



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought COURT OF COMMON PLEAS JUDGE		District SUMMIT COUNTY	
Street Address 720 WOLF LEDGES STE 270		City AKRON	State OH	Zip 44311	
Candidate Name OR PAC Registration Number KATHRYN A MICHAEL		Treasurer Name ROBERT C BOYCE		Election Date (MM/DD/YYYY) 11/06/18	

Type of Report (choose one):

Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

July Monthly
 August Monthly
 September Monthly

Year
2018

Amended Report <input checked="" 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.
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1. Amount brought forward from last report	\$7,839.50
2. Total monetary contributions (From Forms 31-A and 31-E)	\$18,731.66
3. Total other income (From Form 31-A-2)	\$40,000.00
4. Total funds available (sum of lines 1,2, and 3)	\$66,571.16
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$63,391.01
6. Balance on hand (line 4 minus line 5)	\$3,180.15
7. Value of in-kind contributions received (From Form 31-J-1)	\$1000.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$201,255.74
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 OCT 23 PM 4:01

BOARD OF ELECTIONS
 AKRON, OHIO

2512 AC

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

Signature of Treasurer or Deputy Treasurer: *R Boyce*

Date (MM/DD/YYYY): 10/23/2018

Contribution Pages: 20

Expenditure Pages: 5

Other Pages: 20

Total Pages: 45

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE											
Full Name of Contributor ELIZABETH BENDER							Registration Number, if PAC				
Street Address 75 ARCH STREET STE 406				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44304		M 0	D 6	Y 2	Y 5	Y 1	Y 8	Amount \$600.00
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
		OH			0	6	2	9	1	8	\$550.00
Full Name of Contributor WALTER J BENSON							Registration Number, if PAC				
Street Address 842 S HAMETOWN RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City COPLEY		State OH	Zip Code 44321		M 0	D 7	Y 1	Y 1	Y 1	Y 8	Amount \$150.00
Full Name of Contributor STACY MCGOWAN							Registration Number, if PAC				
Street Address 670 CROSSINGS CIRCLE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City TALMADGE		State OH	Zip Code 44278		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$100.00
Full Name of Contributor BRIAN J WILLIAMS							Registration Number, if PAC				
Street Address 209 S MAIN ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44308		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$125.00
Full Name of Contributor JULIE A TOTH							Registration Number, if PAC				
Street Address 221 N PORTAGE PATH APT 2				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$175.00
Full Name of Contributor SUSAN BAKER ROSS FOR JUDGE							Registration Number, if PAC				
Street Address 4235 ALDAWOOD HILLS DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44319		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$66.66
Full Name of Contributor FRANK M KUNSTEL							Registration Number, if PAC				
Street Address 131 SEABORN DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City WILLOWWICK		State OH	Zip Code 44095		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$250.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE											
Full Name of Contributor JULIE A TOTH						Registration Number, if PAC					
Street Address 221 N PORTAGE PATH			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$125.00
Full Name of Contributor JUDITH NICELY						Registration Number, if PAC					
Street Address 685 PALISADES DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 7	Y 1	Y 8	Y 1	Y 8	Amount \$100.00
Full Name of Contributor LABORERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL 894						Registration Number, if PAC LA236					
Street Address 720 WOLF LEDGES PKWY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44311		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$500.00
Full Name of Contributor JACOB T WILL						Registration Number, if PAC					
Street Address 116 CLEVELAND AVE NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City CANTON		State OH	Zip Code 44702		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$150.00
Full Name of Contributor GEORGE L FARRIS						Registration Number, if PAC					
Street Address 555 WOODSIDE DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$50.00
Full Name of Contributor LOCAL NO. 219 PCE 7695						Registration Number, if PAC					
Street Address 1655 BRITAIN RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44310		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$100.00
Full Name of Contributor LOCAL NO. 219 PCE 7695						Registration Number, if PAC					
Street Address 1655 BRITAIN RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44310		M 0	D 7	Y 1	Y 4	Y 1	Y 8	Amount \$200.00
Full Name of Contributor BRIAN A SMITH						Registration Number, if PAC					
Street Address 1344 BENTON STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City BARBERTON		State OH	Zip Code 44203		M 0	D 8	Y 0	Y 3	Y 1	Y 8	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE										
Full Name of Contributor JULIE A TOTH							Registration Number, if PAC			
Street Address 221 PORTAGE PATH APT 2				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44303		M 0	D 8	Y 0	M 3	D 1	Y 8
Amount \$100.00										
Full Name of Contributor CITIZENS FOR SCHMIDT							Registration Number, if PAC			
Street Address 1460 CURTIS AVENUE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City CUYAHOGA FALLS		State OH	Zip Code 44221		M 0	D 8	Y 1	M 5	D 1	Y 8
Amount \$100.00										
Full Name of Contributor LABORERS INTERNATIONAL UNION OF NORTH AMERICA							Registration Number, if PAC LA236			
Street Address 720 WOLF LEDGES PKWY				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44311		M 0	D 8	Y 1	M 8	D 1	Y 8
Amount \$150.00										
Full Name of Contributor MARY F SPICER							Registration Number, if PAC			
Street Address 3555 HEMPHILL RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City NORTON		State OH	Zip Code 44203		M 0	D 8	Y 3	M 1	D 1	Y 8
Amount \$300.00										
Full Name of Contributor TEAMSTERS LOCAL #348 PAC FUND							Registration Number, if PAC LA1564			
Street Address 272 WEST MARKET ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City AKRON		State OH	Zip Code 44303		M 0	D 9	Y 0	M 7	D 1	Y 8
Amount \$1,000.00										
Full Name of Contributor MARK A GLINSKI							Registration Number, if PAC			
Street Address 4549 WOOD ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WILLOUGHBY		State OH	Zip Code 44094		M 0	D 9	Y 0	M 5	D 1	Y 8
Amount \$25.00										
Full Name of Contributor STACY MCGOWAN							Registration Number, if PAC			
Street Address 670 CROSSINGS CIRCLE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City TALLMADGE		State OH	Zip Code 44278		M 0	D 9	Y 0	M 5	D 1	Y 8
Amount \$100.00										
Full Name of Contributor RICHARD E DOBBINS							Registration Number, if PAC			
Street Address 3550 EASTON RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City NORTON		State OH	Zip Code 44203		M 0	D 9	Y 0	M 6	D 1	Y 8
Amount \$250.00										

