



Committee Name <b>JOHN A. DONOFRIO CAMPAIGN COMMITTEE</b>		Office Sought <b>COUNTY COUNCIL AT LARGE</b>		District <b>SUMMIT</b>
Street Address <b>218 WOODSIDE LANE</b>		City <b>TALLMADGE</b>	State <b>OH</b>	Zip <b>44278</b>
Candidate Name OR PAC Registration Number <b>JOHN A. DONOFRIO</b>		Treasurer Name <b>MICHAEL MIGDEN</b>		Election Date (MM/DD/YYYY) <b>11/06/2018</b>
<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 type="checkbox"/> Pre-General <input checked="" 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 <b>2018</b>
<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.

<b>1. Amount brought forward from last report</b>	\$7,326.12
<b>2. Total monetary contributions (From Forms 31-A and 31-E)</b>	\$100.00
<b>3. Total other income (From Form 31-A-2)</b>	\$0.00
<b>4. Total funds available (sum of lines 1, 2, 3)</b>	\$7,426.12
<b>5. Total monetary expenditures (From Forms 31-B and 31-F)</b>	\$6,666.79
<b>6. Balance on hand (line 4 minus line 5)</b>	\$759.33
<b>7. Value of in-kind contributions received (From Form 31-J-1)</b>	\$0.00
<b>8. Value of in-kind contributions made (From Form 31-J-2)</b>	\$0.00
<b>9. Outstanding loans owed by committee (From Form 31-C)</b>	\$1,500.00
<b>10. Outstanding debts owed by committee (From Form 31-N)</b>	\$0.00
<b>11. Outstanding loans owed to committee (From Form 31-K)</b>	\$0.00
<b>12. Value of independent expenditures made (From Form 31-U)</b>	\$0.00

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 DEC 13 AM 10:53

#2567 Ave

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON OHIO 44311

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

Michael Migden

Signature of Treasurer or Deputy Treasurer

12/13/2018

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
--------------------	-------------------	-------------	-------------



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE				
<b>Full Name of Contributor</b> THOMAS DECHECO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3749 BAIRD ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> STOW	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Date (MM/DD/YYYY)</b> 10/26/2018	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE			
To Whom Paid FIRST CLASS CAMPAIGNS, LLC		Date (MM/DD/YYYY) 10/18/2018	Amount \$711.00
Street Address 1460 CURTIS AVENUE		Purpose Campaign Literature	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1069
To Whom Paid TRIAD		Date (MM/DD/YYYY) 10/19/2018	Amount \$668.66
Street Address 1701 FRONT STREET		Purpose NEWSPAPER ADS	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1065
To Whom Paid TRIAD		Date (MM/DD/YYYY) 10/19/2018	Amount \$1,083.33
Street Address 1701 FRONT STREET		Purpose YARD SIGNS	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1067
To Whom Paid TRIAD		Date (MM/DD/YYYY) 10/19/2018	Amount \$668.66
Street Address 1701 FRONT STREET		Purpose NEWSPAPER ADS	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1068
To Whom Paid BROOKLEDGE		Date (MM/DD/YYYY) 10/24/2018	Amount \$554.70
Street Address 1621 BAILEY ROAD		Purpose VOLUNTEER GOLF OUTING	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1070

Page Total \$ 3,686.35



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE			
To Whom Paid DANTE'S GAMEDAY GRILLE		Date (MM/DD/YYYY) 10/26/2018	Amount \$160.44
Street Address 1019 N. MAIN STREET		Purpose VOLUNTEER DINNER	
City AKRON	State OH	Zip Code 44310	Check Number 1071
To Whom Paid SUMMIT COUNTY DEMOCRATIC PARTY		Date (MM/DD/YYYY) 10/29/2018	Amount \$2,000.00
Street Address 438 GRANT STREET		Purpose CONTRIBUTION	
City AKRON	State OH	Zip Code 44311	Check Number 1072
To Whom Paid FIRST CLASS CAMPAIGNS, LLC		Date (MM/DD/YYYY) 10/30/2018	Amount \$750.00
Street Address 1460 CURTIS AVENUE		Purpose NEWSPAPER ADS	
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1073
To Whom Paid DARROW FOR COUNCIL		Date (MM/DD/YYYY) 11/09/2018	Amount \$65.00
Street Address 9450 WOODVIEW DRIVE		Purpose CLAMBAKE	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1074
To Whom Paid KEY BANK		Date (MM/DD/YYYY) 11/30/2018	Amount \$5.00
Street Address 219 S. MAIN STREET		Purpose SERVICE CHARGE	
City AKRON	State OH	Zip Code 44308	Check Number

Page Total \$ \$2,980.44



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> JOHN A. DONOFRIO CAMPAIGN COMMITTEE					
From Whom Received JOHN A. DONOFRIO			Prior Amount \$1,000.00	Amt. Incurred this Period	
Street Address 67 SAND RUN ROAD				Outstanding Balance \$1,000.00	
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	Date Loan was Originally Incurred (MM/DD/YYYY) 09/25/2015	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 JOHN A. DONOFRIO			Prior Amount \$500.00	Amt. Incurred this Period	
Street Address 67 SAND RUN ROAD				Outstanding Balance \$500.00	
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	Date Loan was Originally Incurred (MM/DD/YYYY) 06/13/2017	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 \$ 1,500.00

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 \$ 1,500.00 (also record on Form 30-A)