

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Support Summit DD						Registration Number, if PAC				
Full Name of Candidate										
Street Address 2355 Second St					Office Sought		District			
City Cuyahoga Falls					State O H		Zip Code 44221			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2018	
	July		August		September		Termination			
Monthly		Monthly		Monthly				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	Y

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 at 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	\$	105,704.23
2. Total monetary contributions (From Form No. 31-A)	\$	41,912.00
3. Total other income (From Form No. 31-A-2)	\$	84.62
4. Total funds available (sum of lines 1, 2, 3)	\$	147,700.85
5. Total monetary expenditures (From Form No. 31-B)	\$	18,314.04
6. Balance on hand (line 4 minus line 5)	\$	129,386.81
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,150.00
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	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 18 AM 11:15
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON OHIO 44311
 #2618 AVC

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

Mira Pozna, Treasurer *Mira Pozna* 1/16/19
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 12

Expenditure pages 4

Other pages 2

Total pages 19

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD						
Full Name of Contributor Summit Housing Development Corp				Registration Number, if PAC		
Street Address 2355 Second St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State O H	Zip Code 44221	M 0 7	D 0 9	Y 1 8	Amount 5,000.00
Full Name of Contributor Personnel Research & Development Corp				Registration Number, if PAC		
Street Address 178 E Washington St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chagrin Falls	State O H	Zip Code 44022	M 0 7	D 0 9	Y 1 8	Amount 700.00
Full Name of Contributor Lisa Kamlowky				Registration Number, if PAC		
Street Address 224 Lake Pointe Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44333	M 1 2	D 0 7	Y 1 8	Amount 150.00
Full Name of Contributor AVI Foodsystems				Registration Number, if PAC		
Street Address 2590 Elm Rd NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Warren	State O H	Zip Code 44483	M 1 2	D 2 1	Y 1 8	Amount 600.00
Full Name of Contributor John Trunk				Registration Number, if PAC		
Street Address 3112 Kenwood Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Toledo	State O H	Zip Code 43606	M 0 9	D 0 4	Y 1 8	Amount 800.00
Full Name of Contributor EMT Communications				Registration Number, if PAC		
Street Address 489 Lake Forest Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bay Village	State O H	Zip Code 44140	M 0 7	D 0 2	Y 1 8	Amount 350.00
Full Name of Contributor Viaquest Inc				Registration Number, if PAC		
Street Address 525 Metro Place North, Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 7	D 0 2	Y 1 8	Amount 5,000.00
Full Name of Contributor Primary Solutions				Registration Number, if PAC		
Street Address 6665 Busch Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43229	M 0 7	D 0 2	Y 1 8	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 appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Sandra E Whitmer					Registration Number, if PAC		
Street Address 1809 Highbridge Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls		State O H	Zip Code 44223	M 0 7	D 0 2	Y 1 8	Amount 150.00
Full Name of Contributor Debra K Detwiler					Registration Number, if PAC		
Street Address 153 W Garwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Tallmadge		State O H	Zip Code 44278	M 0 7	D 0 2	Y 1 8	Amount 150.00
Full Name of Contributor Nada Allender					Registration Number, if PAC		
Street Address 1898 White Chapel Cir			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Uniontown		State O H	Zip Code 44685	M 0 7	D 0 2	Y 1 8	Amount 150.00
Full Name of Contributor Nova Mikel					Registration Number, if PAC		
Street Address 153 W Garwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Tallmadge		State O H	Zip Code 44278	M 0 7	D 0 2	Y 1 8	Amount 150.00
Full Name of Contributor Nova Mikel					Registration Number, if PAC		
Street Address 153 W Garwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Tallmadge		State O H	Zip Code 44278	M 0 7	D 0 2	Y 1 8	Amount 450.00
Full Name of Contributor Patricia A Larizza					Registration Number, if PAC		
Street Address 639 Sunridge Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Fairlawn		State O H	Zip Code 44333	M 0 7	D 1 0	Y 1 8	Amount 600.00