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE										
Full Name of Contributor WALID QAQISH							Registration Number, if PAC			
Street Address 1041 KINGSWOOD DRIVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MONEY ORDER			
City AKRON		State OH		Zip Code 44313		M 0	D 9	Y 0	Amount \$300.00	
Full Name of Contributor ROBERT C BOYCE										
Street Address 1052 JONATHAN AVENUE							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City AKRON		State OH		Zip Code 44333		M 0	D 9	Y 1	Amount \$600.00	
Full Name of Contributor KATHRYN MAYBIN										
Street Address 714 E STATE ST							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City BARBERTON		State OH		Zip Code 44203		M 0	D 9	Y 1	Amount \$175.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31E										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH		Zip Code		M 0	D 8	Y 2	Amount \$3,375.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31E										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH		Zip Code		M 0	D 9	Y 2	Amount \$2,305.00	
Full Name of Contributor DOUGLAS R HAUSNECHT										
Street Address 753 WILD CHERRY DR							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City AKRON		State OH		Zip Code 44319		M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor SUSAN J LAX										
Street Address 755 WHITE POND DR STE 403							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City AKORN		State OH		Zip Code 44320		M 0	D 9	Y 2	Amount \$150.00	
Full Name of Contributor GEORGE L FARRIS										
Street Address 555 WOODSIDE DR							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City AKRON		State OH		Zip Code 44303		M 0	D 9	Y 2	Amount \$50.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE											
Full Name of Contributor NABIL A MANNEH							Registration Number, if PAC				
Street Address 468 BARR COURT				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City NEW FRANKLIN		State OH	Zip Code 44319		M 0	D 9	Y 2	Y 3	Y 1	Y 8	Amount \$50.00
Full Name of Contributor BRIAN J WILLIAMS							Registration Number, if PAC				
Street Address 209 S MAIN ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44308		M 0	D 9	Y 2	Y 3	Y 1	Y 8	Amount \$100.00
Full Name of Contributor DONALD L WALKER							Registration Number, if PAC				
Street Address 175 HUNT CLUB DR APT 2A				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MONEY ORDER				
City COPLEY		State OH	Zip Code 44321		M 0	D 9	Y 2	Y 3	Y 1	Y 8	Amount \$50.00
Full Name of Contributor SUMMIT COUNTY PROGRESSIVE DEM PAC							Registration Number, if PAC OH1249				
Street Address 1996 WHITE POND DRIVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44313		M 0	D 9	Y 2	Y 3	Y 1	Y 8	Amount \$500.00
Full Name of Contributor BASSAM HALASA							Registration Number, if PAC				
Street Address 125 MORNONGSIDE DRIVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 1	D 0	Y 0	Y 3	Y 1	Y 8	Amount \$100.00
Full Name of Contributor NABIL A MANNEH							Registration Number, if PAC				
Street Address 468 BARR CT				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City NEW FRANKLIN		State OH	Zip Code 44319		M 1	D 0	Y 0	Y 7	Y 1	Y 8	Amount \$50.00
Full Name of Contributor COMMITTEE TO ELECT ILENE J SHAPIRO							Registration Number, if PAC				
Street Address 295 WYANT RD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44313		M 1	D 0	Y 1	Y 0	Y 1	Y 8	Amount \$3,650.00
Full Name of Contributor LESLEY A WEIGAND							Registration Number, if PAC				
Street Address 6055 ROCKSIDE ROAD				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH				
City CLEVELAND		State OH	Zip Code 44131		M 1	D 0	Y 1	Y 2	Y 1	Y 8	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor EUGENE N ELIAS					Registration Number, if PAC		
Street Address 6487 RIDGE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City SHARON CENTER		State OH	Zip Code 44274	M 1	D 0	Y 1 2 1 8	Amount \$50.00
Full Name of Contributor JEFF R LAYBOURNE					Registration Number, if PAC		
Street Address 159 SOUTH MAIN ST STE 900		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44308	M 1	D 0	Y 1 2 1 8	Amount \$200.00
Full Name of Contributor TRI COUNTY BUILDING TRADES PCE					Registration Number, if PAC		
Street Address 67 S MAPLE ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44302	M 1	D 0	Y 1 2 1 8	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.)		
City		State OH	Zip Code	M 0	D 7	Y 1 9 1 8	Amount \$1,360.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	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 OH	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 OH	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 OH	Zip Code	M	D	Y	Amount

