



Committee Name VOTE JUDGE MICHAEL COMMITTEE		Office Sought COURT OF COMMON PLEAS JUDGE		District SUMMIT COUNTY	
Street Address 720 WOLF LEDGES STE 270		City AKRON	State OH	Zip 44311	
Candidate Name OR PAC Registration Number KATHRYN A MICHAEL		Treasurer Name ROBERT C BOYCE		Election Date (MM/DD/YYYY) 11/06/18	

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 2018

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$3180.15
2. Total monetary contributions (From Forms 31-A and 31-E)	\$5,135.00
3. Total other income (From Form 31-A-2)	\$8,000.00
4. Total funds available (sum of lines 1,2, and 3)	\$16,315.15
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$15,763.51
6. Balance on hand (line 4 minus line 5)	\$551.64
7. Value of in-kind contributions received (From Form 31-J-1)	\$8072.74
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$209,255.74
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00 20,054.50
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 DEC 10 PM 3:23

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OH 44311

2559 A-1

12/11/18

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

Robert C Boyce

Signature of Treasurer or Deputy Treasurer

12/10/2018

Date (MM/DD/YYYY)

Contribution Pages
4

Expenditure Pages
2

Other Pages
6

Total Pages
120

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE									
Full Name of Contributor MOUSA KAKISH						Registration Number, if PAC			
Street Address 364 W BOWERY ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44307		M 1	D 0	Y 1	Y 8	Amount \$500.00
Full Name of Contributor DREW RONALD ENGLS						Registration Number, if PAC			
Street Address 505 SAINT ANDREWS DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44303		M 1	D 0	Y 1	Y 8	Amount \$200.00
Full Name of Contributor JOHN G SIMON						Registration Number, if PAC			
Street Address 3685 BAUMBERGER RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City STOW		State OH	Zip Code 44224		M 1	D 0	Y 2	Y 1	Amount \$100.00
Full Name of Contributor MONGED ZAWAHRI						Registration Number, if PAC			
Street Address 3965 COTTAGE GROVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City UNIONTOWN		State OH	Zip Code 44685		M 1	D 0	Y 2	Y 1	Amount \$300.00
Full Name of Contributor JEHAD Y ASFOURA						Registration Number, if PAC			
Street Address 720 TRELIS GREEN DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH	Zip Code 44333		M 1	D 0	Y 2	Y 1	Amount \$500.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M 1	D 0	Y 1	Y 8	Amount \$2,660.00
Full Name of Contributor JASON D POWERS						Registration Number, if PAC			
Street Address 3647 STATE ROUTE 43			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City KENT		State OH	Zip Code 44240		M 1	D 0	Y 3	Y 1	Amount \$300.00
Full Name of Contributor NICHOLAS SWRYDENKO						Registration Number, if PAC			
Street Address 1997 FOX TRACE TRAIL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS		State OH	Zip Code 44223		M 1	D 0	Y 3	Y 1	Amount \$200.00

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE						
Full Name of Contributor LEWIS W ADKINS JR				Registration Number, if PAC		
Street Address 667 SALISBURY WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COPLEY	State OH	Zip Code 44321	M 1	D 0	Y 3	Amount \$100.00
Full Name of Contributor CAROLYN FELTON				Registration Number, if PAC		
Street Address 1382 GARMEN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MONEY ORDER	
City AKRON	State OH	Zip Code 44313	M 1	D 1	Y 0	Amount \$50.00
Full Name of Contributor MICHAEL J DELMEDICO				Registration Number, if PAC		
Street Address 3413 PRESTWYCK LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City RICHFIELD	State OH	Zip Code 44286	M 1	D 2	Y 0	Amount \$25.00
Full Name of Contributor MICHAEL J HUDAK				Registration Number, if PAC		
Street Address 3835 FRANCESCA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CANFIELD	State OH	Zip Code 44406	M 1	D 2	Y 0	Amount \$200.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name Loan transfer from Form no. 31-C			Registration Number, if PAC	
Address	Type* LN		M D Y	Amount \$8,000.00
City	State OH	Zip Code	Form (Cash, Check, etc.) CHECK	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid KATHRYN A MICHAEL				M	D	Y	Amount
				1	0	2 3	1 8 \$853.12
Address 3363 STANLEY RD		Purpose REIMBURSEMENT OF CAMPAIGN MAILER POSTAGE NOVEX INV 21093					
City FAIRLAWN		State OH	Zip Code 44333	Check Number 1208			
To Whom Paid Expenditures from Form 31-F				M	D	Y	Amount
				0	8	2 8	1 8 \$660.00
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid US POSTMASTER				M	D	Y	Amount
				1	0	2 9	1 8 \$1,910.80
Address UNIT ID 0002		Purpose CAMPAIGN MAILER POSTAGE					
City CLEVELAND		State OH	Zip Code	Check Number 1209			
To Whom Paid KATHRYN A MICHAEL				M	D	Y	Amount
				1	0	3 1	1 8 \$436.61
Address 3363 STANLEY RD		Purpose REIMBURSEMENT OF POLL CARDS COST GREENLIGHT INV 1810030					
City FAIRLAWN		State OH	Zip Code 44333	Check Number 1211			
To Whom Paid KATHRYN A MICHAEL				M	D	Y	Amount
				1	0	1 9	1 8 \$1,764.84
Address 3363 STANLEY RD		Purpose REIMBURSEMENT OF CAMPAIGN MAILER POSTAGE NOVEX INV 21063					
City FAIRLAWN		State OH	Zip Code 44333	Check Number 1206			
To Whom Paid CROMWELL & COMPANY				M	D	Y	Amount
				1	2	0 7	1 9 \$10,138.14
Address 34029 SCHWARTZ RD		Purpose CAMPAIGN MAILER DESIGN PRINT SERVICES; BILLBOARD COST					
City AVON		State OH	Zip Code 44011	Check Number 1212			
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					



