



Committee Name <b>Committee to Elect Michael R Soyars</b>		Office Sought <b>Summit County Council</b>		District <b>7</b>
Street Address <b>611 E Cassell Ave</b>		City <b>Barberton</b>	State <b>OH</b>	Zip <b>44203</b>
Candidate Name OR PAC Registration Number <b>Michael R Soyars</b>		Treasurer Name <b>Brenda K Hlas</b>		Election Date (MM/DD/YYYY) <b>11-06-2018</b>

**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 <b>2018</b>
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<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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<b>1. Amount brought forward from last report</b>	3506.85
<b>2. Total monetary contributions (From Forms 31-A and 31-E)</b>	14625.00
<b>3. Total other income (From Form 31-A-2)</b>	
<b>4. Total funds available (sum of lines 1, 2, 3)</b>	18131.85
<b>5. Total monetary expenditures (From Forms 31-B and 31-F)</b>	7217.78
<b>6. Balance on hand (line 4 minus line 5)</b>	10914.07
<b>7. Value of in-kind contributions received (From Form 31-J-1)</b>	250.00
<b>8. Value of in-kind contributions made (From Form 31-J-2)</b>	
<b>9. Outstanding loans owed by committee (From Form 31-C)</b>	
<b>10. Outstanding debts owed by committee (From Form 31-N)</b>	4685.00
<b>11. Outstanding loans owed to committee (From Form 31-K)</b>	
<b>12. Value of independent expenditures made (From Form 31-U)</b>	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2018 OCT 24 PM 11:35  
#2514

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

*Brenda K Hlas*

Signature of Treasurer or Deputy Treasurer

10/24/2018

Date (MM/DD/YYYY)

Contribution Pages  
**19**

Expenditure Pages  
**7**

Other Pages  
**2**

Total Pages  
**28**



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars				
Full Name of Contributor IBEW PAC Voluntary Fund			Registration Number, if PAC	
Street Address 900 Seventh St NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Washington DC	State OH	Zip Code 20001	Date (MM/DD/YYYY) 07/16/2018	Amount 125.00
Full Name of Contributor Citizens for Schmidt			Registration Number, if PAC	
Street Address 1460 Curtis Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 08/13/2018	Amount 1000.00
Full Name of Contributor Friends of Willam Judge			Registration Number, if PAC	
Street Address 476 E State St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 08/20/2018	Amount 500.00
Full Name of Contributor Elect Ilene L Shapiro			Registration Number, if PAC	
Street Address 295 Wyant Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 09/25/2018	Amount 5000.00
Full Name of Contributor Friends of William Judge			Registration Number, if PAC	
Street Address 476 E State St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 07/05/2018	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**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars				
Full Name of Contributor Friends of Wilhite			Registration Number, if PAC	
Street Address 2055 Forest Edge Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 09/17/2018	Amount 500.00
Full Name of Contributor Amy Soyars			Registration Number, if PAC	
Street Address 1619 Morris Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 09/05/2018	Amount 100.00
Full Name of Contributor Dale Ray			Registration Number, if PAC	
Street Address 1031 Wilbur Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Ck
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 07/19/2018	Amount 25.00
Full Name of Contributor Paul Haywood			Registration Number, if PAC	
Street Address 807 Mesa Verde		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 09/11/2018	Amount 100.00
Full Name of Contributor Magic City Democratic Club			Registration Number, if PAC	
Street Address P O Box 334		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY)	Amount 1000.00

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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars				
Full Name of Contributor Tri County Building Trades			Registration Number, if PAC	
Street Address 67 Maple St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Akron	State OH	Zip Code 44302	Date (MM/DD/YYYY) 10/11/2018	Amount 100.00
Full Name of Contributor Thomas Bellish			Registration Number, if PAC	
Street Address 321 Aurora St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Hudson	State OK	Zip Code 44236	Date (MM/DD/YYYY) 10/11/2018	Amount 100.00
Full Name of Contributor Richard Kelley			Registration Number, if PAC	
Street Address 201 E 12th St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Dover	State OK	Zip Code 44622	Date (MM/DD/YYYY) 10/16/2018	Amount 100.00
Full Name of Contributor Lisa Schmitt			Registration Number, if PAC	
Street Address 4271 Darrow Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Stow	State OH	Zip Code 44622	Date (MM/DD/YYYY) 10/16/2018	Amount 50.00
Full Name of Contributor Lawrence B Levey			Registration Number, if PAC	
Street Address 1585 Frederick Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 10/16/2018	Amount 250.00