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
Full Name Loan transfer from Form no. 31-C				Registration Number, if PAC			
Address		Type* LN		M	D	Y	Amount \$40,000.00
City		State OH	Zip Code	Form (Cash, Check, etc.) CHECKS			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
VOTE JUDGE MICHAEL COMMITTEE													
To Whom Paid							M	D	Y	Amount			
Expenditures from Form 31-F							0	6	2	9	1	8	\$164.24
Address				Purpose									
City				State	Zip Code		Check Number						
				OH									
To Whom Paid							M	D	Y	Amount			
GRAFFITTI PRINT SHOP							0	6	2	7	1	8	\$360.81
Address				Purpose									
739 NORTH MAIN ST				CAMPAIGN LABELS AND TOTE BAGS									
City				State	Zip Code		Check Number						
AKRON				OH	44310		1187						
To Whom Paid							M	D	Y	Amount			
GRAFFITTI PRINT SHOP							0	7	1	7	1	8	\$372.55
Address				Purpose									
739 NORTH MAIN ST				CAMPAIGN T-SHIRTS									
City				State	Zip Code		Check Number						
AKRON				OH	44310		1189						
To Whom Paid							M	D	Y	Amount			
WALID KAKISH							0	8	0	5	1	8	\$150.00
Address				Purpose									
1041 KINGSWOOD DR				RETURN OF EXCESS CASH CONTRIBUTION									
City				State	Zip Code		Check Number						
AKRON				OH	44313		1190						
To Whom Paid							M	D	Y	Amount			
WALID QAQISH JNR							0	8	0	5	1	8	\$150.00
Address				Purpose									
894 EVE AVENUE				RETURN OF EXCESS CASH CONTRIBUTION									
City				State	Zip Code		Check Number						
AKRON				OH	44306		1191						
To Whom Paid							M	D	Y	Amount			
NORTON CIDER FESTIVAL							0	8	2	7	1	8	\$60.00
Address				Purpose									
P.O. BOX 1290				PARADE ENTRY FEE									
City				State	Zip Code		Check Number						
NORTON				OH	44203		1192						
To Whom Paid							M	D	Y	Amount			
PATRIOT SIGNAGE INC							0	8	2	7	1	8	\$7,404.40
Address				Purpose									
10561 CHESTER RD				CAMPAIGN SIGNS									
City				State	Zip Code		Check Number						
CINCINNATI				OH	45215		1193						
To Whom Paid							M	D	Y	Amount			
TRIAD COMMUNICATIONS							0	9	1	2	1	8	\$5,000.00
Address				Purpose									
1701 FRONT ST				CAMPAIGN DIGITAL ADVERTISING									
City				State	Zip Code		Check Number						
CUYAHOGA FALLS				OH	44221		1194						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid				M	D	Y	Amount
NOVEX SYSTEMS				0	9	2 0 1 8	\$2,365.78
Address		Purpose					
6040 HILLCREST DR		CAMPAIGN POSTCARDS					
City		State	Zip Code	Check Number			
		OH	44125	1195			
To Whom Paid				M	D	Y	Amount
Expenditures from Form 31-F				0	9	2 0 1 8	\$106.00
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
BURGES AND BURGES				0	9	2 5 1 8	\$16,368.00
Address		Purpose					
26100 LAKE SHORE BLVD		CAMPAIGN BILLBOARDS					
City		State	Zip Code	Check Number			
CLEVELAND		OH	44132	1197			
To Whom Paid				M	D	Y	Amount
US POSTMASTER				1	0	0 5 1 8	\$7,541.89
Address		Purpose					
UNIT ID 0321		CAMPAIGN MAILER POSTAGE					
City		State	Zip Code	Check Number			
EUCLID		OH		1198			
To Whom Paid				M	D	Y	Amount
SUMMIT COUNTY DEMOCRATIC PARTY				1	0	0 5 1 8	\$14,700.00
Address		Purpose					
438 GRANT ST		CAMPAIGN MAILER					
City		State	Zip Code	Check Number			
AKRON		OH	44311	1200			
To Whom Paid				M	D	Y	Amount
JULIE A TOTH				1	0	0 8 1 8	\$75.00
Address		Purpose					
221 N PORTAGE PATH APT 2		RETURN OF EXCESS CONTRIBUTION					
City		State	Zip Code	Check Number			
AKRON		OH	44303	1201			
To Whom Paid				M	D	Y	Amount
NOVEX SYSTEMS				1	0	0 8 1 8	\$7,322.34
Address		Purpose					
6040 HILLCREST DR		CAMPAIGN MAILER POSTAGE					
City		State	Zip Code	Check Number			
VALLEY VIEW		OH	44125	1202			
To Whom Paid				M	D	Y	Amount
YELLOW JACKET T-SHIRTS				1	0	1 2 1 8	\$500.00
Address		Purpose					
543 NORTH MAIN ST		CAMPAIGN T-SHIRTS					
City		State	Zip Code	Check Number			
AKRON		OH	44310	1203			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
To Whom Paid TRIAD COMMUNICATIONS			M 1	D 0	Y 1	Amount \$750.00
Address 1701 FRONT STREET		Purpose CAMPAIGN FACEBOOK UPDATES				
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 1205		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE						
From Whom Received KATHRYN A MICHAEL				Prior Amount \$161,255.74	Amt. Incurred this Period \$40,000	
Street Address 3363 STANLEY ROAD					Outstanding Balance \$201,255.74	
City FAIRLAWN	State OH	Zip Code 44333	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
		09/20/2018	\$15,000			
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
		10/04/2018	\$25,000			
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 161,255.74

