 |
| 6. Balance on hand (line 4 minus line 5) | \$ 7,896.29 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ 345.86 |
| 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) | \$ 1,000.00 |
| 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

2018 OCT 25 PM 1:21
 CLAIR E. DICKINSON
 AMT 0110H10

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.

David K. Horner, Treasurer

David K. Horner

10/25/2018

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 3

Other pages 3

Total pages 12

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|---------------|---------------|---|---------------------------|--|
| Name of Committee in Full FRIENDS OF CLAIR DICKINSON | | | | | | | |
| Full Name of Contributor CHRISTOPHER T. TEODOSIO | | | | | Registration Number, if PAC | | |
| Street Address 253 STEEPLECHASE LANE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City MUNROE FALLS | State O H | Zip Code 44262 | M 0 | D 6 | Y 1 5 1 8 | Amount 50.00 | |
| Full Name of Contributor PAULA PRENTICE COMMITTEE | | | | | Registration Number, if PAC | | |
| Street Address 4235 ALDAWOOD HILLS DRIVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City AKRON | State O H | Zip Code 44319 | M 0 | D 6 | Y 1 5 1 8 | Amount 50.00 | |
| Full Name of Contributor COMMUNICATIONS WORKERS OF AMERICA OH LEGIS COMM | | | | | Registration Number, if PAC LA166 | | |
| Street Address 20525 CENTER RIDGE RD. NO 700 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City ROCKY RIVER | State O H | Zip Code 44116 | M 0 | D 6 | Y 1 5 1 8 | Amount 300.00 | |
| Full Name of Contributor PETE CROSSLAND | | | | | Registration Number, if PAC | | |
| Street Address 730 WINDING WAY | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City AKRON | State O H | Zip Code 44313 | M 0 | D 6 | Y 1 5 1 8 | Amount 50.00 | |
| Full Name of Contributor STEPHEN A. COMUNALE | | | | | Registration Number, if PAC | | |
| Street Address 2300 SOUREK TRAIL | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City AKRON | State O H | Zip Code 44313 | M 0 | D 6 | Y 2 6 1 8 | Amount 125.00 | |
| Full Name of Contributor IBEW PAC VOLUNTARY FUND | | | | | Registration Number, if PAC C00027342 | | |
| Street Address 900 SEVENTH STREET, N.W. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City WASHINGTON | State D C | Zip Code 20001 | M 0 | D 7 | Y 1 7 1 8 | Amount 125.00 | |
| Full Name of Contributor FRIENDS OF WILHITE | | | | | Registration Number, if PAC | | |
| Street Address 2096 CLEAR CREEK DRIVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City CUYAHOGA FALLS | State O H | Zip Code 44223 | M 0 | D 9 | Y 1 7 1 8 | Amount 300.00 | |
| Full Name of Contributor ELECT ILENE L. SHAPIRO | | | | | Registration Number, if PAC | | |
| Street Address 295 WYANT ROAD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City AKRON | State O H | Zip Code 44313 | M 0 | D 9 | Y 2 5 1 8 | Amount 8,000.00 | |