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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Friends of Kristen Scalise			Registration Number, if PAC	
Street Address 274 Harvest Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00	
City Akron	State OH	Zip Code 44333	Form (Cash, Check, Etc) Ck	
Full Name of Contributor Carpenters Local 285			Registration Number, if PAC	
Street Address 47 Alice Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00	
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) CK	
Full Name of Contributor Committee to Elect Sherri Bevan Walsh			Registration Number, if PAC	
Street Address 7519 Warren Point Ln	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 200.00	
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, Etc) CK	
Full Name of Contributor Mary Sayre			Registration Number, if PAC	
Street Address 369 Harris St	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50	
City Akron	State OH	Zip Code 44304	Form (Cash, Check, Etc) Ck	
Full Name of Contributor Dennis Tubbs			Registration Number, if PAC	
Street Address 1591 S Hametown Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50	
City Copley	State OH	Zip Code 44321	Form (Cash, Check, Etc) CK	

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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  
**\$4675.00**

Total Expenditures This Event  
**\$953.79**

Page Total \$ **\$500.00**



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Teresa Coral			Registration Number, if PAC	
Street Address 1787 Glenmount Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44301	Form (Cash, Check, Etc) CK	
Full Name of Contributor James Colopy			Registration Number, if PAC	
Street Address 1393 Beechnut Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) CK	
Full Name of Contributor Holly Miller			Registration Number, if PAC	
Street Address 982 Bevan St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) Ck	
Full Name of Contributor Michael Weant			Registration Number, if PAC	
Street Address 340 Summit St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Wadsworth	State OH	Zip Code 44281	Form (Cash, Check, Etc) Ck	
Full Name of Contributor Ralph Sinistro			Registration Number, if PAC	
Street Address 126 S Chestnut St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Kent	State OH	Zip Code 44240	Form (Cash, Check, Etc) CK	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Robert Higham			Registration Number, if PAC	
Street Address 1188 Shadyside Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) CK	
Full Name of Contributor Mary Spaugy			Registration Number, if PAC	
Street Address 3660 Dick St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Mogadore	State OH	Zip Code 44260	Form (Cash, Check, Etc) CK	
Full Name of Contributor Joseph Eckenrode			Registration Number, if PAC	
Street Address 10050 Forty Corners Rd NW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Massillon	State OH	Zip Code 44647	Form (Cash, Check, Etc) CK	
Full Name of Contributor Stephan A Zimmerman			Registration Number, if PAC	
Street Address 210 Lake Front Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) CK	
Full Name of Contributor Linda Murphy			Registration Number, if PAC	
Street Address 4239 Sunfish DV	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Avon	State OH	Zip Code 44011	Form (Cash, Check, Etc) CK	

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Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor David Kish			Registration Number, if PAC	
Street Address 3497 E Prescott Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) ck	
Full Name of Contributor Bryan Herschel			Registration Number, if PAC	
Street Address 3793 Fairway Park Dr #103	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Copley	State OH	Zip Code 44321	Form (Cash, Check, Etc) CK	
Full Name of Contributor Brian Nelsen			Registration Number, if PAC	
Street Address 2719 Carriage Hill Ln	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Cuyahoga Falls,	State OH	Zip Code 44223	Form (Cash, Check, Etc) CK	
Full Name of Contributor John Kinsey			Registration Number, if PAC	
Street Address 3192 Sanitarium Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) CK	
Full Name of Contributor David Horner			Registration Number, if PAC	
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) CK	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00