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE					
From Whom Received KATHRYN A MICHAEL				Prior Amount \$201,255.74	Amt. Incurred this Period \$8,000
Street Address 3363 STANLEY ROAD					Outstanding Balance \$209,255.74
City FAIRLAWN	State OH	Zip Code 44333	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
		12/07/2018	\$8,000		
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 OH	Zip Code	Loans Received This Period	Payments Received This Period	
	Date of Original Loan (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 \$ 201,255.74

Total Received This Period \$ 8,000 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 209,255.74 (also record on Form 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor ILLYA MCGEE			Registration Number, if PAC	
Street Address 1351 HAMMEL	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$250.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANITA BROWN			Registration Number, if PAC	
Street Address 1858 MCTAGGART DR	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$50.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID A LOONEY			Registration Number, if PAC	
Street Address 1735 S MAIN ST	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$150.00
City AKRON	State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LORI A LAWRENCE			Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DR	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$250.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PETER M KOSTOFF			Registration Number, if PAC	
Street Address 526 MEREDITH LN	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$250.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TROY A REEVES			Registration Number, if PAC	
Street Address 11 RIVER ST	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$300.00
City KENT	State OH	Zip Code 44240	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL S KARDER			Registration Number, if PAC	
Street Address 463 FOX HOLLOW DR	Employer/Occupation/Labor Organization*		M D Y 1 0 19 18	Amount \$600.00
City COPLY	State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,850.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE					
Full Name of Contributor VIRGIL L BROWN				Registration Number, if PAC	
Street Address 1858 MCTAGGART DR		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 1 8	Amount \$50.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANDREW C VORHEES				Registration Number, if PAC	
Street Address 3437 HAGGARTY WAY		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 1 8	Amount \$600.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANDREW OLBRYSH				Registration Number, if PAC	
Street Address 4675 IROQOIS CIRCLE		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 1 8	Amount \$60.00
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CASH	
Full Name of Contributor GAYLE WILSON				Registration Number, if PAC	
Street Address 186 COURT DR #200		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 1 8	Amount \$50.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CASH	
Full Name of Contributor RAYMON PATTERSON				Registration Number, if PAC	
Street Address 1484 MEDINA RD		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 1 8	Amount \$50.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CASH	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	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

\$2,660.00

Total expenditures this event.

\$0.00

Page Total \$ 810.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full VOTE JUDGE MICHAEL COMMITTEE							
To Whom Paid TLC CATERING INC				M	D	Y	Amount
				1	0	2	3
				1	8		\$660.00
Address 3204 RIDGEWOOD RD		Purpose 8/28/18 FUNDRAISER FOOD EXPENSE					
City AKRON	State OH	Zip Code 44333	Check Number 1207				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State OH	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.

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
VOTE JUDGE MICHAEL COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
EDWARD L GILBERT				
Street Address		Description of Item or Service		M D Y Fair Market Value
One Cascade Plaza Suite 825		10/19/18 EVENT CATERING		1 0 1 9 1 8 \$600.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
KATHRYN A MICHAEL				
Street Address		Description of Item or Service		M D Y Fair Market Value
3363 STANLEY ROAD		CAMPAIGN CHASE POST CARDS		1 0 3 1 1 8 \$2,949.75
City		State	Zip Code	Received at Fundraising Event?
FAIRLAWN		OH	44333	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
KATHRYN A MICHAEL				
Street Address		Description of Item or Service		M D Y Fair Market Value
3363 STANLEY ROAD		PRINTING/MAILING CAMPAIGN POSTCARDS		1 0 3 1 1 8 \$3,602.81
City		State	Zip Code	Received at Fundraising Event?
FAIRLAWN		OH	44333	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
KATHRYN A MICHAEL				
Street Address		Description of Item or Service		M D Y Fair Market Value
3363 STANLEY ROAD		CAMPAIGN POST CARD POSTAGE		1 1 0 5 1 8 \$320.18
City		State	Zip Code	Received at Fundraising Event?
FAIRLAWN		OH	44333	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
DELPHENIA GILBERT				
Street Address		Description of Item or Service		M D Y Fair Market Value
One Cascade Plaza Suite 825		10/19/18 EVENT CATERING		1 0 1 9 1 8 \$600.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input checked="" type="radio"/> NO

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