

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee DAN HORRIGAN CAMPAIGN COMMITTEE						Registration Number, if PAC						
Full Name of Candidate DAN HORRIGAN												
Street Address 1230 N HOWARD ST				Office Sought AKRON MAYOR			District SUMMIT					
City AKRON						State OH	Zip Code 44310					
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
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			0	9	0	8	1	5

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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$24,519.18
2. Total monetary contributions (From Form No. 31-A)	\$	\$195,032.50
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$219,551.68
5. Total monetary expenditures (From Form No. 31-B)	\$	\$101,469.18
6. Balance on hand (line 4 minus line 5)	\$	\$118,082.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$8,721.72
8. Value of in-kind contributions made (From Form No. 31-K)	\$	\$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.	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2015 AUG 27 AM 9:01

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

#10076 52

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

JENEE VALLE, TREASURER

Jene'e M. Valle

08/26/2015

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 91

Expenditure pages 14

Other pages 1

Total pages 106

Statement of Contributions Received

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Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor JOHN MONTISANO				Registration Number, if PAC		
Street Address 1199 LISA ANN DR		Employer/Occupation/Labor Organization* XXI CENTURY FINANCE			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44313	M 0	D 7	Y 15
				Amount \$650.00		
Full Name of Contributor DARRYL SCHUMACHER				Registration Number, if PAC		
Street Address 5795 ALISA COURT		Employer/Occupation/Labor Organization* SOTARIS			Form (Cash, Check, etc.) CHECK	
City HUDSON		State OH	Zip Code 44236	M 0	D 7	Y 15
				Amount \$250.00		
Full Name of Contributor EDWARD APSEGA				Registration Number, if PAC		
Street Address 808LANCELOT LANE		Employer/Occupation/Labor Organization* AKRON PAINT & VARNISH			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN		State OH	Zip Code 44685	M 0	D 7	Y 15
				Amount \$750.00		
Full Name of Contributor JAMES LEONE				Registration Number, if PAC		
Street Address 4649 TUDOR LANE		Employer/Occupation/Labor Organization* NORTH HILL MONUMENT			Form (Cash, Check, etc.) CHECK	
City STOW		State OH	Zip Code 44224	M 0	D 7	Y 15
				Amount \$250.00		
Full Name of Contributor STEVEN KOZAR				Registration Number, if PAC		
Street Address 847 MERIDIAN ST		Employer/Occupation/Labor Organization* SELF-EMPLOYED			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44310	M 0	D 7	Y 15
				Amount \$150.00		
Full Name of Contributor CATHERINE GEORGE				Registration Number, if PAC		
Street Address 4498 SWAN LAKE DR		Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK	
City COPLEY		State OH	Zip Code 44321	M 0	D 7	Y 15
				Amount \$750.00		
Full Name of Contributor MICHAEL GEORGE				Registration Number, if PAC		
Street Address 4498 SWAN LAKE DR		Employer/Occupation/Labor Organization* STARK & KNOLL			Form (Cash, Check, etc.) CHECK	
City COPLEY		State OH	Zip Code 44321	M 0	D 7	Y 15
				Amount \$750.00		
Full Name of Contributor RITA GEORGE				Registration Number, if PAC		
Street Address 570 PINE POINT DR		Employer/Occupation/Labor Organization* BELL MUSIC			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44333	M 0	D 7	Y 15
				Amount \$750.00		

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Statement of Contributions Received

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Name of Committee in Full									
DAN HORRIGAN CAMPAIGN COMMITTEE									
Full Name of Contributor							Registration Number, if PAC		
DAVID GEORGE									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
533 W MARKET ST				BELL MUSIC				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44303		0	7	2	0	15
Full Name of Contributor							Registration Number, if PAC		
RENNICK ANDREOLI									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4218 IDLEBROOK DR				RDA HOTEL MANAGMENT				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44333		0	7	2	0	15
Full Name of Contributor							Registration Number, if PAC		
BILLY SOULE									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1152 HERMAN AVE				CITY OF AKRON				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44307		0	7	2	2	15
Full Name of Contributor							Registration Number, if PAC		
JOSEPH GEORGE									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
542 MALVERN RD				<i>unable to locate</i>				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44303		0	7	2	2	15
Full Name of Contributor							Registration Number, if PAC		
JOHN MOORE									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
727 PLAINFIELD RD				CITY OF AKRON				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44312		0	7	2	2	15
Full Name of Contributor							Registration Number, if PAC		
LELORA PETRARCA									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1765 MERRIMAN RD				HOMEMAKER				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44313		0	7	2	2	15
Full Name of Contributor							Registration Number, if PAC		
ANTHONY PETRARCA									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1765 MERRIMAN RD				CEDARWOOD COMPANIES				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44313		0	7	2	2	15
Full Name of Contributor							Registration Number, if PAC		
RON WILLIAMSON									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2766 ROSEDALE AVE				CITY OF AKRON				CHECK	
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44314		0	7	2	3	15

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Statement of Contributions Received

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Name of Committee in Full									
DAN HORRIGAN CAMPAIGN COMMITTEE									
Full Name of Contributor						Registration Number, if PAC			
CRAIG STANLEY									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1926 WELLS CREEK RUN			SUMMIT COUNTY			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44312		0	7	2	3	15
Full Name of Contributor						Registration Number, if PAC			
VICTORIA PASCU-GODWIN									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1394 BRYDEN DR			Unable to locate			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44313		0	7	2	3	15
Full Name of Contributor						Registration Number, if PAC			
JENNIFER BLICKLE									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
470 SAINT ANDREWS DR			HEIDMAN INC			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44303		0	7	2	3	15
Full Name of Contributor						Registration Number, if PAC			
DAVID HOROWITZ									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1267 LISA ANN DR			TEMPLE ISRAEL			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44313		0	7	2	9	15
Full Name of Contributor						Registration Number, if PAC			
FRANK CALABRESE									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
355 DELAWARE AVE			F&C MARKETING			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44303		0	7	2	9	15
Full Name of Contributor						Registration Number, if PAC			
MARYELLEN FEDELI									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5005 ROCKSIDE RD			FEDELI GROUP			CHECK			
City		State	Zip Code		M	D	Y	Amount	
INDEPENDENCE		OH	44131		0	7	3	0	15
Full Name of Contributor						Registration Number, if PAC			
UMBERTO FEDELI									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5005 ROCKSIDE RD			FEDELI GROUP			CHECK			
City		State	Zip Code		M	D	Y	Amount	
INDEPENDENCE		OH	44131		0	7	3	0	15
Full Name of Contributor						Registration Number, if PAC			
MICHAEL DOWLING									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
76 S MAIN ST			FIRST ENERGY			CHECK			
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44308		0	7	3	0	15

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Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor PATRICK HART				Registration Number, if PAC		
Street Address 50 S MAIN ST STE 504		Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 0	D 7	Y 3 0 1 5	Amount \$500.00
Full Name of Contributor JOHN CAVILEER				Registration Number, if PAC		
Street Address 2173 E MARKET ST		Employer/Occupation/Labor Organization* EVERGREEN PROPERTY MGMT			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44312	M 0	D 7	Y 3 0 1 5	Amount \$750.00
Full Name of Contributor JAMES MULHEARN				Registration Number, if PAC		
Street Address 1607 W EXCHANGE ST		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 7	Y 3 1 1 5	Amount \$100.00
Full Name of Contributor JOSEPH OHLS				Registration Number, if PAC		
Street Address 2617 STONECREEK DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44320	M 0	D 7	Y 3 1 1 5	Amount \$20.00
Full Name of Contributor FRANCIS STOLTZ				Registration Number, if PAC		
Street Address 1271 CIRCLE DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44310	M 0	D 7	Y 3 1 1 5	Amount \$60.00
Full Name of Contributor JASON HALLORAN				Registration Number, if PAC		
Street Address 788 AVON ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44310	M 0	D 7	Y 3 1 1 5	Amount \$50.00
Full Name of Contributor KEVIN CULVER				Registration Number, if PAC		
Street Address 363 HORTON AVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44312	M 0	D 7	Y 3 1 1 5	Amount \$50.00
Full Name of Contributor JOSEPH SCHAEZLE				Registration Number, if PAC		
Street Address 1553 DENISE DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City COPLEY	State OH	Zip Code 44321	M 0	D 7	Y 3 1 1 5	Amount \$100.00

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Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor PAUL SCALA				Registration Number, if PAC		
Street Address PO BOX 4768		Employer/Occupation/Labor Organization* KENMORE CONSTRUCTION			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44310	M 0	D 7	Y 3 1 1 5
Amount \$750.00						
Full Name of Contributor WILLIAM F SCALA				Registration Number, if PAC		
Street Address 43 VICTORIAN GATE WAY		Employer/Occupation/Labor Organization* KENMORE CONSTRUCTION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43216	M 0	D 7	Y 3 1 1 5
Amount \$500.00						
Full Name of Contributor MICHAEL SCALA				Registration Number, if PAC		
Street Address PO BOX 4872		Employer/Occupation/Labor Organization* KENMORE CONSTRUCTION			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44310	M 0	D 7	Y 3 1 1 5
Amount \$750.00						
Full Name of Contributor WILLIAM A SCALA				Registration Number, if PAC		
Street Address 700 HOME AVE		Employer/Occupation/Labor Organization* KENMORE CONSTRUCTION			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44310	M 0	D 7	Y 3 1 1 5
Amount \$750.00						
Full Name of Contributor CHRISTOPHER SCALA				Registration Number, if PAC		
Street Address 9500 FORTY CORNERS RD NW		Employer/Occupation/Labor Organization* KENMORE CONSTRUCTION			Form (Cash, Check, etc.) CHECK	
City MASSILLON		State OH	Zip Code 44647	M 0	D 7	Y 3 1 1 5
Amount \$750.00						
Full Name of Contributor KURT MELLON				Registration Number, if PAC		
Street Address 8185 QUARRY VIEW DR		Employer/Occupation/Labor Organization* SLUSSER INSURANCE			Form (Cash, Check, etc.) CHECK	
City WADSWORTH		State OH	Zip Code 44281	M 0	D 7	Y 3 1 1 5
Amount \$500.00						
Full Name of Contributor CHARLES DAVIS				Registration Number, if PAC		
Street Address 2650 W MARKET ST		Employer/Occupation/Labor Organization* SLUSSER INSURANCE			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44333	M 0	D 7	Y 3 1 1 5
Amount \$500.00						
Full Name of Contributor TODD EDERER				Registration Number, if PAC		
Street Address 34 MERZ BLVD		Employer/Occupation/Labor Organization* EDERER AND ASSOCIATES			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44333	M 0	D 7	Y 3 1 1 5
Amount \$500.00						