Total Received This Period \$ 40,000 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 201,255.74 (also record on Form 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor DONALD R HICKS				Registration Number, if PAC			
Street Address 159 S MAIN ST #423		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2	9
				1	8		\$150.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MARTIN BELSKY				Registration Number, if PAC			
Street Address 344A VILLAGE POINTE DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2	9
				1	8		\$150.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor FRIENDS OF TAVIA GALONSKI				Registration Number, if PAC			
Street Address 1137 ALLENDALE AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2	9
				1	8		\$250.00
City AKRON		State OH	Zip Code 44306	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.)			
		OH					
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.)			
		OH					
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.)			
		OH					
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.)			
		OH					

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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

\$550.00

Total expenditures this event.

\$164.24

Page Total \$ 550.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor SARAH M HULBURT				Registration Number, if PAC	
Street Address 2200 RAVENNA ST		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City HUDSON		State OH	Zip Code 44236	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MATTHEW FORTADO				Registration Number, if PAC	
Street Address 1700 W MARKET ST		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$200.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ALAN M MEDVICK				Registration Number, if PAC	
Street Address 23 S MAIN ST FL3D		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AMBER R CROWE				Registration Number, if PAC	
Street Address 1200 WOODCREST AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$60.00
City NEW FRANKLIN		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN ASHTON				Registration Number, if PAC	
Street Address 302 BARONSWAY DR		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AVIVA L WILCHER				Registration Number, if PAC	
Street Address 1655 W MARKET ST STE 235		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$75.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFFREY N JAMES				Registration Number, if PAC	
Street Address 337 HICKORY ST		Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City AKRON		State OH	Zip Code 44303	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$735.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor STEVEN MASTRANTONIO			Registration Number, if PAC	
Street Address 4690 REMINGTON AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City COPLEY	State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DONALD R HICKS			Registration Number, if PAC	
Street Address 159 S MAIN ST #423	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WALTER J BENSON			Registration Number, if PAC	
Street Address 842 S HAMETOWN RD	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City COPLEY	State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANDREA WHITAKER			Registration Number, if PAC	
Street Address 17007 DORCHESTER DR	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City CLEVELAND	State OH	Zip Code 44119	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD PAUL KUTUCHIEF			Registration Number, if PAC	
Street Address 159 S MAIN ST STE 807	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$125.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DONALD L WALKER			Registration Number, if PAC	
Street Address 175 HUNT CLUB DR	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 8	Amount \$100.00
City COPLEY	State OH	Zip Code 44321	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 OH	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

\$1,360.00

Total expenditures this event.

