



Committee Name Tallmadge Pride Committee dba Citizens for Tallmadge Schools		Office Sought		District
Street Address 756 Craig Drive		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number		Treasurer Name Mollie Gilbride		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	11,792.90
2. Total monetary contributions (From Forms 31-A and 31-E)	11,330.00
3. Total other income (From Form 31-A-2)	Ø
4. Total funds available (sum of lines 1, 2, 3)	23,122.90
5. Total monetary expenditures (From Forms 31-B and 31-F)	5342.72
6. Balance on hand (line 4 minus line 5)	17,780.18
7. Value of in-kind contributions received (From Form 31-J-1)	Ø
8. Value of in-kind contributions made (From Form 31-J-2)	Ø
9. Outstanding loans owed by committee (From Form 31-C)	Ø
10. Outstanding debts owed by committee (From Form 31-N)	Ø
11. Outstanding loans owed to committee (From Form 31-K)	Ø
12. Value of independent expenditures made (From Form 31-U)	Ø

2018 OCT 25 AM 11:14

#2523 AK
 BOARD OF ELECTIONS
 SUMMIT COUNTY
 AMHSOH, OHIO

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

**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

10/25/2018

Date (MM/DD/YYYY)

Contribution Pages
14

Expenditure Pages
3

Other Pages
1

Total Pages
18



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Sol Harris/ Day Architecture			Registration Number, if PAC	
Street Address 6677 Frank Ave NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City N. Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 09/07/2018	Amount 1000
Full Name of Contributor Beaver Constructors INC			Registration Number, if PAC	
Street Address 2000 Beaver Place Ave., SW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Canton	State OH	Zip Code 44706	Date (MM/DD/YYYY) 09/11/2018	Amount 5000
Full Name of Contributor Stifel Nicolaus & Company, Inc			Registration Number, if PAC	
Street Address 250 S. High Street, Suite 350		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/14/2018	Amount 350
Full Name of Contributor Squire Patton Boggs (US) LLP			Registration Number, if PAC	
Street Address 4900 Key Tower, 127 Public Square		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44114	Date (MM/DD/YYYY) 09/17/2018	Amount 250
Full Name of Contributor The Ruhlin Company			Registration Number, if PAC	
Street Address 6931 Ridge Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Sharon Center	State OH	Zip Code 44274	Date (MM/DD/YYYY) 09/25/2018	Amount 500

*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

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Ennis Britton Co., LPA			Registration Number, if PAC	
Street Address 1714 W. Galbraith Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45239	Date (MM/DD/YYYY) 09/24/2018	Amount 300
Full Name of Contributor Kyle Anthony			Registration Number, if PAC	
Street Address 3400 Lawton Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pepper Pike	State OH	Zip Code 44124	Date (MM/DD/YYYY) 10/11/2018	Amount 100
Full Name of Contributor Brindza McIntyre & Seed, LLP			Registration Number, if PAC	
Street Address 1111 Superior Ave E, Suite 1025		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44114	Date (MM/DD/YYYY) 10/15/2018	Amount 1000
Full Name of Contributor Megan Raber			Registration Number, if PAC	
Street Address 449 Victoria Park Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 09/20/2018	Amount 50
Full Name of Contributor Jami Lord-Smith			Registration Number, if PAC	
Street Address 1330 Curtis Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 09/20/2018	Amount 30