Full Name of Contributor FirstEnergy					Registration Number, if PAC		
Street Address 76 South Main Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44308	M 0 7	D 2 6	Y 1 8	Amount 3,500.00
Full Name of Contributor Wichert Insurance					Registration Number, if PAC		
Street Address 5991 Chandler Court, Suite A			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 0 7	D 2 6	Y 1 8	Amount 2,500.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Lorie Lerner					Registration Number, if PAC		
Street Address 534 Overwood Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44313	M 0 7	D 2 6	Y 1 8	Amount 150.00
Full Name of Contributor Autism Society of Greater Akron					Registration Number, if PAC		
Street Address 703 S Main St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44311	M 0 7	D 2 6	Y 1 8	Amount 200.00
Full Name of Contributor United Disability Services					Registration Number, if PAC		
Street Address 701 S Main St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44311	M 0 7	D 1 9	Y 1 8	Amount 3,500.00
Full Name of Contributor Ruth Weekley					Registration Number, if PAC		
Street Address 3658 Curtis St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mogadore		State O H	Zip Code 44260	M 0 7	D 1 9	Y 1 8	Amount 150.00
Full Name of Contributor Gayle Malizia					Registration Number, if PAC		
Street Address 89 Parker Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Tallmadge		State O H	Zip Code 44278	M 0 7	D 1 9	Y 1 8	Amount 300.00
Full Name of Contributor Beth Kartarius					Registration Number, if PAC		
Street Address 1 Cascade Plaza, 5th Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Akron		State O H	Zip Code 44308	M 0 7	D 0 2	Y 1 8	Amount 600.00
Full Name of Contributor The Mentor Network					Registration Number, if PAC		
Street Address 470 Portage Lakes Dr., Suite 209			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Akron		State O H	Zip Code 44319	M 0 7	D 0 3	Y 1 8	Amount 3,500.00
Full Name of Contributor Sara Bartlett					Registration Number, if PAC		
Street Address 4500 Euclid Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Cleveland		State O H	Zip Code 44103	M 0 7	D 1 6	Y 1 8	Amount 50.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD						
Full Name of Contributor iData Consulting Services				Registration Number, if PAC		
Street Address 1910 Biltmore ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Washington	State D C	Zip Code 20009	M 0 7	D 1 7	Y 1 8	Amount 200.00
Full Name of Contributor Lynn Sargi				Registration Number, if PAC		
Street Address 5018 Hartley drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Lyndhurst	State O H	Zip Code 44124	M 0 7	D 1 7	Y 1 8	Amount 150.00
Full Name of Contributor Anna Mulder				Registration Number, if PAC		
Street Address 135 Mill Ave SE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Caledonia	State M I	Zip Code 49316	M 0 7	D 1 9	Y 1 8	Amount 200.00
Full Name of Contributor CaptureFit				Registration Number, if PAC		
Street Address 347 Hickory Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Berea	State O H	Zip Code 44017	M 0 7	D 2 7	Y 1 8	Amount 50.00
Full Name of Contributor Center for Marketing and Opinion Research				Registration Number, if PAC		
Street Address 441 Wolf Ledges Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Akron	State O H	Zip Code 44311	M 0 7	D 2 7	Y 1 8	Amount 200.00
Full Name of Contributor Carmen M Penedo				Registration Number, if PAC		
Street Address 622 Chilham Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Green	State O H	Zip Code 44685	M 0 7	D 2 7	Y 1 8	Amount 20.00
Full Name of Contributor Russell DuPlain				Registration Number, if PAC		
Street Address 3356 Suffolk Downs		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Stow	State O H	Zip Code 44224	M 0 7	D 2 7	Y 1 8	Amount 40.00
Full Name of Contributor Tricia Perduk				Registration Number, if PAC		
Street Address 1195 Fairchild Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Kent	State O H	Zip Code 44240	M 0 7	D 2 7	Y 1 8	Amount 20.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Contributions from form 31-E (2018 Fundraiser golf outing)					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State O H	Zip Code	M 0 8	D 1 3	Y 1 8	Amount 11,532.00	
Full Name of Contributor ComDoc					Registration Number, if PAC		
Street Address 3458 Massillon Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Uniontown	State O H	Zip Code 44685	M 0 9	D 1 2	Y 1 8	Amount 600.00	
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	