\$0.00

Page Total \$ 625.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor WALTER J BENSON				Registration Number, if PAC			
Street Address 842 S HAMETOWN RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor WALIEF ALASSAF				Registration Number, if PAC			
Street Address 5319 RUSTIC HILLS DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MATTHEW FORTADO				Registration Number, if PAC			
Street Address 1700 WEST MARKET ST APT 177		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ELIAS KARAM				Registration Number, if PAC			
Street Address 2646 DEER RIDGE RUN		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DANIEL E KARAM				Registration Number, if PAC			
Street Address 265 PORTAGE TRAIL EXT W STE 100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor CARLA OVERLY				Registration Number, if PAC			
Street Address 12 TRUDY LANE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ROBERT J SNYDER				Registration Number, if PAC			
Street Address 3363 STANLEY RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	8
				1	8		
City FAIRLAWN		State OH	Zip Code 44333	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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ \$1,650.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor			Registration Number, if PAC			
FREDERICK J GEORGE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
40 GLOUCESTER COURT APT 2C			0	8	2	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC			
KRISTEN KOWALSKI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
333 S MAIN ST STE 401			0	8	2	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44308	CHECK			
Full Name of Contributor			Registration Number, if PAC			
DORA A EVANS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
507 VINITA AVENUE			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44320	CHECK			
Full Name of Contributor			Registration Number, if PAC			
DORIGEN COWLING						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4719 PARK DR			0	8	2	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)			
CLEVELAND	OH	44144	CHECK			
Full Name of Contributor			Registration Number, if PAC			
D. LAWRENCE SMITH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2501 FALMOUTH RD			0	8	2	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44333	CHECK			
Full Name of Contributor			Registration Number, if PAC			
GEORGE W VINSON JR						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
789 STADELMAN AVE APT1			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44320	CHECK			
Full Name of Contributor			Registration Number, if PAC			
CHARLES GUSTER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1803 WEATHERSTONE LANE			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
COLUMBUS	OH	43235	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,400.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor DELANDA FEASTER			Registration Number, if PAC	
Street Address 883 DAVIES AVE	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 8	Amount \$25.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CASH	
Full Name of Contributor MIKE EID			Registration Number, if PAC	
Street Address 383 WHITTLESEY DR	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 8	Amount \$100.00
City TALLMADGE	State OH	Zip Code 44278	Form (Cash, Check, etc.) CASH	
Full Name of Contributor JAMES HANNA			Registration Number, if PAC	
Street Address 650 ELBUR AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 8	Amount \$100.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CASH	
Full Name of Contributor SARAH EID			Registration Number, if PAC	
Street Address 383 WHITTLESEY DR	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 8	Amount \$100.00
City TALLMADGE	State OH	Zip Code 44278	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 OH	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 OH	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 OH	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

\$3,375.00

Total expenditures this event.

\$0.00

Page Total \$ 325.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
VOTE JUDGE MICHAEL COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
GEORGE J EMERSHAW							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
120 E MILL ST STE 437				0	9	2018	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JAMES K REED							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3178 DOVES XING				0	9	2018	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44319	CHECK			
Full Name of Contributor				Registration Number, if PAC			
J A SEMPSEL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
274 HARVEST DR				0	9	2018	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
SARAH HEGNAUER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
58 RIVER PARK BLVD				0	9	2018	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
MUNROE FALLS		OH	44262	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOHN S LAMONICA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4526 HONEYSUCKLE DR				0	9	2018	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NORTH CANTON		OH	44720	CHECK			
Full Name of Contributor				Registration Number, if PAC			
MICHAEL CASSETTY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
12551 CLEVELAND AVE NW				0	9	2018	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
UNIONTOWN		OH	44685	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CHRISTINA BALLIET							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1794 DEANNA LANE				0	9	2018	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NORTH CANTON		OH	44720	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$455.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor				Registration Number, if PAC		
