



Committee Name <i>Susan Baker Ross for Judge</i>		Office Sought <i>Judge of Court of Common Pleas</i>		District
Street Address <i>333 N Portage Path</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44303</i>
Candidate Name OR PAC Registration Number <i>Susan Baker Ross</i>		Treasurer Name <i>Paula Prentice</i>		Election Date (MM/DD/YYYY) <i>11/06/2018</i>

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

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.
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1. Amount brought forward from last report	<i>17813.46</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>9735.00</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>27548.46</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>17719.98</i>
6. Balance on hand (line 4 minus line 5)	<i>9828.48</i>
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)	<i>85,000.00</i>
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 DEC 14 AM 11:12
 CLERK OF ELECTIONS
 AKRON OHIO 44301
 #2478

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

Paula Prentice

Signature of Treasurer or Deputy Treasurer

12/14/2018

Date (MM/DD/YYYY)

Contribution Pages
8

Expenditure Pages
2

Other Pages
1

Total Pages
11



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Susan Baker Ross for Judge</i>				
Full Name of Contributor <i>CARR Law Office</i>			Registration Number, if PAC	
Street Address <i>5824 AKRON-Cleveland Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u> , etc.)
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>11/19/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Darrell E. Parnell</i>			Registration Number, if PAC	
Street Address <i>523 Fairhill Dr</i>		Employer/Occupation/Labor Organization* <i>retired</i>		Form (Cash, <u>Check</u> , etc.)
City <i>AKRON</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>10/24/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>William Zaverello</i>			Registration Number, if PAC	
Street Address <i>313 S. High St</i>		Employer/Occupation/Labor Organization* <i>Attorney</i>		Form (Cash, <u>Check</u> , etc.) <i>check</i>
City <i>AKRON</i>	State <i>OH</i>	Zip Code <i>44308</i>	Date (MM/DD/YYYY) <i>11/23/2018</i>	Amount <i>600.00</i>
Full Name of Contributor <i>James Kempthorn</i>			Registration Number, if PAC	
Street Address <i>1740 Broad Blvd</i>		Employer/Occupation/Labor Organization* <i>Attorney</i>		Form (Cash, <u>Check</u> , etc.)
City <i>Cuyhoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12/3/2018</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Tzangas Plakas Mannos Ltd</i>			Registration Number, if PAC	
Street Address <i>220 Market Ave S. 8th floor</i>		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u> , etc.)
City <i>Canton</i>	State <i>OH</i>	Zip Code <i>44702</i>	Date (MM/DD/YYYY) <i>11/30/2018</i>	Amount <i>600.00</i>

*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 Susan Baker Ross for Judge				
Full Name of Contributor ANJAY Oldfield			Registration Number, if PAC	
Street Address 333 Kimberley Rd		Employer/Occupation/Labor Organization* Judge		Form (Cash, Check, etc.)
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/07/2018	Amount 250.00
Full Name of Contributor Richard Kutuchief			Registration Number, if PAC	
Street Address 159 S MAIN STR		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Pay Pal
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 11/05/2018	Amount 100.00
Full Name of Contributor Michael Bullock			Registration Number, if PAC	
Street Address 94 Emmitt Rd		Employer/Occupation/Labor Organization* Exec Director		Form (Cash, Check, etc.) Pay Pal
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 11/19/2018	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge			
To Whom Paid Burges & Burges		Date (MM/DD/YYYY) 11/21/2018	Amount 5242.67
Street Address 26100 Lake Shore Blvd		Purpose Campaign Consulting Services	
City Cleveland	State OH	Zip Code 44132	Check Number 1027
To Whom Paid Burges & Burges		Date (MM/DD/YYYY) 11/24/2018	Amount 5042.18
Street Address 26100 Lake Shore Blvd		Purpose Facebook Ads/Consulting	
City Cleveland	State OH	Zip Code 44132	Check Number 1026
To Whom Paid Cromwell & Company		Date (MM/DD/YYYY) 11/24/2018	Amount 6454.60
Street Address 34029 Schwartz Rd		Purpose Campaign Materials	
City Avon	State OH	Zip Code 44011	Check Number 1028
To Whom Paid Burges & Burges		Date (MM/DD/YYYY) 11/24/2018	Amount 531.09
Street Address 26100 Lake Shore Blvd		Purpose Consulting	
City Cleveland	State OH	Zip Code 44132	Check Number 1029
To Whom Paid Paypal		Date (MM/DD/YYYY) 12/04/2018	Amount 6.40
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 17,276.94