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Support Summit DD							
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 7	Y 3 1 1 8	Amount 11.83	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 8	Y 3 1 1 8	Amount 14.72	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 0	D 9	Y 2 8 1 8	Amount 14.10	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 1	D 0	Y 3 1 1 8	Amount 14.81	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 1	D 1	Y 3 0 1 8	Amount 14.34	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name The Huntington National Bank				Registration Number, if PAC			
Address 3793 Darrow Rd	Type* I N		M 1	D 2	Y 3 1 1 8	Amount 14.82	
City Stow	State O H	44224	Form(Cash,Check,etc) Cash				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State		Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
	Type*		M	D	Y	Amount	
City	State		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, place the letters 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 Support Summit DD							
To Whom Paid PayPal				M	D	Y	Amount
				0	7	0	17.70
Address 2211 N First Street				Purpose Credit Card fees			
City San Jose		State C A	Zip Code 95131	Check Number PayPal			
To Whom Paid USPS				M	D	Y	Amount
				0	7	1	11.84
Address 38 S Main St				Purpose Postage			
City Munroe Falls		State O H	Zip Code 44262	Check Number Bank Debit			
To Whom Paid Expenditures from form 31-F				M	D	Y	Amount
				0	8	1	1,237.69
Address				Purpose Golf outing fundraiser exps			
City		State O H	Zip Code	Check Number			
To Whom Paid Burntwod Tavern				M	D	Y	Amount
				0	9	2	63.67
Address 2291 Riverfront Parkway				Purpose Golf outing wrap-up meeting			
City Cuyahoga Falls		State O H	Zip Code 44221	Check Number Debit			
To Whom Paid Intuit QuickBooks				M	D	Y	Amount
				0	9	1	213.45
Address 110 Juliad Ct				Purpose Accounting software			
City Fredricksburg		State V A	Zip Code 22406	Check Number Debit			
To Whom Paid Fairlawn Country Club				M	D	Y	Amount
				0	9	0	16,616.88
Address 200 N Wheaton Rd				Purpose Golf outing venue			
City Akron		State O H	Zip Code 44313	Check Number 1147			
To Whom Paid Google				M	D	Y	Amount
				1	0	2	21.34
Address 1600 Amphitheatre Parkway				Purpose Electronic file storage			
City Mountain View		State C A	Zip Code 94043	Check Number PayPal			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Support Summit DD							
To Whom Paid PayPal				M	D	Y	Amount
				0	7	0	101.80
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number PayPal				
To Whom Paid PayPal				M	D	Y	Amount
				0	7	1	1.75
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number PayPal				
To Whom Paid PayPal				M	D	Y	Amount
				0	7	1	10.75
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number PayPal				
To Whom Paid PayPal				M	D	Y	Amount
				0	7	1	6.10
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number PayPal				
To Whom Paid PayPal				M	D	Y	Amount
				0	7	2	11.07
Address 2211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number PayPal				
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				

