



Committee Name COMMITTEE TO ELECT DONNIE KAMMER		Office Sought WATOT AKRON		District
Street Address 386 E. 500 AVE		City AKRON	State OH	Zip 44301
Candidate Name OR PAC Registration Number DONNIE KAMMER		Treasurer Name DONALD KAMMER		Election Date (MM/DD/YYYY) 5-7-19
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only:				Year
<input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input 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	5,513.86
2. Total monetary contributions (From Forms 31-A and 31-E)	300.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	5,813.86
5. Total monetary expenditures (From Forms 31-B and 31-F)	5,078.84
6. Balance on hand (line 4 minus line 5)	735.02
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JUN 10 AM 11:01

#31555 Avr
BOARD OF ELECTIONS
AKRON OHIO 44303

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

Donald Kammer
Signature of Treasurer or Deputy Treasurer

6-10-19
Date (MM/DD/YYYY)

Contribution Pages: **1** Expenditure Pages: **2** Other Pages: **0** Total Pages: **3**



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Committee to Elect Donnie Kanner</i>				
Full Name of Contributor <i>Steve Porpora</i>			Registration Number, if PAC	
Street Address <i>970 Austin</i>		Employer/Occupation/Labor Organization* <i>Self employed</i>		Form (Cash, Check, etc.) <i>C</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44306</i>	Date (MM/DD/YYYY) <i>4.14.19</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Walter Namer</i>			Registration Number, if PAC	
Street Address <i>908 E Waterloo</i>		Employer/Occupation/Labor Organization* <i>Doctor</i>		Form (Cash, Check, etc.) <i>C</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44306</i>	Date (MM/DD/YYYY) <i>4/17/19</i>	Amount <i>\$200.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Committee to elect Donnie Kammer			
To Whom Paid	Date (MM/DD/YYYY)	Amount	
SUMMIT COUNTY DEM PARTY	4/18/19	490.53	
Street Address	Purpose		
438 GRANT ST	MAILER		
City	State	Zip Code	Check Number
AKRON	OH	44311	#1065
To Whom Paid	Date (MM/DD/YYYY)	Amount	
POSTMASTER	4/25/19	1,661.17	
Street Address	Purpose		
675 WOIFLEDGES PKWY	BULK MAIL		
City	State	Zip Code	Check Number
AKRON	OH	44309	#1066
To Whom Paid	Date (MM/DD/YYYY)	Amount	
KANE SIGNS	4/25/19	115.29	
Street Address	Purpose		
486 GLENWOOD AVE	5912K05		
City	State	Zip Code	Check Number
AKRON	OH	44310	#1067
To Whom Paid	Date (MM/DD/YYYY)	Amount	
COBBITT COMPANY	4/30/19	650.00	
Street Address	Purpose		
1081 BILLIERS	MAIL WORK PROCESS		
City	State	Zip Code	Check Number
AKRON	OH	44301	#1068
To Whom Paid	Date (MM/DD/YYYY)	Amount	
AMELOS FLORESTA	5/9/19	661.85	
Street Address	Purpose		
1099 GRANT ST	FLOWERS		
City	State	Zip Code	Check Number
AKRON	OH	44301	#1069

Page Total \$ 3,578.84



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to elect Donnie Kamm			
To Whom Paid Deanna Husk		Date (MM/DD/YYYY) 5/10/19	Amount 1,100.00
Street Address 2206 W. Hudson Court		Purpose Campaign consultation	
City Florence	State AZ	Zip Code 85132	Check Number #1070
To Whom Paid Andrea Fertaus		Date (MM/DD/YYYY)	Amount \$400.00
Street Address 1427 Xanthia St		Purpose Social Media Graphics	
City Denver	State CO	Zip Code 80220	Check Number #1071
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 \$ 1500.00