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge					
From Whom Received Wayne Baker				Prior Amount	Amt. Incurred this Period 50,000.00
Street Address 33 N. Portage Path #22				Outstanding Balance 50,000.00	
City Akron	State OH	Zip Code 44303	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 02/09/2018		Date of Loan (MM/DD/YYYY) 9-26-10	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 Susan Baker Ross				Prior Amount 50,000.00	Amt. Incurred this Period 35,000.00
Street Address 33 N. Portage Path #22				Outstanding Balance 85,000.00	
City Akron	State OH	Zip Code 44303	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 09/28/2018		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

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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 \$ _____

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

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

Total Outstanding Balance \$ _____ (also record on Form 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full SUSAN BAKER ROSS FOR JUDGE						
Full Name of Contributor LISA VITALE ARNOLD				Registration Number, if PAC		
Street Address 413 SUMMIT ST SE	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City NORTH CANTON	State O H	Zip Code 44720	Form(Cash,Check,etc) CHECK			
Full Name of Contributor WALTER BENSON				Registration Number, if PAC		
Street Address 209 S. MAIN ST, ST 401	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City AKRON	State O H	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor STACY MCGOWAN				Registration Number, if PAC		
Street Address 670 CROSSINGS CIR	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City TALLMADGE	State O H	Zip Code 44278	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CHRIS NOLAN				Registration Number, if PAC		
Street Address 80 S. SUMMIT ST	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City AKRON	State O H	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor COURTYARD SQUARE/PAUL PERANTINIDES				Registration Number, if PAC		
Street Address 80 S. SUMMIT ST	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City AKRON	State O H	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MAXWELL HILTNER				Registration Number, if PAC		
Street Address 137 KING JAMES WAY ST 201	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City AKRON	State O H	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JULIE TOTH				Registration Number, if PAC		
Street Address 413 BIXLER AVE	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 2	Y 04	Amount 100.00
City NEW FRANKLIN	State O H	Zip Code 44319	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

Total expenditures this event

Page Total \$ 700.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
SUSAN BAKER ROSS FOR JUDGE						
Full Name of Contributor				Registration Number, if PAC		
JEFFREY JAMES						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
337 HICKORY ST	ATTORNEY		1	2	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JEFF LAYBOURNE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S. MAIN ST, SUITE 900	ATTORNEY		1	2	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC		
TRACY BRODIE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
474 FULMER	NONPROFIT BOARD EUS		1	2	0	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44312	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JACLYN PALUMBO						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
879 NORTH POINT DR APT A	ATTORNEY		1	2	0	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC		
STEFANIE WISE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2017 GRANT AVE APT 1	INFO TECH		1	2	0	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
CUYAHOGA FALLS	O	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC		
ANGELA HARDWAY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
443 TAMiami TRAIL	ATTORNEY		1	2	0	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC		
SREMACK LAW FIRMS LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2745 S. ARLINGTON RD	ATTORNEY LLC		1	2	0	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O	44312	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

Total expenditures this event

Page Total \$ 425.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
SUSAN BAKER ROSS FOR JUDGE						
Full Name of Contributor				Registration Number, if PAC		
KANDY FATHEREE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
175 HILBISH	SHERIFFS OFFICE		1	2	04	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44312	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JULIE ANN SWEET						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1612 SUMMIT LAKE BLVD	KEY BANK		1	2	04	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44314	CHECK			
Full Name of Contributor				Registration Number, if PAC		
C SAVAGE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
11198 MICHELLE DR NW	ATTORNEY		1	2	04	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
CANAL FULTON	O H	44614	CHECK			
Full Name of Contributor				Registration Number, if PAC		
MARY MARGARET ROWLANDS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2200 STOCKBRIDGE RD	JUDGE		1	2	04	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC		
JOHN FREUND						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
388 W BATH RD	ATTORNEY		1	2	04	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
CUYAHOGA FALLS	O H	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC		
BRIAN J WILLIAMS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 S MAIN ST	ATTORNEY		1	2	04	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44308	CHECK			
Full Name of Contributor				Registration Number, if PAC		
KENNETH MARTIN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1 CASCADE PLZ STE 1000	ATTORNEY		1	2	04	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
AKRON	O H	44308	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