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Support Summit DD							
Full Name of Contributor				Registration Number, if PAC			
Thompson Hine LLP							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
127 Public Square #3900				0	8	0	200.00
City		State	Zip Code	Form(Cash,Check,etc)			
Cleveland		O H	44114	Check			
Full Name of Contributor							
Kathy Dreslinski							
Street Address				Registration Number, if PAC			
4055 Kenneth Rd							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4055 Kenneth Rd				0	8	0	20.00
City		State	Zip Code	Form(Cash,Check,etc)			
Stow		O H	44224	Check			
Full Name of Contributor							
Joseph Eck							
Street Address				Registration Number, if PAC			
315 Corunna Ave							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
315 Corunna Ave				0	8	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Fairlawn		O H	44333	Check			
Full Name of Contributor							
Jason Kline							
Street Address				Registration Number, if PAC			
4620 Jupiter Rd							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4620 Jupiter Rd				0	8	0	600.00
City		State	Zip Code	Form(Cash,Check,etc)			
Uniontown		O H	44685	Check			
Full Name of Contributor							
Micheal Coughenour							
Street Address				Registration Number, if PAC			
3018 S Cleveland Massillon Rd							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3018 S Cleveland Massillon Rd				0	8	0	600.00
City		State	Zip Code	Form(Cash,Check,etc)			
Norton		O H	44203	Check			
Full Name of Contributor							
Bruce Rentsch							
Street Address				Registration Number, if PAC			
14222 Ravenna Ave NE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
14222 Ravenna Ave NE				0	7	3	40.00
City		State	Zip Code	Form(Cash,Check,etc)			
Alliance		O H	44601	PayPal			
Full Name of Contributor							
Nicole Mohar							
Street Address				Registration Number, if PAC			
200 Westwind Drive							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
200 Westwind Drive				0	8	0	40.00
City		State	Zip Code	Form(Cash,Check,etc)			
Avon Lake		O H	44012	PayPal			

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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
12,461.00

Total expenditures this event
11,093.17

Page Total \$ 1,650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Ronald Plagens				Registration Number, if PAC			
Street Address 6920 Great Oaks Parkway		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	20.00
City Independence		State O H	Zip Code 44131	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Joelyn Karlson						Registration Number, if PAC	
Street Address 10024 Primrose Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	60.00
City Twinsburg		State O H	Zip Code 44087	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Karen McCoy						Registration Number, if PAC	
Street Address 3412 Atterbury St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	40.00
City Cuyahoga Falls		State O H	Zip Code 44221	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Rosemary Burke						Registration Number, if PAC	
Street Address 1350 S Sawburg Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	40.00
City Alliance		State O H	Zip Code 44601	Form(Cash,Check,etc) PayPal			
Full Name of Contributor JEFF NOBLE						Registration Number, if PAC	
Street Address 148 COLUMBIA DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	40.00
City WAVERLY		State O H	Zip Code 45690	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Lynn Sargi						Registration Number, if PAC	
Street Address 5018 Hartley drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	40.00
City Lyndhurst		State O H	Zip Code 44124	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Katie Hodgekins						Registration Number, if PAC	
Street Address 8776 KINGS ORCHARD TRL		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	20.00
City CHAGRIN FALLS		State O H	Zip Code 44023	Form(Cash,Check,etc) PayPal			

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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

12,461.00

Total expenditures this event

11,093.17

Page Total \$ 260.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Support Summit DD							
Full Name of Contributor Russell DuPlain							
Street Address 3356 Suffolk Downs				0	8	0	40.00
City Stow	State O H	Zip Code 44224					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Billie David							
Street Address 812 HORSESHOE WAY				0	8	0	60.00
City AVON LAKE	State O H	Zip Code 44012					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Maggi Albright							
Street Address 5854 tallmadge rd				0	8	0	20.00
City Rootstown	State O H	Zip Code 44272					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Courtney Vierstra							
Street Address 5086 Lakewood Rd				0	8	0	20.00
City Ravenna	State O H	Zip Code 44266					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Nakia Palmer							
Street Address 1404 Carey Ave				0	8	0	20.00
City Akron	State O H	Zip Code 44314					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Laura Gerlich							
Street Address 52 South Oakmont Rd				0	8	0	20.00
City Northfield	State O H	Zip Code 44067					
							Form(Cash,Check,etc) PayPal
Full Name of Contributor Margaret Gates							
Street Address 1016 East Ave				0	8	0	40.00
City Tallmadge	State O H	Zip Code 44278					
							Form(Cash,Check,etc) PayPal

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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
12,461.00

