



Committee Name Committee to Elect Amber Zibritosky		Office Sought Law Director - Stow		District
Street Address 2203 Crockett Circle		City Stow	State OH	Zip 44224
Candidate Name OR PAC Registration Number Amber Zibritosky		Treasurer Name Jerad Zibritosky		Election Date (MM/DD/YYYY) 11/03/2015
<b>Type of Report (choose one):</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
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.


1. Amount brought forward from last report	355.90
2. Total monetary contributions (From Forms 31-A and 31-E)	3365.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, & 3)	3420.90
5. Total monetary expenditures (From Forms 31-B and 31-F)	1460.91
6. Balance on hand (line 4 minus line 5)	2259.99
7. Value of in-kind contributions received (From Form 31-J)	992.45
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	9,500.00
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 PM 1:03

# 2780 BAP  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON OHIO 44311

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

01/30/2019  
 Date (MM/DD/YYYY)

Contribution Pages 12	Expenditure Pages 2	Other Pages 2	Total Pages 16
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Amber Zibritsky				
Full Name of Contributor Matthew Goff			Registration Number, if PAC	
Street Address 31 Starr Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 44201	Date (MM/DD/YYYY) 07/28/2018	Amount 100.00
Full Name of Contributor Contributions from Form No 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 04/05/2018	Amount 3,265.00
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
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 Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Amber Zibritsky				
Full Name of Contributor			Registration Number, if PAC	
Diana Colavecchio				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3414 Haggary Way			04/05/2018	75.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Cuyahoga Falls	OH	44223	Check	
Full Name of Contributor			Registration Number, if PAC	
Sandra Kurt				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
140 Mayfield Avenue			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44313	Check	
Full Name of Contributor			Registration Number, if PAC	
Susan Ross				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
333 North Portage Path, Unit 22			04/05/2018	25.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44303	Check	
Full Name of Contributor			Registration Number, if PAC	
Elliot Kolkovich				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
369 Gresham Drive			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Fairlawn	OH	44333	Check	
Full Name of Contributor			Registration Number, if PAC	
John Pribonic				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4210 Cheval Circle			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	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  
**\$3265.00**

Total Expenditures This Event  
**0**

Page Total \$ **250.00**



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Amber Zibritsky				
Full Name of Contributor			Registration Number, if PAC	
Austin Wellock				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
882 Somerby Circle			03/22/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Uniontown	OH	44685	Check	
Full Name of Contributor			Registration Number, if PAC	
Gary Aleman				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4478 Knob Hill			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
John Baranek				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4428 Kenneth Trail			04/15/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Russell Balthis				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2316 Riverfront Parkway			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Cuyahoga Falls	OH	44221	Check	
Full Name of Contributor			Registration Number, if PAC	
Matthew Plesich				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3094 Englewood Drive			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Silver Lake	OH	44224	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 \$ 300.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Committee to Elect Amber Zibritosky				
Full Name of Contributor Thomas Teodosio			Registration Number, if PAC	
Street Address 495 Belmont Park Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 50.00
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Check	
Full Name of Contributor Brendan Mackin			Registration Number, if PAC	
Street Address 31868 Pondsides Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 50.00
City Avon Lake	State OH	Zip Code 44012	Form (Cash, Check, Etc) Check	
Full Name of Contributor Donald Coughlin			Registration Number, if PAC	
Street Address 4942 Pebblehurst Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/02/2018	Amount 25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	
Full Name of Contributor Angela Kurlich			Registration Number, if PAC	
Street Address 1364 West Lake Blvd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 100.00
City Kent	State OH	Zip Code 44240	Form (Cash, Check, Etc) Check	
Full Name of Contributor James McCleary			Registration Number, if PAC	
Street Address 4209 Songbird Trail	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/08/2018	Amount 25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	

