



Committee Name Magic City Democrats		Office Sought		District
Street Address P o box 221 (225 Stanley Ave)		City Barberton	State Oh	Zip 44203
Candidate Name OR PAC Registration Number		Treasurer Name Shorter Griffin		Election Date (MM/DD/YYYY) 11/06/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				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.

1. Amount brought forward from last report	\$2492.00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$5130.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$7622.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$2978.50
6. Balance on hand (line 4 minus line 5)	\$4643.50
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$0.00
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 22 AM 9:01

SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO

2508 7/1

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

10/20/2018
 Date (MM/DD/YYYY)

Contribution Pages 13	Expenditure Pages 3	Other Pages 1	Total Pages 17
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**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Philip J. Portis			Registration Number, if PAC	
Street Address 456 Arlington St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$25.00
City Akron	State OH	Zip Code 44306	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Cindy Sutton			Registration Number, if PAC	
Street Address 338 E Baird Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$70.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Caine Pfeiffer			Registration Number, if PAC	
Street Address 137 2nd St. N.W.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Frank Wrobel			Registration Number, if PAC	
Street Address 909 Wooster Rd. W	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Shannon Wokojance			Registration Number, if PAC	
Street Address 477 Taft Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	

* 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 \$ 180.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Thomas W Bevan			Registration Number, if PAC	
Street Address 6555 Dean Memorial Pkwy	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Boston Heights	State OH	Zip Code 44236	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Moriah Cheatham			Registration Number, if PAC	
Street Address 289 E Baird	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Alison Breaux			Registration Number, if PAC	
Street Address 675 Merriman Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/18/2018	Amount \$75.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael E. Vinay			Registration Number, if PAC	
Street Address 1493 Wilson Way Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/06/2018	Amount 170.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Clair E Dickinson			Registration Number, if PAC	
Street Address 884 Alder Run Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/17/2018	Amount \$35.00
City Akron	State OH	Zip Code 44333	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 350.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Terrance Coburn			Registration Number, if PAC	
Street Address 166 14th St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/08/2018	Amount \$130.00
City Barberton	State OH	Zip Code 44302	Form (Cash, Check, Etc) Check	
Full Name of Contributor Margaret Scott			Registration Number, if PAC	
Street Address 3776 Fairway Park DR Apt 101	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/09/2018	Amount \$35.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, Etc) Check	
Full Name of Contributor Paul V. Colavecchio			Registration Number, if PAC	
Street Address 3414 Haggarty Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/07/2018	Amount \$35.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Check	
Full Name of Contributor David Kelly			Registration Number, if PAC	
Street Address 343 Hickory St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/18/2018	Amount \$105.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Elwood Palmer			Registration Number, if PAC	
Street Address 961 Mesa Verde Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/17/2018	Amount \$25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 330.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Bryan L Poorman			Registration Number, if PAC	
Street Address 49 Schwinn Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/17/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Tim S Crawford			Registration Number, if PAC	
Street Address 4109 Cleveland Massillon Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/01/2018	Amount \$35.00
City Norton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kenneth R Cox			Registration Number, if PAC	
Street Address 869 Arroyo Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/09/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Wilbur L Frey Jr			Registration Number, if PAC	
Street Address 1657 Harden Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/06/2018	Amount \$95.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sandra S Guy			Registration Number, if PAC	
Street Address 1551 Harden Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	

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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 \$ 235.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor John F Galonski			Registration Number, if PAC	
Street Address 1137 Allendale Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018
City Akron		State OH	Zip Code 44306	Amount \$40.00
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*		Date (MM/DD/YYYY) 9/27/2018
City Akron		State OH	Zip Code 44319	Amount \$70.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Stephanie Carothers			Registration Number, if PAC	
Street Address 3695 Mogadore Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/10/2018
City Mogadore		State OH	Zip Code 44260	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Brian P Everett			Registration Number, if PAC	
Street Address 268 Randolph Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/2018
City Mogadore		State OH	Zip Code 44260	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Committee For Robert J Genet			Registration Number, if PAC	
Street Address 445 31st St SW		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/14/2018
City Barberton		State OH	Zip Code 44203	Amount \$35.00
Form (Cash, Check, Etc) Check				