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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Faylin Thurn			Registration Number, if PAC	
Street Address 323 Springbrook Dr #103	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Medina	State OH	Zip Code 44256	Form (Cash, Check, Etc) CK	
Full Name of Contributor Adelina Angeloff			Registration Number, if PAC	
Street Address 756 E Ford	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	
Full Name of Contributor Lori Pesci			Registration Number, if PAC	
Street Address 1805 E Western Reserve Rd #38	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Poland	State OH	Zip Code 44514	Form (Cash, Check, Etc) CK	
Full Name of Contributor Whitney Spencer			Registration Number, if PAC	
Street Address 32580 Seneca Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Solon	State OH	Zip Code 44139	Form (Cash, Check, Etc) CK	
Full Name of Contributor Terry Avant			Registration Number, if PAC	
Street Address 1066 Belleview	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	

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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 \$ \$250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Jon Holland			Registration Number, if PAC	
Street Address 396 Wyoga Lake Blvd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 5000	
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) CK	
Full Name of Contributor Kathleen Seminatore			Registration Number, if PAC	
Street Address 2090 Sand Run Knolls	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) CK	
Full Name of Contributor Caria Mundy			Registration Number, if PAC	
Street Address 1157 Greenwood Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44320	Form (Cash, Check, Etc) CK	
Full Name of Contributor Michael Migden			Registration Number, if PAC	
Street Address 218 Woodside Ln	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Tallmadge	State OH	Zip Code 4278	Form (Cash, Check, Etc) CK	
Full Name of Contributor Margaret Carr			Registration Number, if PAC	
Street Address 1079 Green Valley	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) CK	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Lisa Yeager			Registration Number, if PAC	
Street Address 3201 Cranwood Cr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Norton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	
Full Name of Contributor John Lamonica			Registration Number, if PAC	
Street Address 4526 Honeysuckle Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City N Canton	State OH	Zip Code 44720	Form (Cash, Check, Etc) CK	
Full Name of Contributor Jennifer Jones			Registration Number, if PAC	
Street Address 236 River Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Canal Fulton	State OH	Zip Code 44614	Form (Cash, Check, Etc) CK	
Full Name of Contributor Michael Goudy			Registration Number, if PAC	
Street Address 425 E Archwood	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44301	Form (Cash, Check, Etc) CK	
Full Name of Contributor Connie Krauss			Registration Number, if PAC	
Street Address 799 Pegan Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/05/2018	Amount 50.00	
City Wadsworth	State OH	Zip Code 44281	Form (Cash, Check, Etc) ck	

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Total Expenditures This Event

Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Brian Clark			Registration Number, if PAC	
Street Address 3020 Kent Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Silver Lake	State OH	Zip Code 44224	Form (Cash, Check, Etc) CK	
Full Name of Contributor Bill Brown			Registration Number, if PAC	
Street Address 1748 Ewart Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44306	Form (Cash, Check, Etc) CK	
Full Name of Contributor Walter Benson			Registration Number, if PAC	
Street Address 842 S Hametown Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, Etc) CK	
Full Name of Contributor Christine Fatheree			Registration Number, if PAC	
Street Address 1838 Steppingstone Trl	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Atwater	State OH	Zip Code 44201	Form (Cash, Check, Etc) CK	
Full Name of Contributor Craig Stanley			Registration Number, if PAC	
Street Address 1926 Wells Creek Run	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) CK	

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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Julie Tortora			Registration Number, if PAC	
Street Address 62 Fenton Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Mogadore	State OH	Zip Code 44260	Form (Cash, Check, Etc) CK	
Full Name of Contributor Committee for Robert Genet			Registration Number, if PAC	
Street Address 445 31st St SW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	
Full Name of Contributor Ross Nicholson			Registration Number, if PAC	
Street Address 564 Arrowhead Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Sagamore Hills	State OH	Zip Code 44067	Form (Cash, Check, Etc) CK	
Full Name of Contributor Greta Johnson			Registration Number, if PAC	
Street Address 2220 Cambridge Ct	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) CK	
Full Name of Contributor Colleen Kelly			Registration Number, if PAC	
Street Address 320 Westberry Crl	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) CK	