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Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor ANNIE OCHSENHIRT				Registration Number, if PAC		
Street Address 215 CASTERTON AVE		Employer/Occupation/Labor Organization* 5ELEVEN CONSULTING (TEST CC)			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON	State OH	Zip Code 44303	M 0	D 7	Y 3 1 1 5	Amount \$3.00
Full Name of Contributor ROBERT KEITH				Registration Number, if PAC		
Street Address 166 S HIGH ST		Employer/Occupation/Labor Organization* CITY OF AKRON			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON	State OH	Zip Code 44308	M 0	D 7	Y 3 1 1 5	Amount \$200.00
Full Name of Contributor MICHAEL CRAIG				Registration Number, if PAC		
Street Address 137 E FAIRLAWN BLVD		Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON	State OH	Zip Code 44313	M 0	D 7	Y 3 1 1 5	Amount \$200.00
Full Name of Contributor PATRICK O'NEIL				Registration Number, if PAC		
Street Address 561 ROYAL CREST		Employer/Occupation/Labor Organization* O'NEIL GROUP			Form (Cash, Check, etc.) CHECK	
City COPLY	State OH	Zip Code 44321	M 0	D 8	Y 0 3 1 5	Amount \$100.00
Full Name of Contributor TEAMSTERS LOCAL #348 PAC				Registration Number, if PAC LA1564		
Street Address 272 W MARKET ST		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 8	Y 0 3 1 5	Amount \$750.00
Full Name of Contributor FRIENDS OF KRISTEN SCALISE				Registration Number, if PAC		
Street Address 3842 DOGWOOD ST NW		Employer/Occupation/Labor Organization* POLITICAL COMMITTEE			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN	State OH	Zip Code 44685	M 0	D 8	Y 0 3 1 5	Amount \$750.00
Full Name of Contributor JAMES SWITZER				Registration Number, if PAC		
Street Address 891 ELMORE AVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44302	M 0	D 8	Y 0 6 1 5	Amount \$100.00
Full Name of Contributor DIANE MILLER DAWSON				Registration Number, if PAC		
Street Address 2781 RISING MEADOW DR		Employer/Occupation/Labor Organization* CITY OF AKRON			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 0	D 8	Y 0 6 1 5	Amount \$100.00

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Name of Committee in Full									
DAN HORRIGAN CAMPAIGN COMMITTEE									
Full Name of Contributor							Registration Number, if PAC		
CHERI CUNNINGHAM									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
784 HAMPTON RIDGE DR				RETIRED			CHECK		
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44313		0	8	0	6	15
Full Name of Contributor							Registration Number, if PAC		
MILDRED BLOUNT									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
888 INDEPENDENCE AVE				RETIRED			CHECK		
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44310		0	8	0	6	15
Full Name of Contributor							Registration Number, if PAC		
DIANNE SUMEGO									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
138 W GARWOOD DR				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
TALLMADGE		OH	44278		0	8	0	7	15
Full Name of Contributor							Registration Number, if PAC		
CINDY WALLIS-LAGE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
9930 LEE CIRCLE				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
LEAWOOD		KS	66206		0	8	0	7	15
Full Name of Contributor							Registration Number, if PAC		
MICHAEL ORTH									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
11918 BRADSHAW				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
OVERLAND PARK		KS	66213		0	8	0	7	15
Full Name of Contributor							Registration Number, if PAC		
JAMES WELP									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
9384 DUNDEE DR				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
WEST CHESTER		OH	45069		0	8	0	7	15
Full Name of Contributor							Registration Number, if PAC		
DAVID DAY									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5967 HAMPTON CORS S				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
HILLIARD		OH	43026		0	8	0	7	15
Full Name of Contributor							Registration Number, if PAC		
ROBERT HARBRON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
30027 MULLANE				BLACK & VEATCH			CHECK		
City		State	Zip Code		M	D	Y	Amount	
FARMINGTON HILLS		MI	48334		0	8	0	7	15

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Statement of Contributions Received

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Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor THOMAS CONWAY				Registration Number, if PAC		
Street Address 2745 NESBITT AVE		Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44319	M 0	D 8	Y 0715	Amount \$375.00
Full Name of Contributor ROBERT ROSS				Registration Number, if PAC		
Street Address 2284 CANTERBURY CIRCLE		Employer/Occupation/Labor Organization* CITY OF AKRON			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44319	M 0	D 8	Y 0715	Amount \$300.00
Full Name of Contributor JOHN LUND JR				Registration Number, if PAC		
Street Address <i>one Cascade Plaza Ste 710</i>		Employer/Occupation/Labor Organization* CTI ENVIRONMENTAL			Form (Cash, Check, etc.) CHECK	
City <i>Akron</i>	State OH	Zip Code <i>44308</i>	M 0	D 8	Y 0715	Amount \$500.00
Full Name of Contributor KAREN ADINOLFI				Registration Number, if PAC		
Street Address 149 BIRDWOOD RD		Employer/Occupation/Labor Organization* ROETZEL & ANDRESS			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 0715	Amount \$75.00
Full Name of Contributor PHYLLIS MASCOLO				Registration Number, if PAC		
Street Address 923 HEREFORD DR		Employer/Occupation/Labor Organization* MEDINA COUNTY COURTS			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 8	Y 0715	Amount \$100.00
Full Name of Contributor TODD VESCO				Registration Number, if PAC		
Street Address 3828 HERON WATCH DR		Employer/Occupation/Labor Organization* TOSHIBA MEDICAL			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44319	M 0	D 8	Y 0715	Amount \$100.00
Full Name of Contributor HEIDI HEINLE				Registration Number, if PAC		
Street Address 1035 POULSEN DR		Employer/Occupation/Labor Organization* BRENNAN MANNA DIAMOND			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 0715	Amount \$100.00
Full Name of Contributor JOHN NAJEWAY				Registration Number, if PAC		
Street Address PO BOX 711		Employer/Occupation/Labor Organization* THIRSTY DOG BREWERY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44309	M 0	D 8	Y 0715	Amount \$200.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor DEAN YOUNG				Registration Number, if PAC		
Street Address 507 CANTON RD		Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44312	M 0	D 8	Y 0715	Amount \$250.00
Full Name of Contributor CHRYSTAN RICHARDSON				Registration Number, if PAC		
Street Address 1575 CUYAHOGA ST		Employer/Occupation/Labor Organization* <i>City of Cuy Falls</i>			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1015	Amount \$750.00
Full Name of Contributor CHARLES ASETE				Registration Number, if PAC		
Street Address 1555 CUYAHOGA ST		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1015	Amount \$750.00
Full Name of Contributor WILLIAM FORMAN				Registration Number, if PAC		
Street Address 1247 W EXCHANGE ST		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1015	Amount \$750.00
Full Name of Contributor FRANK LAROSE				Registration Number, if PAC		
Street Address 6745 SOUTHPOINTE PKWY		Employer/Occupation/Labor Organization* HOUSE OF LAROSE			Form (Cash, Check, etc.) CHECK	
City BRECKSVILLE	State OH	Zip Code 44141	M 0	D 8	Y 1015	Amount \$750.00
Full Name of Contributor JAMES LAROSE				Registration Number, if PAC		
Street Address 5011 MCCORMICK DR		Employer/Occupation/Labor Organization* HOUSE OF LAROSE			Form (Cash, Check, etc.) CHECK	
City RICHFIELD	State OH	Zip Code 44286	M 0	D 8	Y 1015	Amount \$750.00
Full Name of Contributor MARK LAROSE				Registration Number, if PAC		
Street Address 3132 S RIDGE RD		Employer/Occupation/Labor Organization* HOUSE OF LAROSE			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 0	D 8	Y 1015	Amount \$500.00
Full Name of Contributor SAMUEL COVELLI				Registration Number, if PAC		
Street Address 3900 E MARKET ST		Employer/Occupation/Labor Organization* COVELLI ENTERPRISES			Form (Cash, Check, etc.) CHECK	
City WARREN	State OH	Zip Code 44484	M 0	D 8	Y 1015	Amount \$300.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
DAN HORRIGAN CAMPAIGN COMMITTEE									
Full Name of Contributor						Registration Number, if PAC			
ALISSA DANCKAERT SKOVIRA									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
666 RIDGECREST RD			UNIVERSITY OF AKRON				CHECK		
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44303		0	8	1	\$25.00	
Full Name of Contributor						Registration Number, if PAC			
JOHN LABRIOLA									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
150 MAPLECREST ST SW			SUMMIT COUNTY				CHECK		
City		State	Zip Code		M	D	Y	Amount	
N CANTON		OH	44720		0	8	1	\$100.00	
Full Name of Contributor						Registration Number, if PAC			
JENNIFER HUMMEL									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4077 STONEBRIDGE BLVD			HUMMEL PET SERVICES				CHECK		
City		State	Zip Code		M	D	Y	Amount	
COPLEY		OH	44321		0	8	1	\$200.00	
Full Name of Contributor						Registration Number, if PAC			
MARK BUCHENIC									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
37 ALBASTER AVE			AECOM				CHECK		
City		State	Zip Code		M	D	Y	Amount	
CANFIELD		OH	44406		0	8	1	\$250.00	
Full Name of Contributor						Registration Number, if PAC			
FERNANDO RODRIGUEZ									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4799 QUINCY DR			AECOM				CHECK		
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44321		0	8	1	\$250.00	
Full Name of Contributor						Registration Number, if PAC			
JEFFREY NOBLE									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3822 1/2 TALENT DR			AECOM				CHECK		
City		State	Zip Code		M	D	Y	Amount	
AKRON		OH	44319		0	8	1	\$250.00	
Full Name of Contributor						Registration Number, if PAC			
KEVIN WESTBROOKS									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
9857 FIRESTONE LANE			AECOM				CHECK		
City		State	Zip Code		M	D	Y	Amount	
MACEDONIA		OH	44056		0	8	1	\$250.00	
Full Name of Contributor						Registration Number, if PAC			
ZACHARY DEEMS									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
360 ASPEN DR			AECOM				CHECK		
City		State	Zip Code		M	D	Y	Amount	
DOVER		OH	44622		0	8	1	\$250.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor MICHAEL WOODRING				Registration Number, if PAC		
Street Address 5267 STONEHURST DR		Employer/Occupation/Labor Organization* AECOM			Form (Cash, Check, etc.) CHECK	
City BRUNSWICK	State OH	Zip Code 44212	M 0	D 8	Y 1	Amount \$250.00
Full Name of Contributor MICHAEL STEPIC				Registration Number, if PAC		
Street Address 1587 MEADOWSPRING CIRCLE NW		Employer/Occupation/Labor Organization* AECOM			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN	State OH	Zip Code 44685	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor ERIC SMITH				Registration Number, if PAC		
Street Address 564 WHITE POND DR		Employer/Occupation/Labor Organization* AECOM			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44320	M 0	D 8	Y 1	Amount \$725.00
Full Name of Contributor DAVID BUCHANAN				Registration Number, if PAC		
Street Address 2504 FALLEN OAK CIRCLE NE		Employer/Occupation/Labor Organization* AECOM			Form (Cash, Check, etc.) CHECK	
City MASSILLON	State OH	Zip Code 44646	M 0	D 8	Y 1	Amount \$750.00
Full Name of Contributor MICHAEL BURGESS				Registration Number, if PAC		
Street Address 1650 SAWGRASS DR		Employer/Occupation/Labor Organization* AECOM			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN	State OH	Zip Code 44685	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor VIRGINIA BURGESS				Registration Number, if PAC		
Street Address 1650 SAWGRASS DR		Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN	State OH	Zip Code 44685	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor KEVIN REAMAN				Registration Number, if PAC		
Street Address 876 ADAM RUN DR		Employer/Occupation/Labor Organization* HZW CONSULTANTS			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State OH	Zip Code 44223	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor DONNA LOOMIS				Registration Number, if PAC		
Street Address 6361 PELICAN BAY BLVD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City NAPLES	State FL	Zip Code 34108	M 0	D 8	Y 1	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor JEFFREY THOMAS				Registration Number, if PAC		
Street Address 50 S MAIN ST STE 1210		Employer/Occupation/Labor Organization* ALPHA ASSET MGMT			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44308	M 0	D 8	Y 1	Amount \$200.00
Full Name of Contributor MICHAEL CUMMINS				Registration Number, if PAC		
Street Address 1271 DEARBORN DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor RICHARD MARSH				Registration Number, if PAC		
Street Address 660 ROCKY HOLLOW DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1	Amount \$750.00
Full Name of Contributor C RAY MILLER				Registration Number, if PAC		
Street Address 1797 BROOKWOOD DR		Employer/Occupation/Labor Organization* CLINT MILLER BLDG & REALTY			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor PAUL HUMMEL				Registration Number, if PAC		
Street Address 4156 CASTLE RIDGE		Employer/Occupation/Labor Organization* HUMMEL FUNERAL HOME			Form (Cash, Check, etc.) CHECK	
City COPLEY	State OH	Zip Code 44321	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor THOMAS KNOLL				Registration Number, if PAC		
Street Address 3475 RIDGEWOOD RD		Employer/Occupation/Labor Organization* STARK & KNOLL			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44333	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor FREDERICK LOMBARDI				Registration Number, if PAC		
Street Address 459 SOMERSET RD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor LEO WALTER III				Registration Number, if PAC		
Street Address 729 ECTON RD		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44303	M 0	D 8	Y 1	Amount \$100.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE											
Full Name of Contributor G CHARLES DIX II						Registration Number, if PAC					
Street Address 388 N PORTAGE PATH			Employer/Occupation/Labor Organization* DIX COMMUNICATIONS				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 8	Y 1	Y 3	Y 1	Y 5	Amount \$200.00
Full Name of Contributor MICHAEL BECK JR						Registration Number, if PAC					
Street Address 98 MENLO PARK DR			Employer/Occupation/Labor Organization* POLYMER VALLEY CHEMICALS				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44313		M 0	D 8	Y 1	Y 3	Y 1	Y 5	Amount \$750.00
Full Name of Contributor JANISE PARRY						Registration Number, if PAC					
Street Address 6075 PELICAN BAY BLVD APT 1401			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK				
City NAPLES		State FL	Zip Code 34108		M 0	D 8	Y 1	Y 3	Y 1	Y 5	Amount \$100.00
Full Name of Contributor RICHEY SMITH						Registration Number, if PAC					
Street Address 333 N PORTAGE PATH			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44303		M 0	D 8	Y 1	Y 3	Y 1	Y 5	Amount \$250.00
Full Name of Contributor JOHN BERINGER						Registration Number, if PAC					
Street Address 11945 COLLIERS RESERVE DR			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK				
City NAPLES		State FL	Zip Code 34110		M 0	D 8	Y 1	Y 3	Y 1	Y 5	Amount \$400.00
Full Name of Contributor DAVID KOLY						Registration Number, if PAC					
Street Address 1287 COUNTRY CLUB DR			Employer/Occupation/Labor Organization* DAVID KOLY & CO				Form (Cash, Check, etc.) CHECK				
City AKRON		State OH	Zip Code 44313		M 0	D 8	Y 1	Y 4	Y 1	Y 5	Amount \$250.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECKS				
City		State OH	Zip Code		M 0	D 7	Y 0	Y 8	Y 1	Y 5	Amount \$42,950.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECKS/CASH				
City		State OH	Zip Code		M 0	D 7	Y 1	Y 6	Y 1	Y 5	Amount \$17,724.00