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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 \$ 215.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Holly Miller			Registration Number, if PAC	
Street Address 982 Bevan St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/14/2018	Amount \$35.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) Check	
Full Name of Contributor Committee To Elect Michael Soyars			Registration Number, if PAC	
Street Address 611 E Cassell Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$75.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor John A. Donofrio Campaign Committee			Registration Number, if PAC	
Street Address 218 Woodside Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/28/2018	Amount \$35.00
City Tallmadge	State OH	Zip Code 44278	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*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, Etc) Check	
Full Name of Contributor Thomas A Teodosio			Registration Number, if PAC	
Street Address 495 Belmont Park Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$35.00
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 215.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Ralph M Sinistro			Registration Number, if PAC	
Street Address 126 S Chestnut St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/2018
City Kent		State OH	Zip Code 44240	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Terri D Burns			Registration Number, if PAC	
Street Address 1701 State Route 43		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/11/2018
City Mogadore		State OH	Zip Code 44260	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Lisa J Kohler Schmitt			Registration Number, if PAC	
Street Address 4721 Darrow Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/08/2018
City Stow		State OH	Zip Code 44224	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Craig Stanley			Registration Number, if PAC	
Street Address 1926 Wells Creek Run		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/13/2018
City Akron		State OH	Zip Code 44312	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Jason D Dodson			Registration Number, if PAC	
Street Address 3695 Mogadore Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/30/2018
City Mogadore		State OH	Zip Code 44260	Amount \$35.00
Form (Cash, Check, Etc) Check				

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 175.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Stephen A Zimmerman			Registration Number, if PAC	
Street Address 210 Lake Front Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/29/2018
Amount \$35.00				
City Akron		State OH	Zip Code 44319	Form (Cash, Check, Etc) Check
Full Name of Contributor William J Macchione			Registration Number, if PAC	
Street Address 7453 Wetherburn Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/07/2018
Amount \$35.00				
City Hudson		State OH	Zip Code 44236	Form (Cash, Check, Etc) Check
Full Name of Contributor Frances Ladd			Registration Number, if PAC	
Street Address 1504 Glenbreigh Circle		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/14/2018
Amount \$35.00				
City Barberton		State OH	Zip Code 44203	Form (Cash, Check, Etc) Check
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) 9/14/2018
Amount \$245.00				
City Barberton		State OH	Zip Code 44203	Form (Cash, Check, Etc) Check
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) 9/27/2018
Amount \$35.00				
City Akron		State OH	Zip Code 44303	Form (Cash, Check, Etc) Check

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 385.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Susan Baker Ross			Registration Number, if PAC	
Street Address 333 N Portage Path Unit 22		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018
Amount \$35.00				
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Committee To Elect Michael Soyars			Registration Number, if PAC	
Street Address 611 E Cassell Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018
Amount \$35.00				
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor All Ohio Recovery Richard Hooker			Registration Number, if PAC	
Street Address 188 Snyder Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/07/2018
Amount \$25.00				
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Laborers International Union			Registration Number, if PAC LA 236	
Street Address 720 Wolf Ledges PKWY		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/17/2018
Amount \$100.00				
City Akron	State OH	Zip Code 44311	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends Of Kristen M Scalise			Registration Number, if PAC	
Street Address 274 Harvest Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/17/2018
Amount \$35.00				
City Akron	State OH	Zip Code 44333	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 230.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Greta Johnson			Registration Number, if PAC	
Street Address 2220 Cambridge CT	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/13/2018	Amount \$35.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) Check	
Full Name of Contributor Colleen B Kelly			Registration Number, if PAC	
Street Address 320 Westberry Circle	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/13/2018	Amount \$35.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Evelyn L Fennell			Registration Number, if PAC	
Street Address 431 S Van Buren Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/20/2018	Amount \$35.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor IBEW PAC VOLUNTARY FUND			Registration Number, if PAC C00027342	
Street Address 900 Seventh Street, N.W.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/19/2018	Amount \$345.00
City Washington D.C.	State	Zip Code 20001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Shorter Griffin			Registration Number, if PAC	
Street Address 225 Stanley Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$155.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 605.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Norma Jean Grigalunas			Registration Number, if PAC	
Street Address 1544 Harden	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$70.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Terry L Avant			Registration Number, if PAC	
Street Address 1066 Belleview Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/27/2018	Amount \$70.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Paul J Suboticki			Registration Number, if PAC	
Street Address 823 N Summit St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/28/2018	Amount \$70.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Federated Democratic Women of Summit County			Registration Number, if PAC	
Street Address 100 Rhodes Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/24/2018	Amount \$240.00
City Akron	State OH	Zip Code 44302	Form (Cash, Check, Etc) Check	
Full Name of Contributor Adelina M Angeloff			Registration Number, if PAC	
Street Address 756 E Ford Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/10/2018	Amount \$45.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 495.00



