

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County ADM Support Committee Inc						Registration Number, if PAC			
Full Name of Candidate									
Street Address 1867 West Market St. Suite B2					Office Sought		District		
City Akron					State O H		Zip Code 44313		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X 2018
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	\$ 257,845.41
2. Total monetary contributions (From Form No. 31-A)	2,415.00
3. Total other income (From Form No. 31-A-2)	1,449.32
4. Total funds available (sum of lines 1, 2, 3)	261,709.73
5. Total monetary expenditures (From Form No. 31-B)	186.00
6. Balance on hand (line 4 minus line 5)	\$ 261,523.73
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 2.35
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 29 PM 4: 14

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311
#2754 @

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

Jennifer J. Peveich, Treasurer 1/28/2019
 Print Name and Title (Treasurer and Deputy Treasurer only) Date
 Signature Date

Contribution pages 5

Expenditure pages 2

Other pages 1

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Summit County ADM Support Committee Inc						
Full Name of Contributor Contributions received at a Fund Raising Event total Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	5	1	2,120.00
Full Name of Contributor Contributions received at a Fund Raising Event total Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	6	0	295.00
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
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 appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Summit County ADM Support Committee							
Full Name of Contributor Joseph Saporito			Registration Number, if PAC				
Street Address 3883 Stonebridge Boulevard		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2	100.00
City Copley		State O H	Zip Code 44321	Form(Cash,Check,etc) Check			
Full Name of Contributor Summa Health			Registration Number, if PAC				
Street Address 1077 Gorge Boulevard		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2	1,500.00
City Akron		State O H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Russell Ham			Registration Number, if PAC				
Street Address 453 Spring Pond Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	20.00
City Northfield		State O H	Zip Code 44067	Form(Cash,Check,etc) Check			
Full Name of Contributor John M Williams			Registration Number, if PAC				
Street Address 7075 Colesbrooke Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	500.00
City Hudson		State O H	Zip Code 44236	Form(Cash,Check,etc) Check			
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)			

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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
2,120.00

Total expenditures this event

Page Total \$ 2,120.00

Statement of Contributions Received

at a Social or Fundraising Event

by Secretary of State 3/05

Name of Committee in Full Summit County ADM Support Committee						
Full Name of Contributor Pat Westfall			Registration Number, if PAC			
Street Address 3908 Baumberger Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	1	30.00
City Stow	State O	Zip Code 44224	Form(Cash,Check,etc) ACH			
Full Name of Contributor Lisa Boring			Registration Number, if PAC			
Street Address 494 Dennison Avenue	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	20.00
City Akron	State O	Zip Code 44312	Form(Cash,Check,etc) ACH			
Full Name of Contributor Janelle Colecchi			Registration Number, if PAC			
Street Address 258 Ripley Avenue	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	40.00
City Akron	State O	Zip Code 44312	Form(Cash,Check,etc) ACH			
Full Name of Contributor Melissa Cutright			Registration Number, if PAC			
Street Address 242 Manning Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	40.00
City Mogadore	State O	Zip Code 44260	Form(Cash,Check,etc) ACH			
Full Name of Contributor Susan Tripepi			Registration Number, if PAC			
Street Address 4369 N Norman Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	20.00
City Stow	State O	Zip Code 44224	Form(Cash,Check,etc) ACH			
Full Name of Contributor Margaret Spangler			Registration Number, if PAC			
Street Address 680 Singley Avenue	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	20.00
City Akron	State O	Zip Code 44310	Form(Cash,Check,etc) ACH			
Full Name of Contributor Bill Barber			Registration Number, if PAC			
Street Address 804 N Firestone	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	2	20.00
City Akron	State O	Zip Code 44306	Form(Cash,Check,etc) ACH			

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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
295.00

Total expenditures this event

Page Total \$ 190.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Summit County ADM Support Committee						
Full Name of Contributor Paula Faye Balazs			Registration Number, if PAC			
Street Address 235 N Elm Avenue	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Tallmadge	State O H	Zip Code 44278	1 1	2 7	1 8	20.00
Form(Cash,Check,etc) ACH						
Full Name of Contributor Jennifer Emch			Registration Number, if PAC			
Street Address 10555 Five Points Road, PO Box 373	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Orrville	State O H	Zip Code 44667	1 1	2 7	1 8	20.00
Form(Cash,Check,etc) ACH						
Full Name of Contributor Douglas Powley			Registration Number, if PAC			
Street Address 986 Nokomis Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State O H	Zip Code 44313	1 1	2 8	1 8	20.00
Form(Cash,Check,etc) ACH						
Full Name of Contributor Cassie Mayo			Registration Number, if PAC			
Street Address 2298 Howard Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State O H	Zip Code 44312	1 1	2 8	1 8	25.00
Form(Cash,Check,etc) ACH						
Full Name of Contributor Patricia Moledor			Registration Number, if PAC			
Street Address 908 Bridge Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron	State O H	Zip Code 44312	1 2	0 3	1 8	20.00
Form(Cash,Check,etc) ACH						
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)						

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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
295.00

Total expenditures this event

Page Total \$ 105.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Summit County ADM Support Committee Inc							
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		0	7	3	1 1 8	167.61
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		0	8	3	1 1 8	181.11
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		0	9	3	0 1 8	251.98
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		1	0	3	1 1 8	297.42
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		1	1	3	0 1 8	270.86
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
Full Name				Registration Number, if PAC			
Westfield Bank							
Address	Type*		M	D	Y	Amount	
Two Park Circle PO 5002	I N		1	2	3	1 1 8	280.34
City	State	Zip Code	Form(Cash,Check,etc)				
Westfield Center	O H	44251	Deposit				
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, 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 Summit County ADM Support Committee									
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount 186.00
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				

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 03/01

Name of Committee in Full											
Summit County ADM Support Committee											
To Whom Paid					M	D	Y	Amount			
Akron/Summit Convention & Visitor Bureau					0	9	2	5	1	8	72.00
Address			Purpose								
77 East Mill Street			Recovery Challenge recruitment								
City		State	Zip Code	Check Number							
Akron		O H	44308	1041							
To Whom Paid					M	D	Y	Amount			
UPS Store #2559					1	0	0	1	1	8	114.00
Address			Purpose								
1700 W Market Street			Recovery Challenge Save the date magnets								
City		State	Zip Code	Check Number							
Akron		O H	44313	Credit Card							
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			

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 Summit County ADM Support Committee			
Full Name of Contributor County of Summit ADM Board		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 1867 West Market Street, Suite B2		Description of Item or Service Postage 7.1-12.31, 2018	M D Y Fair Market Value 1 2 3 1 18 2.35
City Akron		State Zip Code O H 44313	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" 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
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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