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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Jennifer Sickler			Registration Number, if PAC	
Street Address 87 Woolf Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44312	Date (MM/DD/YYYY) 09/20/2018	Amount 10
Full Name of Contributor Lia Wingler			Registration Number, if PAC	
Street Address 414 Whittlesey Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 09/20/2018	Amount 10
Full Name of Contributor Ryan Chapman			Registration Number, if PAC	
Street Address 903 Jennifer Trail		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 09/20/2018	Amount 20
Full Name of Contributor Vicki Hartz			Registration Number, if PAC	
Street Address 395 Kent Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 09/30/2018	Amount 20
Full Name of Contributor Elizabeth Sands			Registration Number, if PAC	
Street Address 217 Greenbriar Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/05/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Jennifer Perdue			Registration Number, if PAC	
Street Address 1493 Brimfield Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/04/2018	Amount 10
Full Name of Contributor James Shannon			Registration Number, if PAC	
Street Address 1263 Ledgewood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Anne Freemal			Registration Number, if PAC	
Street Address 2880 Hastings Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Silver Lake	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Dina Braccio			Registration Number, if PAC	
Street Address 2491 Royal County Down, Unit D		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Amanda Curfman			Registration Number, if PAC	
Street Address 921 Martin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mogadore	State OH	Zip Code 44260	Date (MM/DD/YYYY) 10/03/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Sara Courie			Registration Number, if PAC	
Street Address 1459 Southeast Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/04/2018	Amount 10
Full Name of Contributor Samantha Jo Furino			Registration Number, if PAC	
Street Address 1815 Edison St, NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 09/30/2018	Amount 10
Full Name of Contributor Lily Valentine			Registration Number, if PAC	
Street Address 10400 W. Cobblestone Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Twinsburg	State OH	Zip Code 44087	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Lianna Dauberman			Registration Number, if PAC	
Street Address 2857 Maco Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Norton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Kristi Conley			Registration Number, if PAC	
Street Address 5218 Forest Hill Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/01/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor William Whitaker			Registration Number, if PAC	
Street Address 376 5th Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Carnegie	State PA	Zip Code 15106	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Tabitha Briggs			Registration Number, if PAC	
Street Address 5054 State Route 43		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/04/2018	Amount 10
Full Name of Contributor Mark Fairhurst			Registration Number, if PAC	
Street Address 86 Tallwood Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Kevin Gardner			Registration Number, if PAC	
Street Address 1618 Chadwick Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/02/2018	Amount 20
Full Name of Contributor Linda Rhodes			Registration Number, if PAC	
Street Address 1597 Timbertop Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/02/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Natalie Pappagallo			Registration Number, if PAC	
Street Address 5106 Winslow Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mineral Ridge	State OH	Zip Code 44440	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Amy Lewis			Registration Number, if PAC	
Street Address 9264 Shipton Cir NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City North Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 10/03/2018	Amount 10
Full Name of Contributor Debra Luli			Registration Number, if PAC	
Street Address 1651 New Milford Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Atwater	State OH	Zip Code 44201	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Heather Prazer			Registration Number, if PAC	
Street Address 2670 Graybill Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Lisa Dunton			Registration Number, if PAC	
Street Address 450 Wyoga Lake Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/03/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Kelli Christopher			Registration Number, if PAC	
Street Address 10055 Williams Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Diamond	State OH	Zip Code 44412	Date (MM/DD/YYYY) 10/03/2018	Amount 10
Full Name of Contributor Erin Bluey			Registration Number, if PAC	
Street Address 448 Plum Creek Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Wadsworth	State OH	Zip Code 44281	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Charissa Fredrick			Registration Number, if PAC	
Street Address 4947 Thursby Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City N. Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Katie Frye			Registration Number, if PAC	
Street Address 737 Lauren Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Carol Gager			Registration Number, if PAC	
Street Address 1418 Glenoak Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Tallmadge	State OH	Zip Code OH	Date (MM/DD/YYYY) 10/01/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Tracey Gilbert			Registration Number, if PAC	
Street Address 3881 Grace Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Matt Hagedorn			Registration Number, if PAC	
Street Address 4864 Heights Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Jamilyn Hoehn			Registration Number, if PAC	
Street Address 1493 Blackmore Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Cleveland Hgts	State OH	Zip Code 44118	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Kim Hussing			Registration Number, if PAC	
Street Address 847 Old Orchard Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Jennifer Jones			Registration Number, if PAC	
Street Address 3229 Turtle Bay Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/01/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Cara McGuinness			Registration Number, if PAC	
Street Address 318 Victor Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Ann Mollohan			Registration Number, if PAC	
Street Address 2761 Legacy Dr. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Cynthia Mollohan			Registration Number, if PAC	
Street Address 2339 Samira Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Cameron Osborne			Registration Number, if PAC	
Street Address 4776 Sherman Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/01/2018	Amount 20
Full Name of Contributor Lindsay Rodebaugh			Registration Number, if PAC	
Street Address 2241 Crockett Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Stow	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/01/2018	Amount 10

