

30-A

R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|---------------------------------------|--|--|---------------------------------------|----------------------------|--------------------------|---|
| Full Name of Committee <i>Dealer Investment Group, Inc.</i> | | Registration Number, if PAC | | | | | |
| Full Name of Candidate | | | | | | | |
| Street Address <i>688 Wolf Ledges Pkwy</i> | | | | Office Sought | | District | |
| City <i>Akron</i> | | | | State <i>OH</i> | | Zip Code <i>44311</i> | |
| Type of Report (place X to the left of report type) | <input type="checkbox"/> Pre-Primary | <input type="checkbox"/> Post-Primary | <input type="checkbox"/> Pre-General | <input type="checkbox"/> Post-General | Annual Year <i>2018</i> | | |
| | <input type="checkbox"/> July Monthly | <input type="checkbox"/> August Monthly | <input type="checkbox"/> September Monthly | <input type="checkbox"/> Termination | Semiannual | | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | | M | D |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | | | |
|---|----|-------------|-----------|
| 1. Amount brought forward from last report | \$ | <i>2204</i> | <i>98</i> |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | | |
| 3. Total other income (From Form No. 31-A-2) | \$ | | |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | | |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | | |
| 6. Balance on hand (line 4 minus line 5) | \$ | <i>2204</i> | <i>98</i> |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | | |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | | |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | | |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | | |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | | |
| 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. | \$ | | |

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 25 PM 12:13

#2642 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Susie J. Anderson Deputy Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Susie J. Anderson
Signature

1-24-19
Date

1 of 1 Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|---|--|-------|---|----------|--|-----------------------------|--------------------------|---|--------|
| Name of Committee in Full <i>Dealer Investment Group, Inc.</i> | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | 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 | | 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 | | 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 | | 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 | | 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 | | 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 | | 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 | | Zip Code | | M | D | Y | 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)]

31-A-2

R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | | | | | | | |
|---|--|-------|--|----------|--|-----------------------------|--|---|--|--------|
| Name of Committee in Full <i>Dealer Investment Group, Inc.</i> | | | | | | Registration Number, if PAC | | | | |
| Full Name | | Type* | | M | | D | | Y | | Amount |
| Address | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | Zip Code | | Form (Cash, Check, etc.) | | | | |
| Full Name | | | | | | Registration Number, if PAC | | | | |
| Address | | Type* | | M | | D | | Y | | Amount |
| City | | State | | 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 | | | | | | |
|-------------------------------|-------|----------|--------------|---|---|--------|
| Dealer Investment Group, Inc. | | | | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |
| To Whom Paid | | | M | D | Y | Amount |
| Address | | Purpose | | | | |
| City | State | Zip Code | Check Number | | | |