



Committee Name <i>Lisa Dikolish Miller for Law Director</i>		Office Sought <i>Law Director</i>		District
Street Address <i>981 MAUSION DR</i>		City <i>Barberton</i>	State <i>OH</i>	Zip <i>44203</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Debra Shreiner</i>		Election Date (MM/DD/YYYY) <i>09/10/2019</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" 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 <i>2019</i>
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	<i>7670.65</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>0</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>7670.65</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>846.68</i>
6. Balance on hand (line 4 minus line 5)	<i>6823.97</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>0</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>0</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>0</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>0</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>0</i>
12. Value of independent expenditures made (From Form 31-U)	<i>0</i>

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2019 AUG 29 AM 9:41

#3274
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON OHIO 44331

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

Debra Shreiner

Signature of Treasurer or Deputy Treasurer

08/29/2019

Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
2

Other Pages
12

Total Pages
14



Full Name of Committee Lisa Okolish Miller for Law Director			
To Whom Paid Barberton Herald		Date (MM/DD/YYYY) 03/24/2019	Amount 159 ⁰⁰
Street Address 70 Fourth St. NW		Purpose Women Mean Business Ad.	
City Barberton	State OH	Zip Code 44203	Check Number 1148
To Whom Paid Magic City Kiwanis		Date (MM/DD/YYYY) 05/15/2019	Amount 50 ⁰⁰
Street Address P.O. Box 561		Purpose Lane Sponsor	
City Barberton	State OH	Zip Code 44203	Check Number 1149
To Whom Paid Magic City Kiwanis		Date (MM/DD/YYYY) 05/15/2019	Amount 176 ⁰⁰
Street Address P.O. Box 561		Purpose Sponsor Scotch Doubles Bowling	
City Barberton	State OH	Zip Code 44203	Check Number 1150
To Whom Paid Huntington BANK		Date (MM/DD/YYYY) 05/15/2019	Amount 26. ⁶⁸
Street Address P.O. Box 1558		Purpose Check order	
City Barberton Columbus	State OH	Zip Code 43216-1558	Check Number Auto
To Whom Paid Tavia Galonski		Date (MM/DD/YYYY) 07/02/2019	Amount 100 ⁰⁰
Street Address 77 S. High St. - 10 th Floor		Purpose Campaign Donation	
City Columbus, OH	State OH	Zip Code 43215	Check Number 1151



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Lisa Okolish Miller for Law Director			
To Whom Paid Akron Area YMCA		Date (MM/DD/YYYY) 07-11-2019	Amount 100 ⁰⁰
Street Address 50 S. Main St. Suite U-100		Purpose Hole Sponsor	
City Akron	State OH	Zip Code 44308	Check Number 1152
To Whom Paid Magic City Kuwanis		Date (MM/DD/YYYY) 08/08/2019	Amount 75 ⁰⁰
Street Address P.O. Box 561		Purpose Golf hole Sponsor	
City Barberton	State OH	Zip Code 44203	Check Number 1153
To Whom Paid KEM		Date (MM/DD/YYYY) 08/23/2019	Amount 160 ⁰⁰
Street Address 564 W. Tusc. Ave., Suite 104		Purpose Ad in Sports Program	
City Barberton	State OH	Zip Code 44203	Check Number 1154
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 \$ 335