Credit Card

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HARRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor						Registration Number, if PAC	
ELIZABETH JOHNSON							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1246 DEARBORN DR			HOMEMAKER			CHECK	
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44313	0	8	14	\$750.00
Full Name of Contributor						Registration Number, if PAC	
GARY JOHNSON							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1246 DEARBORN DR			RETIRED			CHECK	
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44313	0	8	14	\$750.00
Full Name of Contributor						Registration Number, if PAC	
RICHARD SCHMAHL							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2137 FOREST OAK DR			CITY OF AKRON			CHECK	
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44312	0	8	14	\$300.00
Full Name of Contributor						Registration Number, if PAC	
MATTHEW CARPENTER							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3110 IRA RD			ARCADIS			CHECK	
City		State	Zip Code	M	D	Y	Amount
AKRON		OH	44333	0	8	14	\$750.00
Full Name of Contributor						Registration Number, if PAC	
DAVID FRANK							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
9261 ROYAL VALLEY DR			ARCADIS			CHECK	
City		State	Zip Code	M	D	Y	Amount
N ROYALTON		OH	44133	0	8	14	\$750.00
Full Name of Contributor						Registration Number, if PAC	
ROBERT BEASLEY							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2852 CROWS NEST CIRCLE			ARCADIS			CHECK	
City		State	Zip Code	M	D	Y	Amount
UNIONTOWN		OH	44685	0	8	14	\$200.00
Full Name of Contributor						Registration Number, if PAC	
MARK VANAUKEN							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1623 SAWGRASS DR			ARCADIS			CHECK	
City		State	Zip Code	M	D	Y	Amount
UNIONTOWN		OH	44685	0	8	14	\$200.00
Full Name of Contributor						Registration Number, if PAC	
KEVIN KEHRES							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
16687 OLD CHIPPEWA TRAIL			ARCADIS			CHECK	
City		State	Zip Code	M	D	Y	Amount
DOYLESTOWN		OH	44230	0	8	14	\$250.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor DANIEL MARKOWITZ					Registration Number, if PAC	
Street Address 2822 LAKELAND PKWY		Employer/Occupation/Labor Organization* ARCADIS			Form (Cash, Check, etc.) CHECK	
City SILVER LAKE		State OH	Zip Code 44224	M 0	D 8	Y 1 4 1 5
Amount \$500.00						
Full Name of Contributor MARK DENNIS					Registration Number, if PAC	
Street Address 408 TAMMERY DR		Employer/Occupation/Labor Organization* ARCADIS			Form (Cash, Check, etc.) CHECK	
City TALLMADGE		State OH	Zip Code 44278	M 0	D 8	Y 1 4 1 5
Amount \$250.00						
Full Name of Contributor ARCADIS OHIO PAC					Registration Number, if PAC CP1193	
Street Address 1100 SUPERIOR AVE STE 1250		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) CHECK	
City CLEVELAND		State OH	Zip Code 44114	M 0	D 8	Y 1 4 1 5
Amount \$750.00						
Full Name of Contributor DAVID CHERVENIC					Registration Number, if PAC	
Street Address 3185 N DOVER RD		Employer/Occupation/Labor Organization* CHERVENIC REALTY			Form (Cash, Check, etc.) CHECK	
City SILVER LAKE		State OH	Zip Code 44224	M 0	D 8	Y 1 5 1 5
Amount \$100.00						
Full Name of Contributor VIKRAM RAJADHYAKSHA					Registration Number, if PAC	
Street Address 5735 NEWBANK CIRCLE APT 305		Employer/Occupation/Labor Organization* DLZ			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43017	M 0	D 8	Y 1 8 1 5
Amount \$750.00						
Full Name of Contributor ANNE VARIAN					Registration Number, if PAC	
Street Address 4700 GRANGER RD		Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44333	M 0	D 8	Y 1 8 1 5
Amount \$750.00						
Full Name of Contributor DIANE MILLER DAWSON					Registration Number, if PAC	
Street Address 2781 RISING MEADOW DR		Employer/Occupation/Labor Organization* CITY OF AKRON			Form (Cash, Check, etc.) CHECK	
City AKRON		State OH	Zip Code 44333	M 0	D 8	Y 1 8 1 5
Amount \$100.00						
Full Name of Contributor ROBERT DEHOFF					Registration Number, if PAC	
Street Address 821 S MAIN ST		Employer/Occupation/Labor Organization* DEHOFF DEVELOPMENT			Form (Cash, Check, etc.) CHECK	
City N CANTON		State OH	Zip Code 44720	M 0	D 8	Y 1 8 1 5
Amount \$250.00						

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor DANIEL DEHOFF				Registration Number, if PAC		
Street Address 4586 DUSTYS CIRCLE		Employer/Occupation/Labor Organization* DEHOFF DEVELOPMENT			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44319	M 0	D 8	Y 1 8 1 5	Amount \$250.00
Full Name of Contributor CHARLES BROWN				Registration Number, if PAC		
Street Address 2321 EDMUND AVE		Employer/Occupation/Labor Organization* CITY OF AKRON			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44312	M 0	D 8	Y 1 9 1 5	Amount \$200.00
Full Name of Contributor ORVILLE REED				Registration Number, if PAC		
Street Address 137 BELHAR DR		Employer/Occupation/Labor Organization* STARK & KNOLL			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1 9 1 5	Amount \$150.00
Full Name of Contributor ANTHONY PUGLIA				Registration Number, if PAC		
Street Address 138 S PERSHING AVE		Employer/Occupation/Labor Organization* <i>City of Akron</i>			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1 9 1 5	Amount \$100.00
Full Name of Contributor MARK BERNHARDT				Registration Number, if PAC		
Street Address 2063 W LANE AVE		Employer/Occupation/Labor Organization* BURGESS & NIPLE			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor THOMAS BOLTE				Registration Number, if PAC		
Street Address 522 VILLAGE DR		Employer/Occupation/Labor Organization* BURGESS & NIPLE			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43214	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor ROBERT DRAPER JR				Registration Number, if PAC		
Street Address 397 HIGHLAND AVE		Employer/Occupation/Labor Organization* BURGESS & NIPLE			Form (Cash, Check, etc.) CHECK	
City FORT MITCHELL	State KY	Zip Code 41017	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor PEGGY GARRISON				Registration Number, if PAC		
Street Address 5290 LOCUST HILL LANE		Employer/Occupation/Labor Organization* BURGESS & NIPLE			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State OH	Zip Code 43017	M 0	D 8	Y 1 9 1 5	Amount \$250.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor ROBERT HOLBERT					Registration Number, if PAC	
Street Address 2935 ELIZABETH PIKE		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City MINERAL WELLS	State WV	Zip Code 26150	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor THOMAS MIGNERY					Registration Number, if PAC	
Street Address 8250 SKELTON CT		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor EDWIN MUCCILLO					Registration Number, if PAC	
Street Address 3296 E VALLEJO COURT		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City GILBERT	State AZ	Zip Code 85298	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor CRAIG RICHARDS					Registration Number, if PAC	
Street Address 1 MERRYWOOD LANE		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City VIENNA	State WV	Zip Code 26105	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor E SCOTT SONDLER					Registration Number, if PAC	
Street Address 4862 WATERSTONE WAY		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City CARMEL	State IN	Zip Code 46033	M 0	D 8	Y 1 9 1 5	Amount \$200.00
Full Name of Contributor STEPHEN THIEKEN					Registration Number, if PAC	
Street Address 6490 HIGHLANDS CT		Employer/Occupation/Labor Organization* BURGESS & NIPL			Form (Cash, Check, etc.) CHECK	
City DELAWARE	State OH	Zip Code 43015	M 0	D 8	Y 1 9 1 5	Amount \$250.00
Full Name of Contributor MICHAEL GIVENS					Registration Number, if PAC	
Street Address 456 ORLANDO AVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON	State OH	Zip Code 44320	M 0	D 8	Y 1 9 1 5	Amount \$50.00
Full Name of Contributor WILLIAM STILLER					Registration Number, if PAC	
Street Address 1142 GREENVALE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON	State OH	Zip Code 44313	M 0	D 8	Y 1 9 1 5	Amount \$200.00

