

# Ohio Campaign Finance Report

Prescribed by Secretary of State 305

Full Name of Committee <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>						Registration Number, if PAC		
Full Name of Candidate								
Street Address <b>80 PADDISON AVENUE</b>					Office Sought <b>N/A</b>		District <b>N/A</b>	
City <b>CUYAHOGA FALLS</b>					State <b>O H</b>		Zip Code <b>44223</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	July Monthly		August Monthly	September Monthly	Termination	Semannual		
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 <b>0 5</b>	D <b>0 7</b>	Y <b>1 9</b>

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 RC 3517.10(H) for details.

1. Amount brought forward from last report	\$ 1,409.99
2. Total monetary contributions (From Form No. 31-A)	\$ 142.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 1,551.99
5. Total monetary expenditures (From Form No. 31-E)	\$ 843.00
6. Balance on hand (line 4 minus line 5)	\$ 708.99
7. Value of in-kind contributions received (From Form No. 31-L)	\$ 61.46
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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 JUN 14 PM 2:12

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION, WHOEVER COMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Denise Caldwell Horning, Treasurer**

*Denise Caldwell Horning, Treasurer*  
Signature

06/11/2019  
Date

Contributions  
pages 1

Expenditure  
pages 2

Other  
pages 3

Total  
pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 305

Name of Committee in Full <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>							
Full Name of Contributor <b>LESLIE FRANK</b>					Registration Number, if PAC		
Street Address <b>49 ORRVILLE AVENUE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>12.00</b>	
Full Name of Contributor <b>JANET CIOTOLA</b>					Registration Number, if PAC		
Street Address <b>163 RAVENSHOLLOW DR</b>		Employer/Occupation/Labor Organization* <b>CITY OF CF/DEP LAW DIRECTOR</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>BRADLEY LEBOEUF</b>					Registration Number, if PAC		
Street Address <b>2340-19TH STREET</b>		Employer/Occupation/Labor Organization* <b>SELF-EMPLOYED/ ATTORNEY</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>ALEX CARDENAS</b>					Registration Number, if PAC		
Street Address <b>2682-7TH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>JUSTIN CARDENAS</b>					Registration Number, if PAC		
Street Address <b>2682-7TH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>SHERI WALTERS</b>					Registration Number, if PAC		
Street Address <b>2213-19TH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>DON WALTERS</b>					Registration Number, if PAC		
Street Address <b>2213-19TH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44223</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>DEBBIE ZICCARDI</b>					Registration Number, if PAC		
Street Address <b>531 GROVE AVENUE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44221</b>	M <b>0</b>	D <b>5</b>	Y <b>1 6 1 9</b>	Amount <b>20.00</b>	

\* 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. [RC 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>									
Full Name of Contributor <b>DON WALTERS</b>						Registration Number, if PAC			
Street Address <b>2213-19TH STREET</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc ) <b>CASH</b>	
City <b>CUYAHOGA FALLS</b>		State <b>O H</b>		Zip Code <b>44223</b>		M <b>0</b>	D <b>4</b>	Y <b>1 8 1 9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>LESLIE FRANK</b>						Registration Number, if PAC			
Street Address <b>49 ORRVILLE AVENUE</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc ) <b>CASH</b>	
City <b>CUYAHOGA FALLS</b>		State <b>O H</b>		Zip Code <b>44221</b>		M <b>0</b>	D <b>4</b>	Y <b>1 8 1 9</b>	Amount <b>25.00</b>
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

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>													
To Whom Paid <b>COMMITTEE TO ELECT AMBER ZIBRITOSKY</b>							M	D	Y	Amount			
							0	4	2	3	1	9	200.00
Address <b>2203 CROCKETT CIRCLE</b>				Purpose <b>CAMPAIGN DONATION</b>									
City <b>STOW</b>				State <b>OH</b>	Zip Code <b>44224</b>		Check Number <b>465</b>						
To Whom Paid <b>CFHS DECA</b>							M	D	Y	Amount			
							0	4	2	4	1	9	148.00
Address <b>2300-4TH STREET</b>				Purpose <b>CFDC T-SHIRTS PRINTED</b>									
City <b>CUYAHOGA FALLS</b>				State <b>OH</b>	Zip Code <b>44221</b>		Check Number <b>467</b>						
To Whom Paid <b>SUMMIT COUNTY DEMOCRATIC PARTY</b>							M	D	Y	Amount			
							0	6	0	5	1	9	300.00
Address <b>438 GRANT STREET</b>				Purpose <b>FDR DINNER</b>									
City <b>AKRON</b>				State <b>OH</b>	Zip Code <b>44311</b>		Check Number <b>468</b>						
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			

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02.01

Name of Committee in Full <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>												
To Whom Paid <b>CITY OF CUYAHOGA FALLS - PARKS &amp; RECREATION</b>						M	D	Y	Amount			
						0	4	2	4	1	9	195.00
Address <b>2310 2ND STREET</b>				Purpose <b>RENTALS FOR JULY &amp; AUGUST FUNDRAISERS</b>								
City <b>CUYAHOGA FALLS</b>		State <b>O H</b>		Zip Code <b>44221</b>		Check Number <b>466</b>						
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						

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 <b>CUYAHOGA FALLS DEMOCRATIC CLUB</b>				
Full Name of Contributor <b>KATHY ARTHUR</b>		Employer, Occupation, Labor Organization * <b>RETIRED</b>		Registration Number, if PAC
Street Address <b>2187 W. BATH ROAD</b>		Description of Item or Service <b>PIZZA/SALAD/POP</b>		M   D   Y   Fair Market Value <b>0   4   17   19   61.46</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44313</b>	Received at Fundraising Event? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>
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? <b>YES NO</b>

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