DIANE DEKOVICH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1359 ANDRUS ST			0	9	2018	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44301	CHECK			
Full Name of Contributor				Registration Number, if PAC		
VICKI L KIDDER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2146 FOREST OAK DR			0	9	2018	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44312	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JON M PODA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
185 WOODSDALE DR			0	9	2018	\$70.00
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	CHECK			
Full Name of Contributor				Registration Number, if PAC		
MICHAEL J MIGDEN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
218 WOODSIDE LANE			0	9	2018	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
TALLMADGE	OH	44278	CHECK			
Full Name of Contributor				Registration Number, if PAC		
THOMAS S MINNINGER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
19 LEICESTER DR			0	9	2018	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
AKRON	OH	44319	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JENNIFER L JONES						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
236 RIVER RD			0	9	2018	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
CANAL FULTON	OH	44614	CHECK			
Full Name of Contributor				Registration Number, if PAC		
DAVID FERENCZ						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1136 LINMAR DR			0	9	2018	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
NORTH CANTON	OH	44720	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$360.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor DEBORAH BURGESS				Registration Number, if PAC	
Street Address 2829 AYLESBURY ST NW		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City NORTH CANTON		State OH	Zip Code 44720	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VALERIE MCKITRICK				Registration Number, if PAC	
Street Address 1490 VERNDALE DR		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$100.00
City AKRON		State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN A TESTA				Registration Number, if PAC	
Street Address 1670 CREIGHTON AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KELLY PHELPS				Registration Number, if PAC	
Street Address 82 HAWK AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor HEATHER HESLOP LICATA				Registration Number, if PAC	
Street Address 480 DELAWARE AVE		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$100.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICAH L BUCCI				Registration Number, if PAC	
Street Address 361 S FIRESTONE BLVD		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KANDY L FATHEREE				Registration Number, if PAC	
Street Address 175 HILBISH AVE		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON		State OH	Zip Code 44312	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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$375.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOYE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor JAY O CURRY			Registration Number, if PAC	
Street Address 1299 HERBERICH AVE	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON	State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MELISSA C DEAN			Registration Number, if PAC	
Street Address 3857 HERON WATCH DR	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$250.00
City AKRON	State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CINDY MATULAVICH			Registration Number, if PAC	
Street Address 339 RIVERMOOR DR	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City MOGADORE	State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN F GALONSKI			Registration Number, if PAC	
Street Address 1137 ALLENDALE AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$50.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor HEAVEN DIMARTINO			Registration Number, if PAC	
Street Address 10276 ROCHESTER RD	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City MINERVA	State OH	Zip Code 44657	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEREMY LINN			Registration Number, if PAC	
Street Address 1412 ALPHADA AVE	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$35.00
City AKRON	State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor C SAVAGE			Registration Number, if PAC	
Street Address 11198 MICHELLE DR NW	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$250.00
City CANAL FULTON	State OH	Zip Code 44614	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 690.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor LORI LAWRENCE			Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DR	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$250.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BEVERLY HALE			Registration Number, if PAC	
Street Address 1031 MEADOW RUN	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$25.00
City COPLEY	State OH	Zip Code 44321	Form (Cash, Check, etc.) CASH	
Full Name of Contributor MARILYN WALKER			Registration Number, if PAC	
Street Address 1453 WOODLAKE BLVD	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$100.00
City STOW	State OH	Zip Code 44224	Form (Cash, Check, etc.) CASH	
Full Name of Contributor JIM WALKER			Registration Number, if PAC	
Street Address 1453 WOODLAKE BLVD	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 8	Amount \$50.00
City STOW	State OH	Zip Code 44224	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 OH	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 OH	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 OH	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
\$2,305.00