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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 \$ 250.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Amber Zibritosky				
Full Name of Contributor			Registration Number, if PAC	
David Miller				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4663 Dresher Trail			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Friends of Tavia Galonski				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1137 Allendale Avenue			04/05/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Megan Nichols				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
7300 Lascala Drive			04/05/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Hudson	OH	44236	Check	
Full Name of Contributor			Registration Number, if PAC	
J. Kenney Trenner				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3560 Charring Cross Drive			04/03/2018	25.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Janet Ciotola				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
163 Ravenshollow Drive			04/09/2018	30.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Cuyahoga Falls	OH	44223	Check	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 305.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Committee to Elect Amber Zibritosky				
Full Name of Contributor Ann Malthaner			Registration Number, if PAC	
Street Address 7568 Greenhorn Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/10/2018	Amount 50.00
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, Etc) Check	
Full Name of Contributor Susan McCarty			Registration Number, if PAC	
Street Address 611 Woodbrook Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/14/2018	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Check	
Full Name of Contributor Megan Raber			Registration Number, if PAC	
Street Address 449 Victoria Park Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 50.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, Etc) Check	
Full Name of Contributor Elect Ilene Shapiro			Registration Number, if PAC	
Street Address 295 Wyant Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/30/2018	Amount 100.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) Check	
Full Name of Contributor Deborah Matz			Registration Number, if PAC	
Street Address 2435 Call Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/17/2018	Amount 100.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	

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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 \$ 350.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Amber Zibritosky				
Full Name of Contributor			Registration Number, if PAC	
Naoibh Chaplin				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
17016 Chatfield Avenue			04/05/2018	150.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Cleveland	OH	44111	Check	
Full Name of Contributor			Registration Number, if PAC	
Margaret Scott				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3776 Fairway Park Drive, Apt 101			04/05/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Copley	OH	44321	Check	
Full Name of Contributor			Registration Number, if PAC	
Beau Schluep				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
841 Gaylord Grove Road			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Cuyahoga Falls	OH	44221	Check	
Full Name of Contributor			Registration Number, if PAC	
David Licate				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2946 Crown Pointe Drive			04/05/2018	35.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Timothy Piatt				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
950 Brigantine Avenue			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Uniontown	OH	44685	Check	

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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 \$ 385 00





**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Contributor					Registration Number, if PAC	
Anthony Gomez						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
3070 9th Street				04/05/2018	50.00	
City		State	Zip Code	Form (Cash, Check, Etc)		
Cuyahoga Falls		OH	44221	Check		
Lori Currie						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
3301 Elmwood Street				04/05/2018	50.00	
City		State	Zip Code	Form (Cash, Check, Etc)		
Cuyahoga Falls		OH	44221	Check		
Sara Kline						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
3586 Adaline Drive				04/05/2018	50.00	
City		State	Zip Code	Form (Cash, Check, Etc)		
Stow		OH	44224	Check		
Shon Christy						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1961 Arndale Road				04/05/2018	100.00	
City		State	Zip Code	Form (Cash, Check, Etc)		
Stow		OH	44224	Check		
Casey Weinstein						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
8 North Westhaven Drive				04/05/2018	50.00	
City		State	Zip Code	Form (Cash, Check, Etc)		
Stow		OH	44236	Check		

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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 \$ 300.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Committee to Elect Amber Zibritosky				
Full Name of Contributor Thomas Loepp			Registration Number, if PAC	
Street Address 774 Point Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 150.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sarah Rubens			Registration Number, if PAC	
Street Address 1777 East Waterford Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 50.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) Check	
Full Name of Contributor John Earle			Registration Number, if PAC	
Street Address 5115 Rockport Cv	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 100.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	
Full Name of Contributor John Zibritosky			Registration Number, if PAC	
Street Address 2814 Lakeview Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/05/2018	Amount 250.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mazanec Raskin & Ryder Co LPA PAC			Registration Number, if PAC	
Street Address 34305 Solon Road STE 100	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/30/2018	Amount 100.00
City Solon	State OH	Zip Code 44139	Form (Cash, Check, Etc) Check	

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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 \$ 650.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Amber Zibritosky				
Full Name of Contributor			Registration Number, if PAC	
Brian Angeloni				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
792 Hampshire Road			04/08/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Molly Toussant				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4861 Concord Drive			04/05/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224	Check	
Full Name of Contributor			Registration Number, if PAC	
Walter Haverfield LLP (Todd Hunt)				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1301 East Ninth Street, STE 3500			03/29/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Celveland	OH	44114	Check	
Full Name of Contributor			Registration Number, if PAC	
Brennan Manna & Diamond, LLC (Vicki Ferrise)				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
75 East Market Street			03/27/2018	150.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44308	Check	
Full Name of Contributor			Registration Number, if PAC	
Douglas Dotterer				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2369 Harvester Drive			04/04/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Stow	OH	44224		