Total expenditures this event
11,093.17

Page Total \$ 220.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD								
Full Name of Contributor Michelle Low			Registration Number, if PAC					
Street Address 774 Humble rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	8	0	40.00	
City Tallmadge		State O H	Zip Code 44278	Form(Cash,Check,etc) PayPal				
Full Name of Contributor Martha Palunas								
Street Address 126 Charlotte St.			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	20.00	
City Akron			State O H	Zip Code 44303	Form(Cash,Check,etc) PayPal			
Full Name of Contributor Maryann Rechner								
Street Address 70 Mallard Point Dr			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	150.00	
City Akron			State O H	Zip Code 44319	Form(Cash,Check,etc) Check			
Full Name of Contributor Larry Hydu								
Street Address 9956 Fay Dr			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	150.00	
City Wadsworth			State O H	Zip Code 44281	Form(Cash,Check,etc) Check			
Full Name of Contributor Billie Jo David								
Street Address 812 Horseshoe Way			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	150.00	
City Avon Lake			State O H	Zip Code 44012	Form(Cash,Check,etc) Check			
Full Name of Contributor Mira Pozna								
Street Address 859 Southbridge Blvd			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	50.00	
City Brunswick			State O H	Zip Code 44212	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Warren								
Street Address 234 Merriman Rd			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					0	8	150.00	
City Akron			State O H	Zip Code 44303	Form(Cash,Check,etc) Check			

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Total contributions this event

12,461.00

Total expenditures this event

11,093.17

Page Total \$ 710.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Support Summit DD							
Full Name of Contributor Debra Fetzter							
Street Address 2969 Silverview Dr				0	8	0	150.00
City Silver Lake		State O H	Zip Code 44224				
							Form(Cash,Check,etc) Check
Full Name of Contributor David C Perduk Co, LPA							
Street Address 3603 Darrow Rd				0	8	0	200.00
City Stow		State O H	Zip Code 44224				
							Form(Cash,Check,etc) Check
Full Name of Contributor Gardiner							
Street Address 31200 Bainbridge Rd				0	8	2	800.00
City Solon		State O H	Zip Code 44139				
							Form(Cash,Check,etc) Check
Full Name of Contributor Mira Pozna							
Street Address 859 Southbridge Blvd				0	8	0	60.00
City Brunswick		State O H	Zip Code 44212				
							Form(Cash,Check,etc) Paypal
Full Name of Contributor Summit Housing Development Corp							
Street Address 2355 Second St				0	8	1	5,762.00
City Cuyahoga Falls		State O H	Zip Code 44221				
							Form(Cash,Check,etc) Check
Full Name of Contributor James B. Oswald Co.							
Street Address 1100 Superior Ave, Suite 1500				0	8	1	700.00
City Cleveland		State O H	Zip Code 44114				
							Form(Cash,Check,etc) Check
Full Name of Contributor Holly Brugh							
Street Address 7896 S Passage Dr				0	8	1	170.00
City Wadsworth		State O H	Zip Code 44281				
							Form(Cash,Check,etc) Check

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Total contributions this event

12,461.00

Total expenditures this event

11,093.17

Page Total \$ <u>7,842.00</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD							
Full Name of Contributor Nova Mikel				Registration Number, if PAC			
Street Address 153 West Garwood Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	150.00
City Tallmadge		State O H	Zip Code 44278	Check			
Full Name of Contributor Randy Briggs						Registration Number, if PAC	
Street Address 151 Belhar Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	150.00
City Akron		State O H	Zip Code 44313	Check			
Full Name of Contributor Michael C Bruno						Registration Number, if PAC	
Street Address 3269 Grey Village Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	150.00
City Akron		State O H	Zip Code 44319	Check			
Full Name of Contributor Kelli Tishma						Registration Number, if PAC	
Street Address 412 North Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	20.00
City Tallmadge		State O H	Zip Code 44278	Check			
Full Name of Contributor Dale A Hedrick						Registration Number, if PAC	
Street Address 3870 Greentree Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	20.00
City Stow		State O H	Zip Code 44224	Check			
Full Name of Contributor Lisa Dean						Registration Number, if PAC	
Street Address 3323 Caleb Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	20.00
City Cuyahoga Falls		State O H	Zip Code 44221	Check			
Full Name of Contributor Dawn M Miller						Registration Number, if PAC	
Street Address 232 Portage Trail #6		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	20.00
City Cuyahoga Falls		State O H	Zip Code 44221	Check			

