



Committee Name SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL		Office Sought		District
Street Address 438 GRANT ST.		City AKRON	State OH	Zip 44311
Candidate Name OR PAC Registration Number		Treasurer Name CHRISTOPHER B. GRIMM		Election Date (MM/DD/YYYY) 11/06/2018
<b>Type of Report (choose one):</b> <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				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
<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.

1. Amount brought forward from last report	35,605.78
2. Total monetary contributions (From Forms 31-A and 31-E)	21,875.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	57,480.78
5. Total monetary expenditures (From Forms 31-B and 31-F)	44,319.08
6. Balance on hand (line 4 minus line 5)	13,161.70
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	25,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	


OFFICIAL COPY  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS

2018 OCT 24 PM 11:45

SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO

2518  
 AB

**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

10/23/18  
 Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 4	Other Pages 2	Total Pages 9
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SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL  
Substitute form 31a

2-Jul Chris Hahn	EFT	\$ 150.00
2-Jul Shammias Malik	EFT	\$ 150.00
19-Sep Paul Bandfield	EFT	\$ 250.00
27-Sep David Daye	EFT	\$ 50.00
2-Oct Matthew Ford	EFT	\$ 100.00
17-Sep Dwight Davis	EFT	\$ 100.00
3-Oct Friends of Elizabeth Walters	Check	\$ 6,538.00
27-Sep Friends of Clair Dickenson	Check	\$ 6,538.00
27-Sep John A. Donofrio campaign Committee	Check	\$ 6,538.00
23-Sep Committee to Elect Michael Soyars	Check	\$ 1,461.00
		<u>\$21,875.00</u>



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE			
To Whom Paid DANSIZEN PRINTING		Date (MM/DD/YYYY) 08/01/2018	Amount 208.66
Street Address 4525 AULTMAN AVE. NW		Purpose PRINTING	
City CANTON	State OH	Zip Code 44720	Check Number 4361
To Whom Paid ACT BLUE		Date (MM/DD/YYYY) 08/09/2018	Amount 0.50
Street Address 366 SUMMER ST.		Purpose COLLECTION FEE	
City SOMMERVILLE	State MA	Zip Code 02144	Check Number EFT
To Whom Paid ACCT BLUE		Date (MM/DD/YYYY) 09/11/2018	Amount 10.18
Street Address		Purpose COLLECTION FEES	
City	State OH	Zip Code	Check Number EFT
To Whom Paid LOGOME LLC		Date (MM/DD/YYYY) 08/14/2018	Amount 450.63
Street Address 1505 CORPORATE WOODS		Purpose WRIST BANDS	
City UNIONTOWN	State OH	Zip Code 44685	Check Number 4362
To Whom Paid DELAGE LANDEN FINANCIAL		Date (MM/DD/YYYY) 09/14/2018	Amount <del>321.82</del> 331 <sup>12</sup>
Street Address P.O. BOX 41602 (3450 SUPERIOR CT. #1, OAKVILLE, ON)		Purpose COPIER LEASE PAYMENT	
City PHILADELPHIA	State PA	Zip Code 19101	Check Number 4363

Page Total \$ 1,001.<sup>09</sup>



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL			
To Whom Paid FELITA GRICE		Date (MM/DD/YYYY) 07/02/2018	Amount 301.47
Street Address 438 GRANT ST		Purpose REIMBURSE FOR BANNERS / SUPPLIES	
City AKRON	State OH	Zip Code 44311	Check Number 4352
To Whom Paid GRAFFITTI PRINT SHOP		Date (MM/DD/YYYY) 07/12/2018	Amount 192.15
Street Address 739 N. MAIN ST		Purpose PRINTING	
City AKRON	State OH	Zip Code 44310	Check Number 4354
To Whom Paid THE FIRST TEE		Date (MM/DD/YYYY) 07/12/2018	Amount 250.00
Street Address 2000 S. HAWKINS		Purpose SPONSORSHIP	
City AKRON	State OH	Zip Code 44125	Check Number 4357
To Whom Paid MARCIA FUDGE FOR CONGRESS		Date (MM/DD/YYYY) 07/20/2018	Amount 350.00
Street Address 4834 RICHMOND RD #150		Purpose DONATION	
City CLEVELAND	State OH	Zip Code 44128	Check Number 4358
To Whom Paid BURGES & BURGES		Date (MM/DD/YYYY) 08/01/2018	Amount 2,500.00
Street Address 26100 LAKE SHORE BLVD		Purpose PROFESSIONAL SERVICES RENDERED	
City CLEVELAND	State OH	Zip Code 44132	Check Number 4360