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

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

Full Name of Committee Magic City Democrats				
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) 9/09/2018
City Barberton		State OH	Zip Code 44203	Amount \$1000.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Brian J Miller			Registration Number, if PAC	
Street Address 589 Anna Dean Ln		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/08/2018
City Barberton		State OH	Zip Code 44203	Amount \$35.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Elect Ilene L Shapiro			Registration Number, if PAC	
Street Address 295 Wyant Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/28/2018
City Akron		State OH	Zip Code 44313	Amount \$100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor AFSCME LOCAL 265 Tri City Ohio Public Employees			Registration Number, if PAC LA 1273	
Street Address 527 Harvard Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/24/2018
City Barberton		State OH	Zip Code 44203	Amount \$290.00
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*		Date (MM/DD/YYYY) 9/21/2018
City Akron		State OH	Zip Code 44312	Amount \$70.00
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

Total Expenditures This Event

Page Total \$ 1495.00



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

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

Full Name of Committee Magic City Democrats				
Full Name of Contributor Cordray/Sutton Committee			Registration Number, if PAC	
Street Address 5636 Indian Hill Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/28/2018
				Amount \$105.00
City Dublin		State OH	Zip Code 44317	Form (Cash, Check, Etc) Check
Full Name of Contributor Tim Ryan For Congress			Registration Number, if PAC	
Street Address 560 Amber Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/28/2018
				Amount \$35.00
City Warren		State OH	Zip Code 44448	Form (Cash, Check, Etc) Check
Full Name of Contributor Sandra A Ratay			Registration Number, if PAC	
Street Address 531 Lincoln Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/06/2018
				Amount \$45.00
City Barberton		State OH	Zip Code 44203	Form (Cash, Check, Etc) Check
Full Name of Contributor Kelly L. McLaughlin			Registration Number, if PAC	
Street Address 213 Tudor Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/20/2018
				Amount \$35.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
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)

* 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
\$5130.00

Total Expenditures This Event
\$1838.50

Page Total \$ 220.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Magic City Democrats				
To Whom Paid USPS			Date (MM/DD/YYYY) 8/28/2018	Amount \$50.00
Street Address 531 Wooster Rd W		Purpose Purchase Stamps		
City Barberton	State OH	Zip Code 44203	Check Number 2294	
To Whom Paid USPS			Date (MM/DD/YYYY) 8/29/2018	Amount \$10.00
Street Address 531 Wooster Rd W		Purpose Purchase Stamps		
City Barberton	State OH	Zip Code 44203	Check Number 2295	
To Whom Paid Terry Avant			Date (MM/DD/YYYY) 9/06/2018	Amount \$17.00
Street Address 1066 Belleview		Purpose Supplies		
City Barberton	State OH	Zip Code 44203	Check Number 2296	
To Whom Paid City of Barberton Beautification			Date (MM/DD/YYYY) 9/20/2018	Amount \$108.00
Street Address 500 W Hopocan Ave		Purpose Purchase of Mums for Center Piece		
City Barberton	State OH	Zip Code 44203	Check Number 2297	
To Whom Paid Slovene Party Center			Date (MM/DD/YYYY) 9/27/2018	Amount \$1417.00
Street Address 70 14th St		Purpose Dinner		
City Barberton	State OH	Zip Code 44203	Check Number 2299	

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 \$ 1602.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Magic City Democrats				
To Whom Paid KEM Printing			Date (MM/DD/YYYY) 10/01/2018	
Amount \$229.51				
Street Address 564 W Tusc Ave		Purpose Printing of Programs		
City Barberton		State OH	Zip Code 44203	Check Number 2300
To Whom Paid Carol Frey			Date (MM/DD/YYYY) 10/11/2018	
Amount \$6.99				
Street Address 1657 Harden Dr		Purpose Supplies		
City Barberton		State OH	Zip Code 44203	Check Number 2301
To Whom Paid			Date (MM/DD/YYYY)	
Street Address			Amount	
City		State	Zip Code	Check Number
To Whom Paid			Date (MM/DD/YYYY)	
Street Address			Amount	
City		State	Zip Code	Check Number
To Whom Paid			Date (MM/DD/YYYY)	
Street Address			Amount	
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 \$ 236.50



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Magic City Democrats			
To Whom Paid FDWSC		Date (MM/DD/YYYY) 9/22/2018	Amount \$140.00
Street Address 100 Rhodes Ave		Purpose Donation	
City Akron	State OH	Zip Code 44302	Check Number 2298
To Whom Paid Committee to Elect Michael Soyars		Date (MM/DD/YYYY) 10/12/2018	Amount \$1000.00
Street Address 611 E Cassell Ave		Purpose Donation	
City Barberton	State OH	Zip Code 44203	Check Number 2302
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 \$ 1140.00