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor Lindsey Scott			Registration Number, if PAC	
Street Address 221 Bowman Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Stacie Swan			Registration Number, if PAC	
Street Address 198 Davenport Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Akron	State OH	Zip Code 44312	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Alyssa Weakland			Registration Number, if PAC	
Street Address 1872 Meloy Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Kent	State OH	Zip Code 44240	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Emilee Whitaker			Registration Number, if PAC	
Street Address 274 S. Hametown Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 10/01/2018	Amount 10
Full Name of Contributor Contributions Received at CircleFest Fundraiser (see Form 31E)			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash/Check
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/18/2018	Amount \$2,270

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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 Tallmadge Pride dba Citizens for Tallmadge Schools				
Full Name of Contributor Katie Daugherty			Registration Number, if PAC	
Street Address 386 Spring Grove Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Jen Ryan			Registration Number, if PAC	
Street Address 745 Beechwood Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 40
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Tiffani Michalec			Registration Number, if PAC	
Street Address 1082 Carol Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor James DiFalco			Registration Number, if PAC	
Street Address 346 Smith Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Jamie Bezbatchenko			Registration Number, if PAC	
Street Address 750 Olde Orchard Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 40
City Tallmadge	State OH	Zip Code 44278	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
\$2,270

Total Expenditures This Event
\$2,400

Page Total \$ 170



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

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

Full Name of Committee Tallmadge Pride dba Citizens for Tallmadge Schools				
Full Name of Contributor Sarah Ickes			Registration Number, if PAC	
Street Address 1126 Broadview Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 40
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Nikki Mort			Registration Number, if PAC	
Street Address 644 Fairwood	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Holly Miktarian			Registration Number, if PAC	
Street Address 59 N. Munroe Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Tony Paonessa			Registration Number, if PAC	
Street Address 244 Greenbriar Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Jen Riter			Registration Number, if PAC	
Street Address 836 Premiera Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	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
\$ 2,270

Total Expenditures This Event
\$ 2,400

Page Total \$ 160



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

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

Full Name of Committee Tallmadge Pride dba Citizens for Tallmadge Schools				
Full Name of Contributor Paul Jurkowski			Registration Number, if PAC	
Street Address 537 Narragansett Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Fran Bishop			Registration Number, if PAC	
Street Address 538 Green Meadow Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 30
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Contributors of \$25 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/18/2018	Amount 1,880
City	State OH	Zip Code	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 OH	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 OH	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
\$2,270

Total Expenditures This Event
\$2,400

Page Total \$ **1,940**



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools			
To Whom Paid Expenditures from Form 31F (CircleFest Fundraiser)		Date (MM/DD/YYYY) 08/18/2018	Amount 2400
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Jeffrey Ferguson		Date (MM/DD/YYYY) 09/21/2018	Amount 121.20
Street Address 2029 18th Street		Purpose Reimburse 8/31 Campaign Event Expense	
City Cuyahoga Falls	State OH	Zip Code 44223	Check Number 2035
To Whom Paid Tallmadge City School District		Date (MM/DD/YYYY) 09/21/2018	Amount 147.86
Street Address 486 East Avenue		Purpose Reimburse 8/31 Campaign Event Expense	
City Tallmadge	State OH	Zip Code 44278	Check Number 2036
To Whom Paid Steven Wood		Date (MM/DD/YYYY) 10/04/2018	Amount 1808.00
Street Address 5046 Alger Road		Purpose Reimburse YardSign Purchases (AGE Graphics)	
City Richfield	State OH	Zip Code 44286	Check Number 2038
To Whom Paid US Postmaster		Date (MM/DD/YYYY) 10/11/2018	Amount 808.04
Street Address		Purpose Campaign Literature Mailing	
City TALLMADGE	State OH	Zip Code	Check Number 2037

Page Total \$ 5285.10



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools			
To Whom Paid Key Bank		Date (MM/DD/YYYY) 10/17/2018	Amount 57.62
Street Address 76 Tallmadge Circle		Purpose Service Fee: Deposit Slip/Check Purchase	
City Tallmadge	State OH	Zip Code 44278	Check Number NA
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 \$ 57.62



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
To Whom Paid Ritchies Sporting Goods			Date (MM/DD/YYYY) 09/21/2018	Amount 2,400
Street Address 137 South Avenue		Purpose 44278 promotional TShirts for CircleFest Fundraiser		
City Tallmadge	State OH	Zip Code 44278	Check Number 2034	
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	
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 \$ 2,400