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor LAWRENCE LEVEY					Registration Number, if PAC	
Street Address 1585 FREDERICK BLVD		Employer/Occupation/Labor Organization* LEVEY & CO			Form (Cash, Check, etc.) CREDIT CARD	
City AKRON		State OH	Zip Code 44320	M 0	D 8	Y 1 9 1 5
					Amount \$750.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City		State OH	Zip Code	M 0	D 7	Y 2 2 1 5
					Amount \$9,000.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City		State OH	Zip Code	M 0	D 7	Y 2 8 1 5
					Amount \$32,500.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City		State OH	Zip Code	M 0	D 7	Y 3 0 1 5
					Amount \$2,200.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City		State OH	Zip Code	M 0	D 8	Y 0 6 1 5
					Amount \$16,300.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS	
City		State OH	Zip Code	M 0	D 8	Y 1 1 1 5
					Amount \$21,350.00	
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	Zip Code	M	D	Y
					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

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
To Whom Paid SUMMIT COUNTY BOARD OF ELECTIONS				M	D	Y	Amount
				0	6	0	9
				1	5		\$25.00
Address 470 GRANT ST		Purpose FILING FEE					
City AKRON		State OH	Zip Code 44311	Check Number 1757			
To Whom Paid SUMMIT COUNTY BOARD OF ELECTIONS				M	D	Y	Amount
				0	6	0	9
				1	5		\$20.00
Address 470 GRANT ST		Purpose FILING FEE					
City AKRON		State OH	Zip Code 44311	Check Number 1758			
To Whom Paid FRIENDS OF BRAVO				M	D	Y	Amount
				0	6	1	0
				1	5		\$50.00
Address 1600 NEWCASTLE CIRCLE		Purpose POLITICAL DONATION					
City AKRON		State OH	Zip Code 44313	Check Number 1759			
To Whom Paid PETRACCA REALTY				M	D	Y	Amount
				0	6	1	1
				1	5		\$2,000.00
Address 9 MERRIMAN RD		Purpose RENT FOR HEADQUARTERS					
City AKRON		State OH	Zip Code 44303	Check Number 1760			
To Whom Paid FRIENDS OF RUSS PRY				M	D	Y	Amount
				0	6	1	2
				1	5		\$300.00
Address 554 WEBER AVE		Purpose POLITICAL DONATION					
City AKRON		State OH	Zip Code 44303	Check Number 1761			
To Whom Paid SANDRA GUY				M	D	Y	Amount
				0	6	1	2
				1	5		\$51.78
Address 1551 HARDEN		Purpose CANDY FOR PARADE					
City BARBERTON		State OH	Zip Code 44203	Check Number 1762			
To Whom Paid NAACP				M	D	Y	Amount
				0	6	1	2
				1	5		\$40.00
Address 1419 COPLEY RD		Purpose LUNCHEON					
City AKRON		State OH	Zip Code 44320	Check Number 1763			
To Whom Paid FRIENDS OF KRISTEN SCALISE				M	D	Y	Amount
				0	6	2	3
				1	5		\$125.00
Address 3842 DOGWOOD ST NW		Purpose POLITICAL DONATION					
City UNIONTOWN		State OH	Zip Code 44685	Check Number 1764			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
DAN HORRIGAN CAMPAIGN COMMITTEE						
To Whom Paid			M	D	Y	Amount
OHIO DEMOCRATIC PARTY			0	6	2	\$100.00
Address		Purpose				
340 E FULTON ST		POLITICAL DONATION				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	1765			
To Whom Paid			M	D	Y	Amount
FIRESTONE PARK CITIZENS COUNCIL			0	6	2	\$75.00
Address		Purpose				
411 PALM AVE		PARADE FEE				
City	State	Zip Code	Check Number			
AKRON	OH	44301	1766			
To Whom Paid			M	D	Y	Amount
SANDY GUY			0	6	2	\$76.18
Address		Purpose				
1551 HARDEN		CANDY FOR PARADE				
City	State	Zip Code	Check Number			
BARBERTON	OH	44203	1768			
To Whom Paid			M	D	Y	Amount
ANNIE OCHSENHIRT			0	6	2	\$112.35
Address		Purpose				
215 CASTERTON AVE		REIMBURSE OFFICE SUPPLIES				
City	State	Zip Code	Check Number			
AKRON	OH	44303	1769			
To Whom Paid			M	D	Y	Amount
AKRON FOP			0	6	2	\$100.00
Address		Purpose				
217 S HIGH ST		GOLF HOLE SPONSOR				
City	State	Zip Code	Check Number			
AKRON	OH	44308	1771			
To Whom Paid			M	D	Y	Amount
JENEE VALLE			0	6	1	\$9.80
Address		Purpose				
425 SACKETT AVE		STAMPS				
City	State	Zip Code	Check Number			
AKRON	OH	44313	1772			
To Whom Paid			M	D	Y	Amount
ANNIE OCHSENHIRT			0	6	2	\$1,750.00
Address		Purpose				
215 CASTERTON AVE		SALARY				
City	State	Zip Code	Check Number			
AKRON	OH	44303	1773			
To Whom Paid			M	D	Y	Amount
TRIAD			0	6	2	\$15,562.44
Address		Purpose				
2006 4TH ST		BILLBOARDS, T-SHIRTS AND BANNERS				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1774			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
DAN HORRIGAN CAMPAIGN COMMITTEE													
To Whom Paid							M	D	Y	Amount			
ANNIE OCHSENHIRT							0	7	0	7	1	5	\$1,237.21
Address				Purpose									
215 CASTERTON AVE				OFFICE SUPPLIES, CELL PHONES AND LUNCH									
City		State		Zip Code		Check Number							
AKRON		OH		44303		1775							
To Whom Paid							M	D	Y	Amount			
NEW HOPE BAPTIST CHURCH							0	7	0	8	1	5	\$50.00
Address				Purpose									
1706 S HAWKINS				DONATION									
City		State		Zip Code		Check Number							
AKRON		OH		44320		1776							
To Whom Paid							M	D	Y	Amount			
DAPPER DAN CLUB OF AKRON							0	7	0	8	1	5	\$100.00
Address				Purpose									
1942 NEWTON ST				GOLF HOLE SPONSOR									
City		State		Zip Code		Check Number							
AKRON		OH		44305		1777							
To Whom Paid							M	D	Y	Amount			
AKRON PRESS CLUB							0	6	2	9	1	5	\$320.00
Address				Purpose									
PO BOX 423				(2) TABLES FOR DEBATE									
City		State		Zip Code		Check Number							
CUYAHOGA FALLS		OH		44222		1778							
To Whom Paid							M	D	Y	Amount			
WEST AKRON BASEBALL (WABL)							0	6	3	0	1	5	\$200.00
Address				Purpose									
2329 STOCKBRIDGE RD				SPONSOR ALL-STAR TEAM									
City		State		Zip Code		Check Number							
AKRON		OH		44313		1779							
To Whom Paid							M	D	Y	Amount			
VOID												\$0.00	
Address				Purpose									
City		State		Zip Code		Check Number							
		OH				1780							
To Whom Paid							M	D	Y	Amount			
AKRON PRESS CLUB							0	7	0	6	1	5	\$80.00
Address				Purpose									
PO BOX 423				ADDITIONAL MONEY FOR DEBATE RESERVATIONS									
City		State		Zip Code		Check Number							
CUYAHOGA FALLS		OH		44222		1781							
To Whom Paid							M	D	Y	Amount			
GNG SOLUTIONS LLC							0	7	0	6	1	5	\$176.14
Address				Purpose									
869 ADAM RUN DR				BANNERS									
City		State		Zip Code		Check Number							
CUYAHOGA FALLS		OH		44223		1782							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	06	15	\$596.07
Address 2006 4TH ST		Purpose STATIONARY, NAME BADGE, BUSINESS CARDS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1783				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	06	15	\$784.61
Address 2006 4TH ST		Purpose T-SHIRTS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1784				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	06	15	\$2,000.00
Address 2006 4TH ST		Purpose CONSULTING SERVICES					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1785				
To Whom Paid AKRON PRESS CLUB			M	D	Y	Amount	
			0	7	08	15	\$200.00
Address PO BOX 423		Purpose TABLE FOR DEBATE					
City CUYAHOGA FALLS	State OH	Zip Code 44222	Check Number 1786				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	13	15	\$7,194.65
Address 2006 4TH ST		Purpose YARD SIGNS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1787				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	13	15	\$1,130.97
Address 2006 4TH ST		Purpose BILLBOARDS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1788				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	13	15	\$813.13
Address 2006 4TH ST		Purpose YARD SIGNS DESIGN					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1789				
To Whom Paid TRIAD			M	D	Y	Amount	
			0	7	13	15	\$628.65
Address 2006 4TH ST		Purpose LOGO DESIGN & ARTWORK					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1790				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
To Whom Paid				M	D	Y	Amount
ANNIE OCHSENHIRT				0	7	1 3 1 5	\$289.87
Address		Purpose					
215 CASTERTON AVE		PRINTING OF WALKING LISTS					
City	State	Zip Code	Check Number				
AKRON	OH	44303	1792				
To Whom Paid				M	D	Y	Amount
ELLET AMATEUR ATHLETIC ASSOCIATION (EAAA)				0	7	1 3 1 5	\$50.00
Address		Purpose					
370 CRYSTAL ST		GOLF HOLE SPONSOR					
City	State	Zip Code	Check Number				
AKRON	OH	44305	1793				
To Whom Paid				M	D	Y	Amount
ITALIAN AMERICAN PROFESSIONAL BUSINESSMEN'S CLUB (IAPBC)				0	7	1 3 1 5	\$100.00
Address		Purpose					
590 E TALLMADGE AVE		GOLF HOLE SPONSOR					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1794				
To Whom Paid				M	D	Y	Amount
COMMITTEE TO ELECT JACK HEFNER				0	7	1 3 1 5	\$100.00
Address		Purpose					
242 WATSON ST		POLITICAL DONATION					
City	State	Zip Code	Check Number				
AKRON	OH	44305	1795				
To Whom Paid				M	D	Y	Amount
TRIAD				0	7	1 5 1 5	\$191.22
Address		Purpose					
2006 4TH ST		DOOR MAGNETS					
City	State	Zip Code	Check Number				
CUYAHOGA FALLS	OH	44221	1796				
To Whom Paid				M	D	Y	Amount
TRIAD				0	7	1 5 1 5	\$816.78
Address		Purpose					
2006 4TH ST		T-SHIRTS					
City	State	Zip Code	Check Number				
CUYAHOGA FALLS	OH	44221	1797				
To Whom Paid				M	D	Y	Amount
USPS				0	7	1 5 1 5	\$4,716.12
Address		Purpose					
675 WOLF LEDGES PKWY		POSTAGE FOR MAILER					
City	State	Zip Code	Check Number				
AKRON	OH	44311	1798				
To Whom Paid				M	D	Y	Amount
USPS				0	7	1 6 1 5	\$490.00
Address		Purpose					
520 E CUYAHOGA FALLS AVE		POSTAGE FOR LETTERS					
City	State	Zip Code	Check Number				
AKRON	OH	44310	1799				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
DAN HORRIGAN CAMPAIGN COMMITTEE						
To Whom Paid			M	D	Y	Amount
TRIAD			0	7	15	\$12,169.72
Address		Purpose				
2006 4TH ST		BILLBOARDS				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1802			
To Whom Paid			M	D	Y	Amount
ELLET WOMENS CLUB			0	7	16	\$120.00
Address		Purpose				
2204 E MARKET ST		SIGN				
City	State	Zip Code	Check Number			
AKRON	OH	44306	1803			
To Whom Paid			M	D	Y	Amount
TRIAD			0	7	16	\$831.40
Address		Purpose				
2006 4TH ST		DESIGN AND PRINTING				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1804			
To Whom Paid			M	D	Y	Amount
PLUMBERS & PIPEFITTERS LOCAL NO 219			0	7	17	\$200.00
Address		Purpose				
644 E TALLMADGE AVE		GOLF HOLE SPONSOR				
City	State	Zip Code	Check Number			
AKRON	OH	44310	1806			
To Whom Paid			M	D	Y	Amount
TRIAD			0	7	23	\$2,687.13
Address		Purpose				
2006 4TH ST		ENVELOPES, FLYER, POLL CALLING, PRINTING				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1807			
To Whom Paid			M	D	Y	Amount
ANNIE OCHSENHIRT			0	7	27	\$681.75
Address		Purpose				
215 CASTERTON AVE		INK, STEEL FENCE POSTS, GLOVES, KNIFE, POST DRIVER TOOL				
City	State	Zip Code	Check Number			
AKRON	OH	44303	1808			
To Whom Paid			M	D	Y	Amount
TRIAD			0	7	24	\$1,364.71
Address		Purpose				
2006 4TH ST		TIP CARD DESIGN AND PRINTING				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1809			
To Whom Paid			M	D	Y	Amount
TRIAD			0	7	17	\$6,064.14
Address		Purpose				
2006 4TH ST		FOLDED BIO MAILER				
City	State	Zip Code	Check Number			
CUYAHOGA FALLS	OH	44221	1810			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE						
To Whom Paid TRIAD			M	D	Y	Amount
			0	7	1	\$170.25
Address 2006 4TH ST		Purpose FLYER				
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1811			
To Whom Paid LEVIATHAN PRODUCTIONS			M	D	Y	Amount
			0	7	2	\$945.00
Address ONE S MAIN ST #302		Purpose CONSULTING SERVICES				
City AKRON	State OH	Zip Code 44308	Check Number 1812			
To Whom Paid ANNIE OCHSENHIRT			M	D	Y	Amount
			0	7	2	\$554.35
Address 215 CASTERTON AVE		Purpose COPIES AND OFFICE SUPPLIES				
City AKRON	State OH	Zip Code 44303	Check Number 1813			
To Whom Paid ANNIE OCHSENHIRT			M	D	Y	Amount
			0	7	2	\$3,500.00
Address 215 CASTERTON AVE		Purpose SALARY				
City AKRON	State OH	Zip Code 44303	Check Number 1814			
To Whom Paid VOID			M	D	Y	Amount
						\$0.00
Address		Purpose				
City	State OH	Zip Code	Check Number 1815			
To Whom Paid VOID			M	D	Y	Amount
						\$0.00
Address		Purpose				
City	State OH	Zip Code	Check Number 1816			
To Whom Paid VOID			M	D	Y	Amount
						\$0.00
Address		Purpose				
City	State OH	Zip Code	Check Number 1817			
To Whom Paid THE FIRST TEE OF AKRON			M	D	Y	Amount
			0	7	2	\$500.00
Address 2000 S HAWKINS AVE		Purpose GOLF HOLE SPONSOR				
City AKRON	State OH	Zip Code 44314	Check Number 1818			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
DAN HORRIGAN CAMPAIGN COMMITTEE												
To Whom Paid						M	D	Y	Amount			
ANNIE OCHSENHIRT						0	7	2	4	1	5	\$114.78
Address			Purpose									
215 CASTERTON AVE			REIMBURSE COS BLUEPRINT (COPIES)									
City		State	Zip Code	Check Number								
AKRON		OH	44303	1819								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	4	1	5	\$1,823.65
Address			Purpose									
2006 4TH ST			STATIONARY DESIGN COSTS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1820								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	4	1	5	\$1,002.30