* 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 FRIENDS OF CLAIR DICKINSON | | | | | | | |
| Full Name of Contributor BROUSE McDOWELL FSL PAC | | | | | Registration Number, if PAC C00248047 | | |
| Street Address 388 SOUTH MAIN ST. STE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City MUNROE FALLS | State O H | Zip Code 44311 | M 0 | D 9 | Y 2 | Amount 1,500.00 | |
| Full Name of Contributor JUDGE JON OLDHAM | | | | | Registration Number, if PAC | | |
| Street Address 2130 SAGAMORE ROAD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City AKRON | State O H | Zip Code 44313 | M 1 | D 0 | Y 9 | Amount 100.00 | |
| Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH & CHECKS | | |
| City | State | Zip Code | M 0 | D 8 | Y 2 | Amount 1,668.00 | |
| 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 | |
| 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 Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | |
|--|--|-----------------------|--------------------------|---|---|---|----------|
| Name of Committee in Full FRIENDS OF CLAIR DICKINSON | | | | | | | |
| To Whom Paid U.S. BANK | | | | M | D | Y | Amount |
| | | | | 0 | 6 | 1 | 5.00 |
| Address 2226 STATE ROAD | | | | Purpose SERVICE CHARGE | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Check Number EFT | | | |
| To Whom Paid U.S. BANK | | | | M | D | Y | Amount |
| | | | | 0 | 7 | 1 | 5.00 |
| Address 2226 STATE ROAD | | | | Purpose SERVICE CHARGE | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Check Number EFT | | | |
| To Whom Paid TRIAD | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 350.87 |
| Address 1701 FRONT STREET | | | | Purpose INV 20553/PALMCARDS | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 117 | | | |
| To Whom Paid U.S. BANK | | | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 5.00 |
| Address 2226 STATE ROAD | | | | Purpose SERVICE CHARGE | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Check Number EFT | | | |
| To Whom Paid U.S. BANK | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 5.00 |
| Address 2226 STATE ROAD | | | | Purpose SERVICE CHARGE | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Check Number EFT | | | |
| To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 | 6,538.00 |
| Address 438 GRANT STREET | | | | Purpose CONTRIBUTION | | | |
| City AKRON | | State O H | Zip Code 44311 | Check Number 119 | | | |
| To Whom Paid TRIAD | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 668.66 |
| Address 1701 FRONT STREET | | | | Purpose INV 20781/2018 NEWSPAPER ADS | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 120 | | | |
| To Whom Paid TRIAD | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 1,083.33 |
| Address 1701 FRONT STREET | | | | Purpose INV 20778/4x4 BOARDS PROD AND PRINT | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 121 | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | |
|--|--|-----------------------|--------------------------|--|---|----|--------|
| Name of Committee in Full FRIENDS OF CLAIR DICKINSON | | | | | | | |
| To Whom Paid TRIAD | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 09 | 18 |
| Address 1701 FRONT STREET | | | | Purpose INV 20779 / 2018 NEWSPAPER ADS 2ND RUN | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 122 | | | |
| To Whom Paid U.S. BANK | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 15 | 18 |
| Address 2226 STATE ROAD | | | | Purpose SERVICE CHARGE | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Check Number EFT | | | |
| To Whom Paid DAVID HORNER | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 16 | 18 |
| Address 554 WEBER AVENUE | | | | Purpose REIMBURSEMENT - COPIES / PRINTING | | | |
| City AKRON | | State O H | Zip Code 44303 | Check Number 123 | | | |
| To Whom Paid FIRST CLASS CAMPAIGNS, LLC | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 16 | 18 |
| Address 1460 CURTIS AVENUE | | | | Purpose INV 2018-1011 / AT-LARGE TEAM PERSUASION LIT | | | |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Check Number 124 | | | |
| To Whom Paid TOTAL EXPENDITURES FROM FORM 31-F | | | | | | | Amount |
| | | | | 0 | 8 | 21 | 18 |
| 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 Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|---|--|--------------------|--------------------------|---|----------------------------|---|--------|----|----------------------|---------------------------------|--------|--|--|
| Full Name of Committee FRIENDS OF CLAIR DICKINSON | | | | | | | | | | | | | |
| From Whom Received CLAIR E. DICKINSON | | | | | | | | | | Prior Amount 1,000.00 | | Amt. Incurred this Period 0.00 | |
| Address 884 ALDER RUN WAY | | | | | | | | | | | | Outstanding Balance 1,000.00 | |
| City AKRON | | State OH | Zip Code 44333 | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| 0 9 | | 1 2 | 1 6 | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | M | D | Y | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | |
| Address | | | | | | | | | | | | Outstanding Balance | |
| City | | State | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| Registration Number, if PAC | | | | | M | D | Y | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | M | D | Y | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | |
| Address | | | | | | | | | | | | Outstanding Balance | |
| City | | State | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| Registration Number, if PAC | | | | | M | D | Y | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | M | D | Y | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 1,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,000.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 305