\* 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

Total Expenditures This Event

Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Phillip Montgomery			Registration Number, if PAC	
Street Address 1180 W Exchange St	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) CK	
Full Name of Contributor Terri Burns			Registration Number, if PAC	
Street Address 1701 State Rt 43	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Mogadore,	State OH	Zip Code 44260	Form (Cash, Check, Etc) CK	
Full Name of Contributor Edward Clupper II			Registration Number, if PAC	
Street Address 1567 Delcon Crl	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) CK	
Full Name of Contributor Jack Manos			Registration Number, if PAC	
Street Address 2626 Durand Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, Etc) CK	
Full Name of Contributor Mark Potter			Registration Number, if PAC	
Street Address 2811 Superior Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) CK	

\* 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

Total Expenditures This Event

Page Total \$ 250.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Rose Debord			Registration Number, if PAC	
Street Address 2998 Clear Creek Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Ck	
Full Name of Contributor Carissa Signore			Registration Number, if PAC	
Street Address 5900 Shakertown Dr #A4	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Canton	State OH	Zip Code 44718	Form (Cash, Check, Etc) CK	
Full Name of Contributor Citizens for Schmidt			Registration Number, if PAC	
Street Address 1460 Curtis Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00	
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) CK	
Full Name of Contributor Susan George			Registration Number, if PAC	
Street Address 750 Westview Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00	
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) CK	
Full Name of Contributor Friends of Elizabeth Walters			Registration Number, if PAC	
Street Address 84 Casterton Ave Apt 4	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00	
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) CK	

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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

Total Expenditures This Event

Page Total \$ 400.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Melissa Dean			Registration Number, if PAC	
Street Address 3857 Heron Watch Dr		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, Etc) CK
Full Name of Contributor Debora Matz			Registration Number, if PAC	
Street Address 2435 Call Rd		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) Ck
Full Name of Contributor Mark G Petit			Registration Number, if PAC	
Street Address 1393 Sunset View		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) CK
Full Name of Contributor Shannon McNulty			Registration Number, if PAC	
Street Address 276 5th St NE		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Barberton		State OH	Zip Code 44203	Form (Cash, Check, Etc) CK
Full Name of Contributor Rick & Lisa Cugini			Registration Number, if PAC	
Street Address 3475 Bancroft Rd		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Fairlawn		State OH	Zip Code 44333	Form (Cash, Check, Etc) CK

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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

Total Expenditures This Event

Page Total \$ 500.00





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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Melanie Vinay			Registration Number, if PAC	
Street Address 1493 Wilsonway Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 100.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	
Full Name of Contributor Sandra Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 75.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) CK	
Full Name of Contributor Karen Brown			Registration Number, if PAC	
Street Address 315 Shiawassee Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 25.00
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, Etc) CK	
Full Name of Contributor Friends of William Judge			Registration Number, if PAC	
Street Address 476 E State St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 200.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	
Full Name of Contributor Scott Wagner			Registration Number, if PAC	
Street Address 2823 Brookfield	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Norton	State OH	Zip Code 44203	Form (Cash, Check, Etc) CK	

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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

Total Expenditures This Event

Page Total \$ 450.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor James Lawrence			Registration Number, if PAC	
Street Address 2511 Valley View Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 150.00	
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) CK	
Full Name of Contributor Friends of Tavia Galonski			Registration Number, if PAC	
Street Address 1137 Allendale Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 250.00	
City Akron	State OH	Zip Code 44306	Form (Cash, Check, Etc) CK	
Full Name of Contributor Clair Dickinson			Registration Number, if PAC	
Street Address 884 Alder Run Way	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Akron	State OH	Zip Code 44333	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Lashawrida Fellows			Registration Number, if PAC	
Street Address 649 N Hidden Valley Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 50.00	
City Cuyahoga Falls	State OH	Zip Code 44220	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Steve Kost			Registration Number, if PAC	
Street Address 611 W Grant	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/04/2018	Amount 25.00	
City Kent	State OH	Zip Code 44240	Form (Cash, Check, Etc) Cash	

