



Committee Name SUMMITPAC		Office Sought N/A		District N/A
Street Address 863 N. Cleveland Massillon Road		City Akroin	State OH	Zip 44333
Candidate Name OR PAC Registration Number N/A		Treasurer Name Steven Fannin		Election Date (MM/DD/YYYY) N/A

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

<p>Amended Report</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Termination</p> <p><input type="checkbox"/> Check this box if the committee wishes to terminate with this report</p>	<p>Short Form Report (R.C. 3517.10(H))</p> <p><input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.</p>
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1. Amount brought forward from last report	1826.32
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	1826.32
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	1826.32
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 31 AM 11:49

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

2839

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

Signature of Treasurer or Deputy Treasurer

01/31/2019

Date (MM/DD/YYYY)

Contribution Pages 1

Expenditure Pages 1

Other Pages 4

Total Pages 6



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee SUMMITPAC			
To Whom Paid NONE		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee SUMMITPAC				
Full Name of Contributor NONE			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
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
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
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

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 Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee SUMMITPAC			
Full Name of Contributor NONE		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

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 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 N for payments received on a loan made.



In-Kind Contributions Made

Form 31-J-2
R.C. 3517.10

Full Name of Committee SUMMITPAC				
Recipient Committee NONE				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				
Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	
City	State OH	Zip Code		
Recipient Committee				



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee SUMMITPAC				
To Whom Owed NONE			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments This Period	
[Redacted]		Date Debt was Originally Incurred (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
[Redacted]		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments This Period	
[Redacted]		Date Debt was Originally Incurred (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
[Redacted]		Date of Payment (MM/DD/YYYY)	Amount	

If debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ (also record on Form 31-B)

Total Outstanding Balance \$ (also record on cover page)



**Independent Expenditures Made by a Campaign Committee,
PAC, Political Party or Legislative Campaign Fund**

Full Name of Committee SUMMITPAC				
Candidate or Ballot Issue NONE		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY)
City		State OH	Zip Code	