| Name of Committee in Full | | Registration Number, if PAC | | | |
|--|---|---|-------------------------------|------|--------|
| FRIENDS OF CLAIR DICKINSON | | | | | |
| Full Name of Contributor LESLIE J. BIARD | | Registration Number, if PAC | | | |
| Street Address 2746 WATERBURY NW | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City NORTH CANTON | State O H | Zip Code 44720 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor SYKES FOR OFFICE | | Registration Number, if PAC | | | |
| Street Address 133 FURNACE RUN DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 100.00 |
| City AKRON | State O H | Zip Code 44307 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor MATTHEW A. DICKINSON | | Registration Number, if PAC | | | |
| Street Address 1080 MADRID DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City AKRON | State O H | Zip Code 44313 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor ANTHONY L. ZUMBO | | Registration Number, if PAC | | | |
| Street Address 189 GRANITE DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City PENINSULA | State O H | Zip Code 44264 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor TERRI D. BURNS | | Registration Number, if PAC | | | |
| Street Address 1701 STATE ROUTE 43 | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 35.00 |
| City MOGADORE | State O H | Zip Code 44260 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor LISA ZENO CARANO | | Registration Number, if PAC | | | |
| Street Address 125 ERNEST DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 100.00 |
| City TALLMADGE | State O H | Zip Code 44278 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor JOHN S. LAMONICA | | Registration Number, if PAC | | | |
| Street Address 4526 HONEYSUCKLE DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City NORTH CANTON | State O H | Zip Code 44720 | Form(Cash,Check,etc) 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 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

Total expenditures this event

Page Total \$ 435.00

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 | | | |
|---|---|---|---|-------------------------------|--------|
| FRIENDS OF CLAIR DICKINSON | | | | | |
| Full Name of Contributor ELINORE STORMER | | Registration Number, if PAC | | | |
| Street Address 343 HICKORY STREET | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 100.00 |
| City AKRON | State O H | Zip Code 44303 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor STEPHEN A. ZIMMERMAN | | Registration Number, if PAC | | | |
| Street Address 210 LAKE FRONT DRIVE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City AKRON | State O H | Zip Code 44319 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor TIM S. CRAWFORD | | Registration Number, if PAC | | | |
| Street Address 4109 CLEVELAND MASSILLON RD., | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City NORTON | State O H | Zip Code 44203 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor JULIE A. TORTORA | | Registration Number, if PAC | | | |
| Street Address 62 FENTON AVENUE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City MOGADORE | State O H | Zip Code 44260 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor GRETA JOHNSON | | Registration Number, if PAC | | | |
| Street Address 2220 CAMBRIDGE COURT | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City AKRON | State O H | Zip Code 44319 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor MARK MANNING | | Registration Number, if PAC | | | |
| Street Address 180 GLEASON AVENUE | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 50.00 |
| City AKRON | State O H | Zip Code 44312 | | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor FRIENDS OF DAVID HAMILTON | | Registration Number, if PAC | | | |
| Street Address 780 HARVARD STREET | | Employer/Occupation/Labor Organization* | | | |
| | | M | D | Y | Amount |
| | | 0 | 8 | 2118 | 25.00 |
| City AKRON | State O H | Zip Code 44311 | | Form(Cash,Check,etc) 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 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