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Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 525.00



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

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

<b>Full Name of Committee</b> Committee to Elect Michael R. Soyars				
Full Name of Contributor Andrew Padrutt			Registration Number, if PAC	
Street Address 1460 Curtis Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/04/2018	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, Etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	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

Total Expenditures This Event

Page Total \$ 50.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars			
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 07/16/2018	Amount 3.00
Street Address		Purpose service fee	
City	State OH	Zip Code	Check Number withdrawal
To Whom Paid Little Caesars		Date (MM/DD/YYYY) 08/20/2018	Amount 62.00
Street Address 11 5th St SE		Purpose lunch for City Workers	
City Barberton	State OH	Zip Code 44203	Check Number Debit
To Whom Paid Hot Cards		Date (MM/DD/YYYY) 08/28/2018	Amount 136.35
Street Address On Line (Hotcards.com)		Purpose banner for Parades	
City	State OH	Zip Code	Check Number Debit
To Whom Paid Sams Club		Date (MM/DD/YYYY) 09/02/2018	Amount 136.62
Street Address 3750 W Market St		Purpose Parade Candy	
City Akron	State OH	Zip Code 44333	Check Number Debit
To Whom Paid Sams Club		Date (MM/DD/YYYY) 09/14/2018	Amount 97.34
Street Address 3750 W Market St		Purpose Parade Candy	
City Akron	State OH	Zip Code 44333	Check Number Debit

Page Total \$ 435.31



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars				
To Whom Paid Barberton Football		Date (MM/DD/YYYY) 07/04/2018		Amount 100.00
Street Address		Purpose Ad for Night at the Races		
City Barberton	State OH	Zip Code 44203	Check Number 102	
To Whom Paid City of Barberton		Date (MM/DD/YYYY) 07/12/2018		Amount 50.00
Street Address		Purpose Labor Day Parade		
City Barberton	State OH	Zip Code 44203	Check Number 103	
To Whom Paid Michael R Soyars		Date (MM/DD/YYYY) 07/19/2018		Amount 244.22
Street Address 611 E Cassell Ave		Purpose pay back loan (expenses)		
City Barberton	State OH	Zip Code 44203	Check Number 104	
To Whom Paid John Schmidt		Date (MM/DD/YYYY) 07/25/2018		Amount 828.36
Street Address 1460 Curtis Ave		Purpose Campaign Flyers		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 105	
To Whom Paid Tri County Regional Labor Council		Date (MM/DD/YYYY) 07/20/2018		Amount 55.00
Street Address 720 Wolf Ledges Parkway		Purpose Awards Dinner		
City Akron	State OH	Zip Code 44311	Check Number 106	

Page Total \$ 1277.88



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars			
To Whom Paid Renee Krzynowek		Date (MM/DD/YYYY) 07/31/2018	Amount 252.00
Street Address 7015 Millfield Rd		Purpose t-shirts	
City Canal Fulton	State OH	Zip Code 44614	Check Number 107
To Whom Paid Keim Advertising & Printing		Date (MM/DD/YYYY) 07/07/2018	Amount 373.63
Street Address 564 W Tusc Ave Suite 104		Purpose Barberton Football Program	
City Barberton	State OH	Zip Code 44203	Check Number 108
To Whom Paid PPABC		Date (MM/DD/YYYY) 08/10/2018	Amount 200.00
Street Address P O Box 1119		Purpose Norton Football Program	
City Norton	State OH	Zip Code 44203	Check Number 109
To Whom Paid Panther PAWS		Date (MM/DD/YYYY) 08/13/2018	Amount 200.00
Street Address		Purpose Manchester Football Program	
City	State OH	Zip Code	Check Number 110
To Whom Paid Kenmore Community Council		Date (MM/DD/YYYY) 08/26/2018	Amount 25.00
Street Address		Purpose Kenmore Parade	
City Akron	State OH	Zip Code 44314	Check Number 111