Address			Purpose									
2006 4TH ST			WEBSITE FEES									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1821								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	7	1	5	\$1,286.10
Address			Purpose									
2006 4TH ST			VIDEO SHOOTS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1822								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	7	1	5	\$64.60
Address			Purpose									
2006 4TH ST			MEET AND GREET FLYER									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1823								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	7	1	5	\$80.00
Address			Purpose									
2006 4TH ST			ROBO CALLS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1824								
To Whom Paid						M	D	Y	Amount			
TRIAD						0	7	2	7	1	5	\$2,042.95
Address			Purpose									
2006 4TH ST			PALM CARD CREATION AND PRINTING									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1825								
To Whom Paid						M	D	Y	Amount			
AKRON URBAN LEAGUE						0	7	3	1	1	5	\$250.00
Address			Purpose									
440 VERNON ODOM BLVD			2 DINNER TICKETS									
City		State	Zip Code	Check Number								
AKRON		OH	44307	1826								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
DAN HORRIGAN CAMPAIGN COMMITTEE											
To Whom Paid						M	D	Y	Amount		
BRUCE FORD						0	7	3	1	15	\$500.00
Address				Purpose							
2279 CANTERBURY CIRCLE				PHOTOGRAPHY SERVICES							
City		State		Zip Code		Check Number					
AKRON		OH		44319		1827					
To Whom Paid						M	D	Y	Amount		
TRIAD						0	7	3	1	15	\$3,469.65
Address				Purpose							
2006 4TH ST				YARD SIGN DESIGN AND PRINTING							
City		State		Zip Code		Check Number					
CUYAHOGA FALLS		OH		44221		1828					
To Whom Paid						M	D	Y	Amount		
TRIAD						0	7	3	1	15	\$2,000.00
Address				Purpose							
2006 4TH ST				JULY CONSULTING SERVICES							
City		State		Zip Code		Check Number					
CUYAHOGA FALLS		OH		44221		1829					
To Whom Paid						M	D	Y	Amount		
PEOPLES BANK						0	6	0	1	15	\$5.00
Address				Purpose							
158 E CUYAHOGA FALLS AVE				BANK CHARGES							
City		State		Zip Code		Check Number					
AKRON		OH		44310		AUTO DEDUCT					
To Whom Paid						M	D	Y	Amount		
PEOPLES BANK						0	7	0	1	15	\$5.00
Address				Purpose							
158 E CUYAHOGA FALLS AVE				BANK CHARGES							
City		State		Zip Code		Check Number					
AKRON		OH		44310		AUTO DEDUCT					
To Whom Paid						M	D	Y	Amount		
PEOPLES BANK						0	8	0	1	15	\$5.00
Address				Purpose							
158 E CUYAHOGA FALLS AVE				BANK CHARGES							
City		State		Zip Code		Check Number					
AKRON		OH		44310		AUTO DEDUCT					
To Whom Paid						M	D	Y	Amount		
QGIV INC						0	7	2	1	15	\$99.00
Address				Purpose							
53 LAKE MORTON DR				BANK CHARGES FOR CREDIT CARD DEPOSITS							
City		State		Zip Code		Check Number					
LAKELAND		FL		33801		AUTO DEDUCT					
To Whom Paid						M	D	Y	Amount		
TRIAD						0	8	0	3	15	\$1,000.00
Address				Purpose							
2006 4TH ST				DESIGN COSTS FOR MAILER							
City		State		Zip Code		Check Number					
CUYAHOGA FALLS		OH		44221		1830					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
DAN HORRIGAN CAMPAIGN COMMITTEE												
To Whom Paid						M	D	Y	Amount			
TRIAD						0	8	0	3	1	5	\$248.73
Address			Purpose									
2005 4TH ST			T SHIRTS									
City		State	Zip Code	Check Number								
CUYAHOGA FALLS		OH	44221	1831								
To Whom Paid						M	D	Y	Amount			
JACKIE LUDLE						0	8	0	3	1	5	\$153.60
Address			Purpose									
1204 BERWIN ST			REIMBURSE STEEL CONDUIT PIPES FOR YARD SIGNS									
City		State	Zip Code	Check Number								
AKRON		OH	44310	1832								
To Whom Paid						M	D	Y	Amount			
ANNIE OCHSENHIRT						0	8	0	4	1	5	\$532.61
Address			Purpose									
215 CASTERTON AVE			REIMBURSE STAMPS, COPIES, CELL PHONES									
City		State	Zip Code	Check Number								
AKRON		OH	44303	1833								
To Whom Paid						M	D	Y	Amount			
VOID						0	8	0	5	1	5	\$0.00
Address			Purpose									
			VOID									
City		State	Zip Code	Check Number								
		OH		1834								
To Whom Paid						M	D	Y	Amount			
DANTE D'ANDREA						0	8	0	5	1	5	\$30.00
Address			Purpose									
415 SACKETT AVE			REFUND OVER CASH LIMIT FROM 2014 ANNUAL REPORT									
City		State	Zip Code	Check Number								
AKRON		OH	44313	1835								
To Whom Paid						M	D	Y	Amount			
JOHN GRIGAS						0	8	0	5	1	5	\$30.00
Address			Purpose									
999 DOGWOOD TERRACE			REFUND OVER CASH LIMIT FROM 2014 ANNUAL REPORT									
City		State	Zip Code	Check Number								
COPLEY		OH	44321	1836								
To Whom Paid						M	D	Y	Amount			
PAT ZIGA						0	8	0	5	1	5	\$30.00
Address			Purpose									
2769 ERIE DR			REFUND OVER CASH LIMIT FROM 2014 ANNUAL REPORT									
City		State	Zip Code	Check Number								
FAIRLAWN		OH	44333	1837								
To Whom Paid						M	D	Y	Amount			
US POSTMASTER						0	8	0	5	1	5	\$4,716.34
Address			Purpose									
675 WOLF LEDGES PKWY			POSTAGE FOR MAILER									
City		State	Zip Code	Check Number								
AKRON		OH	44311	1838								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
DAN HARRIGAN CAMPAIGN COMMITTEE										
To Whom Paid						M	D	Y	Amount	
YOUNG BLACK PROFESSIONAL COALITION (YBPC)						0	8	08	15	\$250.00
Address			Purpose							
1370 STADLEMAN AVE			SPONSORSHIP BACK TO SCHOOL DRIVE							
City		State	Zip Code	Check Number						
AKRON		OH	44320	1839						
To Whom Paid						M	D	Y	Amount	
DEVITIS						0	8	08	15	\$44.50
Address			Purpose							
560 E TALLMADGE AVE			SAUSAGE FOR MEET AND GREET							
City		State	Zip Code	Check Number						
AKRON		OH	44310	1840						
To Whom Paid						M	D	Y	Amount	
JENEE VALLE						0	8	08	15	\$13.27
Address			Purpose							
425 SACKETT AVE			REIMBURSE STAMPS AND COPIES							
City		State	Zip Code	Check Number						
AKRON		OH	44313	1841						
To Whom Paid						M	D	Y	Amount	
TRI COUNTY BLDG & CONSTRUCTION TRADES COUNCIL						0	8	08	15	\$200.00
Address			Purpose							
272 W MARKET ST			GOLF HOLE SPONSOR							
City		State	Zip Code	Check Number						
AKRON		OH	44303	1842						
To Whom Paid						M	D	Y	Amount	
FRIENDS OF STEVE BARRY						0	8	08	15	\$90.00
Address			Purpose							
4847 MANCHESTER RD			FUNDRAISER TICKETS							
City		State	Zip Code	Check Number						
AKRON		OH	44319	1843						
To Whom Paid						M	D	Y	Amount	
TRIAD						0	8	12	15	\$172.50
Address			Purpose							
2006 4TH ST			MEET & GREET FLYER							
City		State	Zip Code	Check Number						
CUYAHOGA FALLS		OH	44221	1844						
To Whom Paid						M	D	Y	Amount	
TRIAD						0	8	12	15	\$277.55
Address			Purpose							
2006 4TH ST			T SHIRTS							
City		State	Zip Code	Check Number						
CUYAHOGA FALLS		OH	44221	1845						
To Whom Paid						M	D	Y	Amount	
TRIAD						0	8	12	15	\$3,987.11
Address			Purpose							
2006 4TH ST			PRINTING AND LABEL COSTS FOR MAILER							
City		State	Zip Code	Check Number						
CUYAHOGA FALLS		OH	44221	1846						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
To Whom Paid TRIAD				M	D	Y	Amount \$2,430.80
Address 2006 4TH ST				Purpose NEWSPRINT BUY AND DESIGN			
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 1847			
To Whom Paid USPS				M	D	Y	Amount \$98.00
Address 520 E CUYAHOGA FALLS AVE				Purpose POSTAGE			
City AKRON		State OH	Zip Code 44310	Check Number 1848			
To Whom Paid TRIAD				M	D	Y	Amount \$500.00
Address 2006 4TH ST				Purpose POSTAGE FOR ABSENTEE MAILER			
City CUYAHOGA FALLS		State OH	Zip Code 44221	Check Number 1849			
To Whom Paid EXPENDITURES FROM FORM 31-F				M	D	Y	Amount \$560.55
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid EXPENDITURES FROM FORM 31-F				M	D	Y	Amount \$904.17
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DAVID VENARGE				Registration Number, if PAC	
Street Address 1390 FIRESTONE PARKWAY		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 1 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GREGORY KURTZ					
Street Address 6355 EVERGREEN DR				Registration Number, if PAC	
Street Address 6355 EVERGREEN DR		Employer/Occupation/Labor Organization* KURTZ BROTHERS		M D Y 0 7 0 1 1 5	Amount \$750.00
City INDEPENDENCE		State OH	Zip Code 44131	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS KURTZ					
Street Address 6345 EVERGREEN DR				Registration Number, if PAC	
Street Address 6345 EVERGREEN DR		Employer/Occupation/Labor Organization* KURTZ BROTHERS		M D Y 0 7 0 1 1 5	Amount \$750.00
City INDEPENDENCE		State OH	Zip Code 44131	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFFREY VENARGE					
Street Address 13579 MOGADORE AVE NW				Registration Number, if PAC	
Street Address 13579 MOGADORE AVE NW		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 2 1 5	Amount \$750.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM ZAVARELLO					
Street Address 313 S HIGH ST				Registration Number, if PAC	
Street Address 313 S HIGH ST		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 0 3 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BUILDERS PAC					
Street Address 799 WHITE POND DR				Registration Number, if PAC NO NUMBER	
Street Address 799 WHITE POND DR		Employer/Occupation/Labor Organization*		M D Y 0 7 0 3 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM PLATKO					
Street Address 6566 SUMMER WIND DR				Registration Number, if PAC	
Street Address 6566 SUMMER WIND DR		Employer/Occupation/Labor Organization* CLEAR CHANNEL		M D Y 0 7 0 6 1 5	Amount \$150.00
City BRECKSVILLE		State OH	Zip Code 44141	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$4,200.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DAVID YALE				Registration Number, if PAC	
Street Address 32 PINWOOD DR		Employer/Occupation/Labor Organization* CLEAR CHANNEL		M D Y 0 7 0 6 1 5	Amount \$150.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DWAYNE GROLL					
Street Address 450 GRANT ST				Registration Number, if PAC	
Street Address 450 GRANT ST		Employer/Occupation/Labor Organization* ENVIRONMENTAL DESIGN		M D Y 0 7 0 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TERRY FERCANI					
Street Address 450 GRANT ST				Registration Number, if PAC	
Street Address 450 GRANT ST		Employer/Occupation/Labor Organization* ENVIRONMENTAL DESIGN		M D Y 0 7 0 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS VENARGE					
Street Address 3503 CHADWICK DR				Registration Number, if PAC	
Street Address 3503 CHADWICK DR		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 6 1 5	Amount \$750.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARCY VENARGE					
Street Address 3503 CHADWICK DR				Registration Number, if PAC	
Street Address 3503 CHADWICK DR		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 6 1 5	Amount \$750.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL SUMMERS					
Street Address 3767 PARK RIDGE DR				Registration Number, if PAC	
Street Address 3767 PARK RIDGE DR		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 6 1 5	Amount \$750.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOAN MALLOY					
Street Address 1609 B SOUTH MAIN ST				Registration Number, if PAC	
Street Address 1609 B SOUTH MAIN ST		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 0 6 1 5	Amount \$750.00
City N CANTON		State OH	Zip Code 44709	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,450.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DR. JERRY SUDE				Registration Number, if PAC	
Street Address 3671 TAMARISK DR		Employer/Occupation/Labor Organization* SELF EMPLOYED PHYS		M D Y 0 7 0 8 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RALPH PALMISANO					
Street Address 4019 HEDGEWOOD DR		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 0 8 1 5	Amount \$750.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL OCHSENHIRT					
Street Address 812 MAYFAIR RD		Employer/Occupation/Labor Organization* AKRON CONCRETE		M D Y 0 7 0 8 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GINA CIOFFI					
Street Address 337 W GARWOOD CIRCLE		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$750.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DOMINIC CIOFFI					
Street Address 337 W GARWOOD CIRCLE		Employer/Occupation/Labor Organization* CIOFFI CONSTRUCTION		M D Y 0 7 0 8 1 5	Amount \$750.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRIENDS OF RUSS PRY					
Street Address 554 WEBER AVE		Employer/Occupation/Labor Organization* POLITICAL COMMITTEE		M D Y 0 7 0 8 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHYAM RAJADHYAKSHA					
Street Address 6121 HUNTLEY RD		Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 0 8 1 5	Amount \$750.00
City COLUMBUS		State OH	Zip Code 43229	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.