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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 \$ 450.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee to Elect Amber Zibritosky				
Full Name of Contributor Larry Vonstein			Registration Number, if PAC	
Street Address 3412 Oak Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/01/2018	Amount 25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	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 also 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 \$ 25.00



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517 10

Full Name of Committee Committee to Elect Amber Zibritosky				
Full Name of Contributor Amber Zibritosky		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2203 Crockett Circle		Description of Item or Service Paid for event directly		Date (MM/DD/YYYY)   Fair Market Value 04/05/2018   992.45
City Stow		State OH	Zip Code 44224	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		Date (MM/DD/YYYY)   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		Date (MM/DD/YYYY)   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		Date (MM/DD/YYYY)   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		Date (MM/DD/YYYY)   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		Date (MM/DD/YYYY)   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Amber Zibritosky			
To Whom Paid Harland Clarke (Check Order)		Date (MM/DD/YYYY) 05/02/2018	Amount 65.91
Street Address 15955 La Cantera Parkway		Purpose Order Checks	
City San Antonio	State TX	Zip Code 78256	Check Number N/A Electronic withdrawal
To Whom Paid Friends of Clair Dickinson		Date (MM/DD/YYYY) 06/06/2018	Amount 50.00
Street Address 554 Weber Avenue		Purpose Campaign Contributon	
City Akron	State OH	Zip Code 44303	Check Number 1051
To Whom Paid Stow Munroe Falls Chamber of Commerce		Date (MM/DD/YYYY) 06/14/2018	Amount 75.00
Street Address 3580 Darrow Road		Purpose Hole Sponsorship for Golf Outing	
City Stow	State OH	Zip Code 44224	Check Number 1052
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 06/19/2018	Amount 300 00
Street Address 438 Grant Street		Purpose FDR Dinner	
City Akron	State OH	Zip Code 44311	Check Number 1053
To Whom Paid Susan Baker Ross for Judge		Date (MM/DD/YYYY) 06/19/2018	Amount 50.00
Street Address 4235 Aldawood Hills Drive		Purpose Campaign Donation	
City Akron	State OH	Zip Code 44319	Check Number 1054

Page Total \$ 540.91



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Amber Zibritosky			
<b>To Whom Paid</b> Dettlebach for Ohio		<b>Date (MM/DD/YYYY)</b> 08/13/2018	<b>Amount</b> 200.00
<b>Street Address</b> 35 East Gay Street		<b>Purpose</b> Campaign Contribution	
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Check Number</b> 1055
<b>To Whom Paid</b> Stow Youth Football		<b>Date (MM/DD/YYYY)</b> 08/24/2018	<b>Amount</b> 250.00
<b>Street Address</b> PO Box 2383		<b>Purpose</b> Sponsorship of Event (Night at the Races)	
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Check Number</b> 1056
<b>To Whom Paid</b> Friends of Casey Weinstein		<b>Date (MM/DD/YYYY)</b> 09/06/2018	<b>Amount</b> 250.00
<b>Street Address</b> 8 North Westhaven Drive		<b>Purpose</b> Campaign Contribution	
<b>City</b> Hudson	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Check Number</b> 1057
<b>To Whom Paid</b> Jolt CMS		<b>Date (MM/DD/YYYY)</b> 10/09/2018	<b>Amount</b> 220.00
<b>Street Address</b> 94 Ridge Side Court		<b>Purpose</b> Website Hosting	
<b>City</b> Munroe Falls	<b>State</b> OH	<b>Zip Code</b> 44262	<b>Check Number</b> 1078
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 920.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Zibritosky						
<b>From Whom Received</b> Amber Zibritosky				<b>Prior Amount</b> 9,500.00	<b>Amt. Incurred this Period</b> 0	
<b>Street Address</b> 2203 Crockett Circle					<b>Outstanding Balance</b> 9,500.00	
<b>City</b> Stow	<b>State</b> OH	<b>Zip Code</b> 44224	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b> 03/09/2015			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>From Whom Received</b>				<b>Prior Amount</b>	<b>Amt. Incurred this Period</b>	
<b>Street Address</b>					<b>Outstanding Balance</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Loans Received This Period</b>		<b>Payments This Period</b>	
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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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 \$ 9,500.00

Total Received This Period \$0 (also record on Form 31-A-2)

Total Payments Received this Period \$0 (also record on Form 31-B)

Total Outstanding Balance \$ 9,500.00 (also record on Form 30-A)