Total expenditures this event
\$106.00

Page Total \$ **\$425.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
To Whom Paid KATHRYN A MICHAEL			M	D	Y	Amount
			0	7	0	\$164.24
Address 3363 STANLEY ROAD		Purpose REIMBURSEMENT OF 6/29/18 FUNDRAISER FOOD EXPENSE				
City FAIRLAWN	State OH	Zip Code 44333	Check Number 1188			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City			State	Zip Code	Check Number	
			OH			

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.

\$164.24
Page Total \$

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE												
To Whom Paid THE BASEMENT AT WATERLOO						M	D	Y	Amount			
						0	9	2	0	1	8	\$106.00
Address 255 E WATERLOO RD				Purpose DRINKS								
City AKRON		State OH		Zip Code 44319		Check Number 1196						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										

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.

\$106.00
Page Total \$

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor BRIAN J WILLIAMS		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 209 S MAIN ST FL8		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44308	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor STACY MCGOWAN		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 209 S MAIN ST FL8		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44308	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor NOWAR KATIRJI		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1655 West Market Street Suite 230		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor ANGELINO GINGO		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2000 CHESTNUT BLVD		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor JIM REED		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 333 S MAIN ST STE 401		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44308	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor JOHN CHAPMAN		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 631 W EXCHANGE ST		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44302	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor PAUL GRANT		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 209 S MAIN ST FL8		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 7 1 9 1 8 \$125.00
City AKRON		State OH	Zip Code 44308	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor JEFFREY N JAMES		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 337 HICKORY ST		Description of Item or Service 07/19/20 EVENT CATERING		M D Y Fair Market Value 0 6 3 0 1 7 \$125.00
City AKRON		State OH	Zip Code 44303	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO

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