\$0.00

\$0.00

Page Total \$ **\$5,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor RAM RAJADHYAKSHA				Registration Number, if PAC	
Street Address PO BOX 1131		Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 0 8 1 5	Amount \$750.00
City WORTHINGTON		State OH	Zip Code 43085	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BARBARA KAPPER					
Street Address 10033 KEITH AVE				Registration Number, if PAC	
City SEMINOLE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 0 8 1 5	Amount \$750.00
State FL		Zip Code 33776		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PAUL THOMARIOS					
Street Address 1 CANAL SQUARE PLAZA STE 1500				Registration Number, if PAC	
City AKRON		Employer/Occupation/Labor Organization* THOMARIOS CO		M D Y 0 7 0 8 1 5	Amount \$750.00
State OH		Zip Code 44308		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANTHONY ALEXANDER					
Street Address 2936 IRONWOOD DR				Registration Number, if PAC	
City AKRON		Employer/Occupation/Labor Organization* RETIRED FIRST ENERGY		M D Y 0 7 0 8 1 5	Amount \$750.00
State OH		Zip Code 44312		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BECKY ALEXANDER					
Street Address 2936 IRONWOOD DR				Registration Number, if PAC	
City AKRON		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$750.00
State OH		Zip Code 44312		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID LUFF					
Street Address 2816 STEELWOOD CIRCLE				Registration Number, if PAC	
City AKRON		Employer/Occupation/Labor Organization* RETIRED FIRST ENERGY		M D Y 0 7 0 8 1 5	Amount \$500.00
State OH		Zip Code 44312		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHIRLEY PETRACCA					
Street Address 612 DELAWARE AVE				Registration Number, if PAC	
City AKRON		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$500.00
State OH		Zip Code 44303		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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 4,750.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor PETER KOSTOFF				Registration Number, if PAC	
Street Address 2995 SILVER MAPLE DR		Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M D Y 0 7 0 8 1 5	Amount \$500.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID HETZLER					
Street Address 1645 RIDGEWAY PLACE		Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 0 8 1 5	Amount \$750.00
City GRANDVIEW HEIGHTS		State OH	Zip Code 43212	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NAPPY HETZLER					
Street Address 1645 RIDGEWAY PLACE		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$150.00
City GRANDVIEW HEIGHTS		State OH	Zip Code 43121	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS SISLEY					
Street Address 5600 STATE RTE 14		Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 0 8 1 5	Amount \$750.00
City RAVENNA		State OH	Zip Code 44266	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARLA SISLEY					
Street Address 5600 STATE RTE 14		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$150.00
City RAVENNA		State OH	Zip Code 44266	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT KIRKLEY					
Street Address 7548 OVERLAND TRAIL		Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 0 8 1 5	Amount \$750.00
City DELAWARE		State OH	Zip Code 43015	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CYNTHIA KIRKLEY					
Street Address 7548 OVERLAND TRAIL		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$150.00
City DELAWARE		State OH	Zip Code 43015	Form (Cash, Check, etc.) CHECK	

* 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)]