Total expenditures this event

Page Total \$ 375.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|--|---|-----------------------------|---|---|-----------------------------|--------|
| Name of Committee in Full FRIENDS OF CLAIR DICKINSON | | | | | | | |
| Full Name of Contributor BRAIN M. ASHTON | | | Registration Number, if PAC | | | | |
| Street Address 302 BARONSWAY DRIVE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor HEAVEN DEMARTINO | | | | | | Registration Number, if PAC | |
| Street Address 10276 ROCHESTER | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City MINERVA | | State O H | Zip Code 44657 | Form(Cash,Check,etc) CASH | | | |
| Full Name of Contributor JOHN F. GALONSKI | | | | | | Registration Number, if PAC | |
| Street Address 1137 ALLENDALE AVENUE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City AKRON | | State O H | Zip Code 44306 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor CITIZENS FOR SCHMIDT | | | | | | Registration Number, if PAC | |
| Street Address 1460 CURTIS AVENUE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City CUYAHOGA FALLS | | State O H | Zip Code 44221 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor DAVID KEVIN HORNER | | | | | | Registration Number, if PAC | |
| Street Address 554 WEBER AVENUE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City AKRON | | State O H | Zip Code 44303 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor FRIENDS OF WILLIAM JUDGE | | | | | | Registration Number, if PAC | |
| Street Address 476 E. STATE STREET | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 100.00 |
| City BARBERTON | | State O H | Zip Code 44203 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor CAZZELL M. SMITH, SR. | | | | | | Registration Number, if PAC | |
| Street Address 1197 DOVER AVENUE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 50.00 |
| City AKRON | | State O H | Zip Code 44320 | Form(Cash,Check,etc) M. ORDER | | | |

* 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)]

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 \$ 400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|--|---|--------------------------|---|---|------|--------|
| Name of Committee in Full FRIENDS OF CLAIR DICKINSON | | | | | | | |
| Full Name of Contributor FRIENDS OF KRISTEN M. SCALISE | | | | Registration Number, if PAC | | | |
| Street Address 274 HARVEST DRIVE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 100.00 |
| City AKRON | | State O H | Zip Code 44333 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor CALFEE FUND FOR GOOD GOVERNMENT | | | | Registration Number, if PAC CO0351635 | | | |
| Street Address 800 SUPERIOR AVE. E, STE 1400 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 83.00 |
| City CLEVELAND | | State O H | Zip Code 44114 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor JASON D. DODSON | | | | Registration Number, if PAC | | | |
| Street Address 934 JEFFERSON AVENUE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2118 | 50.00 |
| City AKRON | | State O H | Zip Code 44302 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor PETER M. KOSTOFF | | | | Registration Number, if PAC | | | |
| Street Address 526 MERIDITH LANE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2118 | 100.00 |
| City CUYAHOGA FALLS | | State O H | Zip Code 44223 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor COMMITTEE TO ELECT JERRY FEEMAN | | | | Registration Number, if PAC | | | |
| Street Address 1068 LEDGEBROOK DRIVE | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2118 | 100.00 |
| City TALLMADGE | | State O H | Zip Code 44278 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2118 | 25.00 |
| City | | State | Zip Code | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |

* 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)]

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
1,668.00

Total expenditures this event
432.78

Page Total \$ 458.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | | | | | | |
|----------------------------|--|-------|--|----------------------------------|--|--------------|---|---|--------|---|---|--------|
| Name of Committee in Full | | | | | | | | | | | | |
| FRIENDS OF CLAIR DICKINSON | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| TRIAD | | | | | | 0 | 9 | 1 | 0 | 1 | 8 | 432.78 |
| Address | | | | Purpose | | | | | | | | |
| 1701 FRONT STREET | | | | INV 20625/FUNDRAISER INVITATIONS | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| CUYAHOGA FALLS | | O H | | 44221 | | 118 | | | | | | |
| 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 | | | | | | |
| | | | | | | | | | | | | |

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 FRIENDS OF CLAIR DICKINSON | | | | |
| Full Name of Contributor CLAIR E. DICKINSON | | Employer, Occupation, Labor Organization * | | Registration Number, if PAC |
| Street Address 884 ALDER RUN WAY | | Description of Item or Service FOOD TRAY 8/21/18 FR | | M D Y Fair Market Value 0 8 2 1 1 8 95.86 |
| City AKRON | | State O H | Zip Code 44313 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor FRIENDS OF ELIZABETH WALTERS | | Employer, Occupation, Labor Organization * | | Registration Number, if PAC |
| Street Address 1700 WEST MARKET STREET | | Description of Item or Service POSTAGE | | M D Y Fair Market Value 1 0 1 0 1 8 250.00 |
| City AKRON | | State O H | Zip Code 44313 | <input type="checkbox"/> YES <input checked="" 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 |
| 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)]