Page Total \$ 3,593<sup>62</sup>



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL			
To Whom Paid CITY OF BARBERTON		Date (MM/DD/YYYY) 09/18/2018	Amount \$225.00
Street Address 576 W. PARK		Purpose SPONSORSHIP - MUM FESTIVAL	
City BARBERTON	State OH	Zip Code 44203	Check Number 4364
To Whom Paid NOVEX SYSTEM		Date (MM/DD/YYYY) 10/01/2018	Amount \$415.00
Street Address 6040 HILLCREST DR.		Purpose PRINTING	
City VALLEY VIEW	State OH	Zip Code 44125	Check Number 4365
To Whom Paid OHIO DEMOCRATIC PARRTY		Date (MM/DD/YYYY) 10/04/2018	Amount \$10,000.00
Street Address 340 E. FULTON ST		Purpose DONATION	
City COLUMBUS	State OH	Zip Code 43215	Check Number 4366
To Whom Paid OHIO DEMOCRATIC PARTY		Date (MM/DD/YYYY) 10/10/2018	Amount \$20,975.00
Street Address		Purpose DONATION	
City	State OH	Zip Code	Check Number 4367
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 31,615.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL			
To Whom Paid ACT BLUE		Date (MM/DD/YYYY) 07/10/2018	Amount 62.20
Street Address 366 SUMMER ST.		Purpose COLLECTION FEES	
City SOMMERVILLE	State MA	Zip Code 02144	Check Number EFT
To Whom Paid ACT BLUE		Date (MM/DD/YYYY) 08/03/2018	Amount 35.00
Street Address		Purpose REFUND DONATION	
City	State OH	Zip Code	Check Number EFT
To Whom Paid ACT BLUE		Date (MM/DD/YYYY) 10/10/2018	Amount 25.48
Street Address		Purpose COLLECTION FEES	
City	State OH	Zip Code	Check Number EFT
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 \$ 122.68



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL			
<b>To Whom Paid</b> EXPENDITRES FROM FORM 31-F		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$7,986.69
<b>Street Address</b> EVENT DATE 6/28/18		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 7,986.<sup>69</sup>

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full										
SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL										
To Whom Paid				M	D	Y	Amount			
TANGIERS RESTURANT				0	7	0	2	1	8	\$6,828.98
Address				Purpose						
532 W. MARKET ST.				BALANCE DUE ON FOOD / DRINK / HALL RENTAL						
City		State	Zip Code	Check Number						
AKRON		OH	44303	4353						
To Whom Paid				M	D	Y	Amount			
MIRACLE CUSTOM AWARDS				0	7	1	2	1	8	\$383.71
Address				Purpose						
565 WOLF LEDGES				AWARDS						
City		State	Zip Code	Check Number						
AKRON		OH	44311	4355						
To Whom Paid				M	D	Y	Amount			
NOVEX SYSTEMS				0	7	1	2	1	8	\$400.00
Address				Purpose						
6040 HILLCREST DR				PRINTING						
City		State	Zip Code	Check Number						
VALLEY VIEW		OH	44125	4356						
To Whom Paid				M	D	Y	Amount			
JOSEPH LEVACK				0	7	2	7	1	8	\$374.00
Address				Purpose						
57 E. MARKET ST.				PHOTOGRAPHY						
City		State	Zip Code	Check Number						
AKRON		OH	44308	4359						
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.

\$7,986.69  
Page Total \$ \_\_\_\_\_





**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> SUMMIT COUNTY DEMOCRATIC EXECUTIVE COMMITTEE - POLITICAL						
From Whom Received THOMAS BEVAN				Prior Amount \$25,000	Amt. Incurred this Period 0.00	
Street Address 530 MEADOWRIDGE					Outstanding Balance \$25,000.00	
City HUDSON	State OH	Zip Code 44236	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
	Date Loan was Originally Incurred (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	
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
	Date Loan was Originally Incurred (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 \$ 25,000.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 25,000.00 (also record on Form 30-A)