



Committee Name Barberton Indivisible		Office Sought		District
Street Address 5790 Lync Dr.		City New Franklin	State OH	Zip 44214
Candidate Name OR PAC Registration Number		Treasurer Name Dave Fulton		Election Date (MM/DD/YYYY)
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: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
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.

Year
2019

1. Amount brought forward from last report	\$495.70
2. Total monetary contributions (From Forms 31-A and 31-E)	\$576.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	\$1,071.70
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$305.00
6. Balance on hand (line 4 minus line 5)	\$766.70
7. Value of in-kind contributions received (From Form 31-J-1)	\$965.00
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

2019 JUN 14 PM 2:53

RECEIVED
 OFFICE OF THE SECRETARY OF STATE
 CAMPAIGN FINANCE DIVISION
 2019 JUN 14 PM 2:53
29995

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

Dave Fulton
 Signature of Treasurer or Deputy Treasurer

06/13/2019
 Date (MM/DD/YYYY)

Contribution Pages 3	Expenditure Pages 2	Other Pages 2	Total Pages 7
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Barberton Indivisible					
Full Name of Contributor Sandy Parker				Registration Number, if PAC	
Street Address 13050 Hametown Rd		Employer/Occupation/Labor Organization* Nurse		Form (Cash, Check, etc.) Cash	
City Daylestown	State OH	Zip Code 44230	Date (MM/DD/YYYY) 05/04/2019	Amount \$10.00	
Full Name of Contributor Shannon Lincoln Wiggins				Registration Number, if PAC	
Street Address 407 Glenn St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 05/04/2019	Amount 10.00	
Full Name of Contributor Antionette James-Carter				Registration Number, if PAC	
Street Address 384 Bell St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 05/04/2019	Amount 10.00	
Full Name of Contributor Dave Fulton				Registration Number, if PAC	
Street Address 5790 Lync Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City New Franklin	State OH	Zip Code 44216	Date (MM/DD/YYYY) 05/04/2019	Amount 10.00	
Full Name of Contributor Cierra Thompson				Registration Number, if PAC	
Street Address 147 7th St. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 05/04/2019	Amount 10.00	

*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 also appear. [R.C. 3517.10(B)(4)]



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Barberton Indivisible</i>				
Full Name of Contributor <i>Debbie Baldwin</i>			Registration Number, if PAC	
Street Address <i>3790 Powell Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Cash</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44319</i>	Date (MM/DD/YYYY) <i>05/04/2019</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Leahen Holm</i>			Registration Number, if PAC	
Street Address <i>39 25th St NW</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Cash</i>
City <i>Barberton</i>	State <i>OH</i>	Zip Code <i>44203</i>	Date (MM/DD/YYYY) <i>05/04/2019</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Michelle Dashon</i>			Registration Number, if PAC	
Street Address <i>407 Glenn St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City <i>Barberton</i>	State <i>OH</i>	Zip Code <i>44203</i>	Date (MM/DD/YYYY) <i>04/06/2019</i>	Amount <i>10.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	Zip Code	Date (MM/DD/YYYY)	Amount

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Barberton Indivisible			
To Whom Paid Friends of Tammy Cummings		Date (MM/DD/YYYY) 04/20/2019	Amount \$250.00
Street Address 1285 Beardsley Street		Purpose May 2019 Primary Support	
City Akron	State OH	Zip Code 44301	Check Number 205
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 \$ 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 <u>Barberton Indivisible</u>				
Full Name of Contributor <u>Contributors of \$25 or less</u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
			<u>05/21/2019</u>	<u>\$296.00</u>
City		State	Zip Code	Form (Cash, Check, Etc)
		<u>OH</u>		<u>Cash: \$75 in checks</u>
Full Name of Contributor <u>Sandy Parker</u>			Registration Number, if PAC	
Street Address <u>13050 Hametown Rd</u>		Employer/Occupation/Labor Organization* <u>Nurse</u>	Date (MM/DD/YYYY) <u>05/21/2019</u>	Amount <u>\$35</u>
City <u>Doylestown</u>		State <u>OH</u>	Zip Code <u>44730</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Shannon Conrad Klokoyance</u>			Registration Number, if PAC	
Street Address <u>407 Glenn St.</u>		Employer/Occupation/Labor Organization* <u>Service Coordinator</u>	Date (MM/DD/YYYY) <u>05/21/19</u>	Amount <u>\$65</u>
City <u>Barberton</u>		State <u>OH</u>	Zip Code <u>44003</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Enea Klathey</u>			Registration Number, if PAC	
Street Address <u>3448 Chadwick Dr.</u>		Employer/Occupation/Labor Organization* <u>Nautivine Winery Owner</u>	Date (MM/DD/YYYY) <u>05/21/19</u>	Amount <u>100.00</u>
City <u>Uniontown</u>		State <u>OH</u>	Zip Code <u>44085</u>	Form (Cash, Check, Etc) <u>Check</u>
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)

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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
\$496.00

Total Expenditures This Event
\$55.00

Page Total \$ 496.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <u>Barberton Indivisible</u>				
To Whom Paid <u>Shannon Conrad Wolkance</u>		Date (MM/DD/YYYY) <u>05/14/2019</u>	Amount <u>55.00</u>	
Street Address <u>407 Glenn St.</u>		Purpose <u>Reimbursement for stamps (roll of \$100)</u>		
City <u>Barberton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Check Number <u>206</u>	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street 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.

Page Total \$ 55.00



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Barberton Indivisible				
Full Name of Contributor Shannon Conrad Klokigance		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 407 Glenn St.		Description of Item or Service Silent Auction Baskets & Food		Date (MM/DD/YYYY) Fair Market Value 05/21/19 \$300.00
City Barberton		State OH	Zip Code 44203	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor Nancy Kalkosak		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 5790 Lyric Dr.		Description of Item or Service Silent Auction Baskets & Food		Date (MM/DD/YYYY) Fair Market Value 05/21/19 \$75
City New Franklin		State OH	Zip Code 44216	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor Michelle Beshon		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 407 Glenn St.		Description of Item or Service Handcrafted Earrings		Date (MM/DD/YYYY) Fair Market Value 05/21/19 \$150
City Barberton		State OH	Zip Code 44203	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor Debbie Baldwin		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3790 Powell Ave		Description of Item or Service Basket for Silent Auction		Date (MM/DD/YYYY) Fair Market Value 05/21/19 \$50
City Akron		State OH	Zip Code 44319	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor Sandy Parker		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 13050 Hametown		Description of Item or Service Rel silent Auction basket		Date (MM/DD/YYYY) Fair Market Value 05/21/19 \$40
City Doylestown		State OH	Zip Code 44230	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>Buckeye Indivisible</i>				
Full Name of Contributor <i>Erica Watrey</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>3448 Chadwick</i>		Description of Item or Service <i>Drinks, venue bartender</i>		Date (MM/DD/YYYY) Fair Market Value <i>05/21/2019 \$350.00</i>
City <i>Uniontown</i>		State <i>Oh</i>	Zip Code <i>44685</i>	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

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Page Total \$ 350.00