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,200.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor ROBERT FRUTCHEY			Registration Number, if PAC	
Street Address 2700 OLDTOWN VALLEY RD SW	Employer/Occupation/Labor Organization* THOMARIOS CO		M D Y 0 7 0 8 1 5	Amount \$100.00
City NEW PHILADELPHIA	State OH	Zip Code 44663	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ADAM THOMARIOS			Registration Number, if PAC	
Street Address 1 CANAL SQUARE PLAZA STE 1500	Employer/Occupation/Labor Organization* THOMARIOS CO		M D Y 0 7 0 8 1 5	Amount \$100.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SARAH THOMARIOS			Registration Number, if PAC	
Street Address 1 CANAL SQUARE PLAZA STE 303	Employer/Occupation/Labor Organization* THOMARIOS CO		M D Y 0 7 0 8 1 5	Amount \$100.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CARLO MALTEMPI			Registration Number, if PAC	
Street Address 381 KENT DR	Employer/Occupation/Labor Organization* DONTINO'S		M D Y 0 7 0 8 1 5	Amount \$200.00
City TALLMADGE	State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CONSTANCE HESSKE			Registration Number, if PAC	
Street Address 1655 W MARKET ST STE 350	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 0 8 1 5	Amount \$200.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ALEX PG SITTENFELD			Registration Number, if PAC	
Street Address 1854KEYS CRESCENT LANE	Employer/Occupation/Labor Organization* CITY OF CINCINNATI		M D Y 0 7 0 8 1 5	Amount \$250.00
City CINCINNATI	State OH	Zip Code 45206	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFFREY LONG			Registration Number, if PAC	
Street Address PO BOX 31822	Employer/Occupation/Labor Organization* CANAL CONSTRUCTION		M D Y 0 7 0 8 1 5	Amount \$250.00
City INDEPENDENCE	State OH	Zip Code 44131	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,200.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor CRAIG MORGAN				Registration Number, if PAC	
Street Address 30 MENLO PARK DR APT 2B		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD KROCHKA					
Street Address 2006 4TH ST		Employer/Occupation/Labor Organization* TRIAD		M D Y 0 7 0 8 1 5	Amount \$300.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANTHONY O'LEARY					
Street Address 3446 RIVER ROCK DR		Employer/Occupation/Labor Organization* AMHA		M D Y 0 7 0 8 1 5	Amount \$300.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN FROLA					
Street Address 3197 N JACKSON BLVD		Employer/Occupation/Labor Organization* CT CONSULTANTS		M D Y 0 7 0 8 1 5	Amount \$300.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PHILLIP MONTGOMERY					
Street Address 308 SAND RUN RD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RANDY BRIGGS					
Street Address 151 BELHAR DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL MUSGRAVE					
Street Address 24 BLACK BEAR LANE		Employer/Occupation/Labor Organization* MWH CONSULTANTS		M D Y 0 7 0 8 1 5	Amount \$300.00
City LITTLETON		State CO	Zip Code 80127	Form (Cash, Check, etc.) 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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ \$2,100.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor POLA OCHSENHIRT				Registration Number, if PAC	
Street Address 812 MAYFAIR RD		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS DILLON					
Street Address 733 W MARKET ST		Employer/Occupation/Labor Organization* DILLON COMPANY		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GERTRUDE WILMS					
Street Address 32 MARSHALL		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FIRST ENERGY PAC					
Street Address 76 S MAIN ST		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICK D'ANDREA					
Street Address 697 W MARKET ST STE 200		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 0 8 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT COOPER					
Street Address 4475 CASTLEMAINE CT		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN VALLE					
Street Address 425 SACKETT AVE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 0 8 1 5	Amount \$200.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 3,100.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JOHN SMITH				Registration Number, if PAC	
Street Address PO BOX 131		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL SMITH II					
Street Address 1451 N POLEN AVE		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS SMITH JR					
Street Address 2306 WATERLOO RD		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GREGORY SMITH					
Street Address 992 WATERLOO RD		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN SMITH					
Street Address 1259 RHODES AVE		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICK SMITH JR					
Street Address 801 WATERLOO RD		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS SMITH					
Street Address 1902 WATERLOO RD		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 0 8 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$5,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor GEORGE EMERSHAW		Registration Number, if PAC	
Street Address 120 E MILL ST STE 437	Employer/Occupation/Labor Organization* ATTORNEY	M D Y 0 7 0 8 1 5	Amount \$300.00
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK
Full Name of Contributor JEANNE BOBINCHUCK		Registration Number, if PAC	
Street Address 1006 BUNKER #306	Employer/Occupation/Labor Organization* SELF-EMPLOYED	M D Y 0 7 0 8 1 5	Amount \$250.00
City FAIRLAWN	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK
Full Name of Contributor RYAN BALKO		Registration Number, if PAC	
Street Address 1559 BRYDEN DR	Employer/Occupation/Labor Organization* GPD GROUP	M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK
Full Name of Contributor TRAVIS BOWMAN		Registration Number, if PAC	
Street Address 348 LOMA DR	Employer/Occupation/Labor Organization* GPD GROUP	M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON	State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK
Full Name of Contributor TONY BURGOYNE		Registration Number, if PAC	
Street Address 715 CASTLE BLVD	Employer/Occupation/Labor Organization* GPD GROUP	M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK
Full Name of Contributor JUSTIN BUTTERFIELD		Registration Number, if PAC	
Street Address 2166 MARTIN CREST DR	Employer/Occupation/Labor Organization* GPD GROUP	M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON	State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK
Full Name of Contributor DAVE FRANK		Registration Number, if PAC	
Street Address 332 CRESTVIEW	Employer/Occupation/Labor Organization* GPD GROUP	M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,050.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HERRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor MATTHEW GLASS				Registration Number, if PAC	
Street Address 1242 WAREHAM CIRCLE		Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AARON HERKENHOFF				Registration Number, if PAC	
Street Address 790 HAMPTON RDIGE DR		Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JUSTIN HINCHCLIFFE				Registration Number, if PAC	
Street Address 415 GREENWOOD AVE		Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHEN SCHREIBER				Registration Number, if PAC	
Street Address 3921 WOODTHRUSH RD		Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RUSSELL GAYHEART				Registration Number, if PAC	
Street Address 55 MAYFIELD AVE		Employer/Occupation/Labor Organization* GPD GROUP		M D Y 0 7 0 8 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN BLICKLE				Registration Number, if PAC	
Street Address 500 GRANT ST		Employer/Occupation/Labor Organization* HEIDMAN INC		M D Y 0 7 0 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFF FUSCO				Registration Number, if PAC	
Street Address 2117 FOREST OAK DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 0 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44312	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 4,000.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JOHN LEAF				Registration Number, if PAC	
Street Address 82 ROSEWOOD DR		Employer/Occupation/Labor Organization* ABM PARKING		M D Y 0 7 1 0 1 5	Amount \$300.00
City AVON LAKE		State OH	Zip Code 44012	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PAMELA MONTISANO				Registration Number, if PAC	
Street Address 1199 LISA ANN DR		Employer/Occupation/Labor Organization* XXI CENTURY FINANCE		M D Y 0 7 1 0 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BENJAMIN TEGEL				Registration Number, if PAC	
Street Address 540 SAN PIER DR		Employer/Occupation/Labor Organization* AUXIN COMPANY		M D Y 0 7 1 3 1 5	Amount \$300.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRUCE KLINE				Registration Number, if PAC	
Street Address 169 NORTHPARK DR		Employer/Occupation/Labor Organization* ABM PARKING		M D Y 0 7 1 3 1 5	Amount \$300.00
City WADSWORTH		State OH	Zip Code 44281	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAWNA HINIG SKAPIN				Registration Number, if PAC	
Street Address 3566 DAYTON AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 4 1 5	Amount \$300.00
City KENT		State OH	Zip Code 44240	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHERYL VENARGE				Registration Number, if PAC	
Street Address 1390 FIRESTONE PKY		Employer/Occupation/Labor Organization* AKRON PAINT VARNISH		M D Y 0 7 1 5 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRANK STAMS				Registration Number, if PAC	
Street Address 3290 FORESTMEADOW DR		Employer/Occupation/Labor Organization* THE FIRST TEE AKRON		M D Y 0 7 1 5 1 5	Amount \$300.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,000.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	\$400.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		CHECKS			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

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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

\$42,950.00

Total expenditures this event.

\$560.55

Page Total \$ \$400.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full									
DAN HORRIGAN CAMPAIGN COMMITTEE									
Full Name of Contributor FRED AMBACH				Registration Number, if PAC					
Street Address 2090 MAY RD		Employer/Occupation/Labor Organization* AKRON CANTON WASTE		M	D	Y	Amount		
				0	7	0315	\$70.00		
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor MARTIN MEHALL									
Street Address 7055 ENGLE RD STE 302				Employer/Occupation/Labor Organization* RICHLAND DEVELOPMENT		M	D	Y	Amount
				0	7	0315	\$35.00		
City MIDDLEBURG HEIGHTS		State OH	Zip Code 44130	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JEANNE TASSIELLO									
Street Address 1137 AVON ST				Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	0615	\$70.00		
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JAMES LONG									
Street Address 657 LYNN DR				Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	0615	\$35.00		
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor MICHAEL HAYES									
Street Address 147 CLEMMER AVE				Employer/Occupation/Labor Organization* <i>unable to locate</i>		M	D	Y	Amount
				0	7	0615	\$100.00		
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor MICHAEL IEMMA									
Street Address 826 ADAM RUN DR				Employer/Occupation/Labor Organization* PARK FORD		M	D	Y	Amount
				0	7	0615	\$250.00		
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JAMES KAISER									
Street Address 924 DAMON ST				Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	0615	\$35.00		
City AKRON		State OH	Zip Code 44310	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 595.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor JANET KRUEGER			Registration Number, if PAC		
Street Address 1082 LINDEN AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 0 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LINDA EDWARDS			Registration Number, if PAC		
Street Address 3078 WISE RD		Employer/Occupation/Labor Organization* EDCO CLEANERS		M D Y 0 7 0 8 1 5	Amount \$150.00
City N CANTON		State OH	Zip Code 44720	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS DIFRANCESCO			Registration Number, if PAC		
Street Address 2145 MARTIN RD		Employer/Occupation/Labor Organization* CUY FALLS SCHOOLS		M D Y 0 7 1 0 1 5	Amount \$70.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WALTER BENSON			Registration Number, if PAC		
Street Address 842 S HAMETOWN RD		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 0 1 5	Amount \$75.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FAYLIN MUTCH			Registration Number, if PAC		
Street Address 1456 HAMPTON KNOLL DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 4 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JULIE TORTORA			Registration Number, if PAC		
Street Address 62 FENTON AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 4 1 5	Amount \$50.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DENICE DINAPOLI			Registration Number, if PAC		
Street Address 530 MAGNOLIA AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 4 1 5	Amount \$50.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 480.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor MARY SAYRE				Registration Number, if PAC			
Street Address 369 HARRIS ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1	415
City AKRON		State OH	Zip Code 44304	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN MOYER				Registration Number, if PAC			
Street Address 3849 ENGLEWOOD DR		Employer/Occupation/Labor Organization* Stow Schools		M	D	Y	Amount
				0	7	1	515
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MICHAEL RASOR				Registration Number, if PAC			
Street Address 3545 BENT TREE LANE APT 311		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				0	7	1	515
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor PHIL LOMBARDO				Registration Number, if PAC			
Street Address 1246 VANE AVE		Employer/Occupation/Labor Organization* FIRST ENERGY		M	D	Y	Amount
				0	7	1	615
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DARRELL LUDLE				Registration Number, if PAC			
Street Address 1520 CREIGHTON AVE		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	1	615
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor CHRISTINE KAUFFMAN				Registration Number, if PAC			
Street Address 4269 STATE PARK DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1	615
City NEW FRANKLIN		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RANDY BRIGGS				Registration Number, if PAC			
Street Address 151 BELHAR DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M	D	Y	Amount
				0	7	1	615
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$335.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JOYCE BOWERS				Registration Number, if PAC	
Street Address 1183 LEXINGTON AVE		Employer/Occupation/Labor Organization* ST ANTHONY SCHOOL		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH CAMPRIANA					
Street Address 422 VINEWOOD AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$35.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor F BENJAMIN RIEK III					
Street Address 2761 D RYEWOOD AVE		Employer/Occupation/Labor Organization* <i>Unable to locate</i>		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM LISKA					
Street Address 1154 N HOWARD ST		Employer/Occupation/Labor Organization* AMHA		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RON HUMMEL					
Street Address 3238 CHERIE CIRCLE		Employer/Occupation/Labor Organization* HUMMEL INSURANCE		M D Y 0 7 1 6 1 5	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DANA HUNTLEY					
Street Address 1153 AVON ST		Employer/Occupation/Labor Organization* KOINONIA HOMES		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHANIE HUMMEL					
Street Address 1861 SHAW AVE		Employer/Occupation/Labor Organization* HUMMEL INSURANCE		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44305	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$245.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor GEORGE JUMBERT				Registration Number, if PAC	
Street Address 329 LAKE POINTE DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 16 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT HABEL					
Street Address 1665 19TH ST		Employer/Occupation/Labor Organization* BRAUN & STEIDL		M D Y 0 7 16 1 5	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINA MERLITTI					
Street Address 304 CLINTON AVE		Employer/Occupation/Labor Organization* LEAGUE OF WOMENS V6		M D Y 0 7 16 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NICOLE RICCHIUTI					
Street Address 1193 BERWIN ST		Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 7 16 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH TESTA					
Street Address 386 OXFORD AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 16 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN BROWN					
Street Address 315 SHIAWASSEE AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 16 1 5	Amount \$35.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DOUGLAS POWLEY					
Street Address 986 NOKOMIS DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 16 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 245.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor MICHAEL GOUDY			Registration Number, if PAC		
Street Address 425 E ARCHWOOD AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS BRUNO					
Street Address 2435 SOUREK RD		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICIA VALLE					
Street Address 406 OXFORD AVE		Employer/Occupation/Labor Organization* ST V/M SCHOOL		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SAM DESHAZIOR					
Street Address 361 HICKORY ST		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT SWISHER					
Street Address 2371 27TH ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 16 15	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MATHEW CONTESSA					
Street Address 403 E GLENWOOD AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS BOWN					
Street Address 337 CASTLE BLVD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 16 15	Amount \$35.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$245.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor ANNE PANAI				Registration Number, if PAC			
Street Address 347 KENROE AVE		Employer/Occupation/Labor Organization* <i>How Schools</i>		M	D	Y	Amount
City MUNROE FALLS		State OH	Zip Code 44262	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor PAUL BRUNAMONTI				Registration Number, if PAC			
Street Address 248 OAKDALE AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
City AKRON		State OH	Zip Code 44302	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor RICHARD REED				Registration Number, if PAC			
Street Address 2590 MYERSVILLE RD		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M	D	Y	Amount
City UNIONTOWN		State OH	Zip Code 44685	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor GUIDO DIORIO				Registration Number, if PAC			
Street Address 1177 OAKLAND AVE		Employer/Occupation/Labor Organization* NEO-SHRED		M	D	Y	Amount
City AKRON		State OH	Zip Code 44310	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor THOMAS MINNINGER				Registration Number, if PAC			
Street Address 19 LEICESTER DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
City AKRON		State OH	Zip Code 44319	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor CHARLES SCHRECKENBERGER				Registration Number, if PAC			
Street Address 3290 PARFOURE BLVD		Employer/Occupation/Labor Organization* BRAUN & STEIDL		M	D	Y	Amount
City UNIONTOWN		State OH	Zip Code 44685	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			
Full Name of Contributor MARILYN PURDY				Registration Number, if PAC			
Street Address 3068 HILLSIDE TRL		Employer/Occupation/Labor Organization* AKRON SCHOOLS		M	D	Y	Amount
City STOW		State OH	Zip Code 44224	0	7	16	\$35.00
Form (Cash, Check, etc.) CHECK				Registration Number, if PAC			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$245.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor EVIS BRINSON				Registration Number, if PAC	
Street Address 292 GREENSFIELD LANE		Employer/Occupation/Labor Organization* RIUC ENTERPRISE		M D Y 0 7 1 6 1 5	Amount \$35.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN JEWELL				Registration Number, if PAC	
Street Address 156 ELMDALE AVE		Employer/Occupation/Labor Organization* <i>Educator</i>		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH MAITE				Registration Number, if PAC	
Street Address 742 ROANOKE AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN MURPHY				Registration Number, if PAC	
Street Address 84 MAYFIELD AVE		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VINCENT TASSIELLO				Registration Number, if PAC	
Street Address 1149 BERWIN ST		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RAYMOND VALLE				Registration Number, if PAC	
Street Address 3220 MAPLECREST AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$35.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TOM PARK				Registration Number, if PAC	
Street Address 1676 CUYAHOGA ST		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 245.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor JERRY JAMES				Registration Number, if PAC		
Street Address 2209 LIBERTY ST		Employer/Occupation/Labor Organization* CITY OF CUY FALLS		M	D	Y
				0	7	1615
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor WALTER BENSON						
Street Address 842 S HAMETOWN RD				Registration Number, if PAC		
Street Address 842 S HAMETOWN RD		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y
				0	7	1615
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor JOSEPH SABO						
Street Address 7805 MELLACENT DR				Registration Number, if PAC		
Street Address 7805 MELLACENT DR		Employer/Occupation/Labor Organization* <i>Unable to locate</i>		M	D	Y
				0	7	1615
City COLUMBUS		State OH	Zip Code 43235	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor JAMES MASTURZO						
Street Address 2289 CROSS CREEK TRL				Registration Number, if PAC		
Street Address 2289 CROSS CREEK TRL		Employer/Occupation/Labor Organization* RETIRED		M	D	Y
				0	7	1615
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor VINCENT CIRACO						
Street Address 968 IREDELL				Registration Number, if PAC		
Street Address 968 IREDELL		Employer/Occupation/Labor Organization* RETIRED		M	D	Y
				0	7	1615
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor JOSHUA RANGLES						
Street Address 1270 DERBYDALE RD				Registration Number, if PAC		
Street Address 1270 DERBYDALE RD		Employer/Occupation/Labor Organization* <i>Cintas</i>		M	D	Y
				0	7	1615
City AKRON		State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK		Amount \$35.00
Full Name of Contributor JOHN STEPHAN						
Street Address 168 BOYD DR				Registration Number, if PAC		
Street Address 168 BOYD DR		Employer/Occupation/Labor Organization* <i>Unable to locate</i>		M	D	Y
				0	7	1615
City WORTHINGTON		State OH	Zip Code 43085	Form (Cash, Check, etc.) CHECK		Amount \$35.00