Total expenditures this event

Page Total \$ 950.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
SUSAN BAKER ROSS FOR JUDGE							
Full Name of Contributor LAWRENCE SCANLON						Registration Number, if PAC	
Street Address 159 S, MAIN ST STE 400		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	200.00
City AKRON		State O	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KERRY O'BRIEN							
Street Address 4510 W BATH RD						Registration Number, if PAC	
Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount		
		1	2	0	200.00		
City AKRON		State O	Zip Code 44333	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DAVID LOONEY							
Street Address 1735 S MAIN ST						Registration Number, if PAC	
Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount		
		1	2	0	200.00		
City AKRON		State O	Zip Code 44301	Form(Cash,Check,etc) CHECK			
Full Name of Contributor WILLIAM WHITAKER							
Street Address 54 E MILL ST						Registration Number, if PAC	
Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount		
		1	2	0	200.00		
City AKRON		State O	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DONALD R HICKS							
Street Address 159 S. MAIN ST #423						Registration Number, if PAC	
Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount		
		1	2	0	200.00		
City AKRON		State O	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor LORI LAWRENCE							
Street Address 2511 VALLEY VIEW DRIVE						Registration Number, if PAC	
Employer/Occupation/Labor Organization* DRYANA		M	D	Y	Amount		
		1	2	0	250.00		
City CUYAHOGA FALLS		State O	Zip Code 44223	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARY JONES							
Street Address 299 SUMMIT ST						Registration Number, if PAC	
Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount		
		1	2	0	250.00		
City WADSWORTH		State O	Zip Code 44281	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

Total expenditures this event

Page Total \$ 1,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full SUSAN BAKER ROSS FOR JUDGE							
Full Name of Contributor THOMAS HASKINS				Registration Number, if PAC			
Street Address 592 N AZALEA BLVD		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	250.00
City BARBERTON		State O	Zip Code 44206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JONATHAN SINN							
Street Address 333 S MAIN ST SUITE 200		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	250.00
City AKRON		State O	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES LAWRENCE							
Street Address 2511 VALLEY VIEW DRIVE		Employer/Occupation/Labor Organization* ORIANA		M	D	Y	Amount
				1	2	0	250.00
City CUYAHOGA FALLS		State O	Zip Code 44233	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOHN HILL							
Street Address 530 PINE POINT DR		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	250.00
City AKRON		State O	Zip Code 44333	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TROY REEVES							
Street Address 11 RIVER STREET		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	300.00
City KENT		State O	Zip Code 44240	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BRIAN PIERCE							
Street Address 54 E MILL ST STE 400		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	600.00
City AKRON		State O	Zip Code 44308	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NOAH MUNYER							
Street Address 54 E MILL ST STE 400		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				1	2	0	600.00
City AKRON		State O	Zip Code 44308	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

Total expenditures this event

Page Total \$ 2,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
SUSAN BAKER ROSS FOR JUDGE					
Full Name of Contributor			Registration Number, if PAC		
DONALD MALARCIK					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
54 E MILL ST STE 400	ATTORNEY	1	2	0	600.00
City	State	Zip Code	Form(Cash,Check,etc)		
AKRON	OH	44308	CHECK		
Full Name of Contributor			Registration Number, if PAC		
BROUSE MCDOWELL FSL PAC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
388 S. MAIN ST STE 500	PAC	1	2	0	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)		
AKRON	OH	44311	CHECK		
Full Name of Contributor			Registration Number, if PAC		
OMAR BANKS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
744 EASTLAND	UNION	1	2	0	60.00
City	State	Zip Code	Form(Cash,Check,etc)		
AKRON	OH	44305	CASH		
Full Name of Contributor			Registration Number, if PAC		
BEN SEELEY					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
814 CRESTVIEW AVE	LEE S GOOD INC	1	2	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
AKRON	OH	44320	CASH		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State	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	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	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 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 \$ 1,760.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Susan Baker Ross for Judge					
To Whom Paid Bricco			Date (MM/DD/YYYY) 12/04/2018		Amount 443.04
Street Address 1 W. Exchange		Purpose fundraiser			
City Akron	State	Zip Code 44308	Check Number Debit		
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 \$ 443.04