Page Total \$ 1050.63



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars			
To Whom Paid Renee Krzynowek		Date (MM/DD/YYYY) 08/28/2018	Amount 140.00
Street Address 7015 Millfield Rd		Purpose t-shirts	
City Canal Fulton	State OH	Zip Code 44614	Check Number 112
To Whom Paid City of Barberton		Date (MM/DD/YYYY) 08/31/2018	Amount 150.00
Street Address		Purpose Sign Permit	
City Barberton	State OH	Zip Code 44203	Check Number 113
To Whom Paid First Class Campaigns		Date (MM/DD/YYYY) 09/10/2018	Amount 610.00
Street Address 1460 Curtis Ave		Purpose Design & print campaign cards	
City Cuyahoga Falls,	State OH	Zip Code 44221	Check Number 114
To Whom Paid Norton Cider Festival		Date (MM/DD/YYYY) 09/18/2018	Amount 60.00
Street Address P O Box 1290		Purpose Cider Festival Parada	
City Norton	State OH	Zip Code 44203	Check Number 115
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 09/23/2018	Amount 1461.00
Street Address 438 Grant St		Purpose Campaign flyer	
City Akron	State OH	Zip Code 44311	Check Number 116

Page Total \$ 2421.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars			
To Whom Paid Barberton Democratic Club		Date (MM/DD/YYYY) 09/27/2018	Amount 75.00
Street Address		Purpose ad in Program (FDR Dinner)	
City Barberton	State OH	Zip Code 44203	Check Number 117
To Whom Paid Barberton Democratic Club		Date (MM/DD/YYYY) 09/27/2018	Amount 35.00
Street Address		Purpose FDR Dinner	
City Barberton	State OH	Zip Code 44203	Check Number 118
To Whom Paid Sams Club		Date (MM/DD/YYYY) 10/05/2018	Amount 48.86
Street Address 3750 W Market St		Purpose Parade Candy-Cider Festival	
City Akron	State OH	Zip Code 44333	Check Number debit
To Whom Paid Barberton Herald		Date (MM/DD/YYYY) 10/15/2018	Amount 748.00
Street Address P O Box 830		Purpose Barberton Herald Ad	
City Barberton	State OH	Zip Code 44203	Check Number 120
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 08/15/2018	Amount 3.00
Street Address		Purpose service Fee	
City	State OH	Zip Code	Check Number withdrawal

Page Total \$ 909.86





**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars			
To Whom Paid The Post Newspaper		Date (MM/DD/YYYY) 10/04/2018	Amount 169.31
Street Address 5164 Normandy Park Dr #100		Purpose Ad in Norton Post	
City Medina	State OH	Zip Code 44256	Check Number Debit
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 169.31



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Michael R Soyars				
To Whom Paid Old 97 Cafe		Date (MM/DD/YYYY) 10/04/2018		Amount 953.79
Street Address 1503 Kenmore Blvd		Purpose Fund-raiser food and drinks		
City Akron	State OH	Zip Code 44314	Check Number 119	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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.

Page Total \$ 953.79



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Michael R Soyars				
<b>Full Name of Contributor</b> Friends of Elizabeth Walters		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 1700 W Market St #103		<b>Description of Item or Service</b> U S Postage		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b> 250.00
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44313	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <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 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 Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Michael R Soyars				
To Whom Owed Michael R Soyars		Prior Amount 244.22	Amount Incurred this Period 4685.00	
Street Address 611 E Cassell Ave		Item or Purpose of Debt Signs	Outstanding Balance 4685.00	
City Barberton	State OH	Zip Code 44203	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 06/13/2018		Date of Payment (MM/DD/YYYY) 07/19/2018	Amount 244.22	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed		Prior Amount	Amount Incurred this Period	
Street Address		Item or Purpose of Debt	Outstanding Balance	
City	State	Zip Code	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 244.22 (also record on Form 31-B)

Total Outstanding Balance \$ 4685.00 (also record on cover page)