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Total contributions this event
12,461.00

Total expenditures this event
11,093.17

Page Total \$ 530.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Support Summit DD									
Full Name of Contributor Cynthia McPeek				Registration Number, if PAC					
Street Address 3475 Charring Cross Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City Stow		State O H	Zip Code 44224	0	8	1	18		
				Form(Cash,Check,etc) Check		20.00			
Full Name of Contributor Joseph P Siegfert									
Street Address 2601 16th St				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cuyahoga Falls		State O H	Zip Code 44223	0	8	1	18		
				Form(Cash,Check,etc) Check		300.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code						
Full Name of Contributor						Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code						
Full Name of Contributor						Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code						
Full Name of Contributor						Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code						
Full Name of Contributor						Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code						

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Total contributions this event
12,461.00

Total expenditures this event
11,093.17

Page Total \$ **320.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Support Summit DD							
To Whom Paid Cindy McPeek				M	D	Y	Amount
				0	8	0	700.00
Address 3475 Charring Cross Drive		Purpose Reimbursement for prizes					
City Stow	State O H	Zip Code 44224	Check Number 1142				
To Whom Paid Cindy McPeek				M	D	Y	Amount
				0	8	0	20.96
Address 3475 Charring Cross Drive		Purpose Reimbursement for supplies					
City Stow	State O H	Zip Code 44224	Check Number 1143				
To Whom Paid Cindy McPeek				M	D	Y	Amount
				0	8	2	28.09
Address 3475 Charring Cross Drive		Purpose Reimbursement for supplies					
City Stow	State O H	Zip Code 44224	Check Number 1145				
To Whom Paid PayPal				M	D	Y	Amount
				7	3	0	1.46
Address 211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number Paypal				
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	5.84
Address 211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number Paypal				
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	1.46
Address 211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number Paypal				
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	1.46
Address 211 N First Street		Purpose Credit Card fees					
City San Jose	State C A	Zip Code 95131	Check Number Paypal				

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Support Summit DD							
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	12.28
Address 211 N First Street		Purpose Credit Card fees					
City San Jose		State C A	Zip Code 95131	Check Number Paypal			
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	0.88
Address 211 N First Street		Purpose Credit Card fees					
City San Jose		State C A	Zip Code 95131	Check Number Paypal			
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	2.04
Address 211 N First Street		Purpose Credit Card fees					
City San Jose		State C A	Zip Code 95131	Check Number Paypal			
To Whom Paid Paypal				M	D	Y	Amount
				0	8	0	193.22
Address 812 Horseshoe Way		Purpose Reimbursement for outing supplies					
City Avon Lake		State O H	Zip Code 44012	Check Number 1144			
To Whom Paid Go Media Inc				M	D	Y	Amount
				0	8	2	270.00
Address 4507 Lorain Ave		Purpose Website costs					
City Cleveland		State O H	Zip Code 44102	Check Number Debit			
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			

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 3/05

Name of Committee in Full Support Summit DD				
Full Name of Contributor Labels & Letters		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1533 Commerce Dr		Description of Item or Service Postage and printing		M D Y Fair Market Value 0 8 1 3 1 8 700.00
City Stow		State OH	Zip Code 44224	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Repros Inc.		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 409 Applegrove Rd NW		Description of Item or Service golf outing signs		M D Y Fair Market Value 0 8 1 3 1 8 200.00
City North Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Windfall Industries		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 150 D Quadral Dr		Description of Item or Service cases of water		M D Y Fair Market Value 0 8 1 3 1 8 50.00
City Wadsworth		State OH	Zip Code 44281	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor AVI Foodsystems Inc		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 2590 Elm Rd NE		Description of Item or Service Beverages		M D Y Fair Market Value 0 8 1 3 1 8 200.00
City Warren		State OH	Zip Code 44483	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

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