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 245.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor E SPENCER MUSE				Registration Number, if PAC	
Street Address 86 S CLEVELAND AVE STE B		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$35.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFF LAYBOURNE				Registration Number, if PAC	
Street Address 159 S MAIN ST STE 900		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN CONTI				Registration Number, if PAC	
Street Address 1235 FLANDERS AVE		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44314	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DENISE COOK				Registration Number, if PAC	
Street Address 3934 ETTER RD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$50.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TIM BROWN				Registration Number, if PAC	
Street Address 1153 AVON ST		Employer/Occupation/Labor Organization* AGMC		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ADELE DORFNER ROTH				Registration Number, if PAC	
Street Address 275 N PORTAGE PATH APT 8E		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PHILLIP MONTGOMERY				Registration Number, if PAC	
Street Address 308 SAND RUN RD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$335.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JACK BURGESS JR				Registration Number, if PAC	
Street Address 2829 AYLESBURY ST NW		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City N CANTON		State OH	Zip Code 44720	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL GAFFNEY					
Street Address 3996 BRAMBLEWOOD DR		Employer/Occupation/Labor Organization* JUNIOR ACHIEVEMENT		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VINCENT MALTEMPI					
Street Address 381 KENT DR		Employer/Occupation/Labor Organization* DONTINO'S		M D Y 0 7 1 6 1 5	Amount \$50.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATHERINE WRIGHT					
Street Address 1032 BERWIN ST		Employer/Occupation/Labor Organization* METIS CONSTRUCTION		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CRAIG MORGAN					
Street Address 30 MENLO PARK DR APT 2B		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD LANG					
Street Address 3848 GREENFIELD RD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$50.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RUSSELL PRY					
Street Address 733 W MARKET ST #607		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 350.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor CONSTANCE HESSKE				Registration Number, if PAC			
Street Address 1655 W MARKET ST STE 350		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				0	7	16	\$50.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor EUGENE PUGLIA				Registration Number, if PAC			
Street Address 429 DAYTON ST		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	16	\$70.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor STEPHEN FALLIS				Registration Number, if PAC			
Street Address 1321 VILLAGE DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M	D	Y	Amount
				0	7	16	\$70.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MAUREEN BROWN				Registration Number, if PAC			
Street Address 895 HUNTER RIDGE CIRCLE		Employer/Occupation/Labor Organization* REMAX REALTY		M	D	Y	Amount
				0	7	16	\$70.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor SANDRA JONES				Registration Number, if PAC			
Street Address 55 BRANCHWOOD COVE		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	16	\$70.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor GIA SUNDAY-D'ANDREA				Registration Number, if PAC			
Street Address 869 ADAM RUN DR		Employer/Occupation/Labor Organization* MERCK		M	D	Y	Amount
				0	7	16	\$70.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MARGARET AITKEN				Registration Number, if PAC			
Street Address 553 SOMERSET RD		Employer/Occupation/Labor Organization* AKRON ZOO		M	D	Y	Amount
				0	7	16	\$70.00
City AKRON		State OH	Zip Code 44313	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.

\$0.00

\$0.00

Page Total \$ 470.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JUDITH DIFIORE				Registration Number, if PAC	
Street Address 3152 HIGHLAND DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$70.00
City SILVER LAKE		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CATHERINE DELUCA					
Registration Number, if PAC					
Street Address 878 WILLOW CREEK DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$70.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH DONOFRIO					
Registration Number, if PAC					
Street Address 1522 HILBISH AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$70.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARTHA JEFFRIES					
Registration Number, if PAC					
Street Address 1203 BERWIN ST		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$70.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICIA KIRN					
Registration Number, if PAC					
Street Address 469 SACKETT AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$70.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATHLEEN PERGE					
Registration Number, if PAC					
Street Address 1144 N HOWARD ST		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$70.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GEORGE EMERSHAW					
Registration Number, if PAC					
Street Address 120 E MILL ST #437		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 520.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor BRIAN CLARK				Registration Number, if PAC	
Street Address 3020 KENT RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City SILVER LAKE		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS MUSARRA					
Street Address 4367 STATE RD		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor URSULA MANNION					
Street Address 1411 CAMDEN RIDGE BLVD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TROY EDWARDS					
Street Address 978 WOODWARD AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor COMMITTEE TO ELECT RICH SWIRSKY					
Street Address 183 N HIGHLAND AVE		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN SCHMIDT					
Street Address 1460 CURTIS AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT HOLLIS					
Street Address 4113 WEYMOUTH RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$700.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DENISE WIGLEY			Registration Number, if PAC		
Street Address 3044 KINGSTON CIRCLE		Employer/Occupation/Labor Organization* WIGLEY TITLE		M D Y 0 7 1 6 1 5	Amount \$100.00
City SILVER LAKE		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JIM HURLEY COMMITTEE					
Street Address 1227 CLIFTON AVE		Employer/Occupation/Labor Organization* POLITICAL COMMITTEE		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATHLEEN BERKOWITZ					
Street Address 2300 RIDGEWOOD RD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TERESA ALBANESE					
Street Address 2530 CEDAR CREEK LANE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ELLEN LANDER NISCHT					
Street Address 43 E MARKET ST #302		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PAUL GAHRES					
Street Address 2811 THURMONT RD		Employer/Occupation/Labor Organization* SOTARIS		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JON HOLLAND					
Street Address 396 WYOGA LAKE BLVD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 700.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JOHN VALLE			Registration Number, if PAC		
Street Address 425 SACKETT AVE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHARLES HOUSE					
Street Address 40 W GARWOOD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$150.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID FOLK					
Street Address 2216 CANTERBURY CIRCLE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN YORK					
Street Address 2484 CARDIGAN DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DEBORAH FORFIA					
Street Address 418 SCHOCALOG RD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GERTRUDE WILMS					
Street Address 32 MARSHALL		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SEAN VOLLMAN					
Street Address 1850 KINGSLEY AVE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$1,000.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor TAMMY KALAIL				Registration Number, if PAC	
Street Address 955 EATON AVE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL DEFIBAUGH					
Street Address 581 WESTMINSTER CIRCLE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID MUNTEAN					
Street Address 1674 REDWOOD AVE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN CHRISTOPHER REECE					
Street Address 2278 CANTERBURY CIRCLE		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFFREY JAMES					
Street Address 237 HICKORY ST		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM HANEK					
Street Address 4196 SHENANDOAH PKWY		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$175.00
City BRUNSWICK		State OH	Zip Code 44212	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARY GAFFNEY					
Street Address 80 N PORTAGE PATH APT 6B		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$200.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,125.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor				Registration Number, if PAC			
RICHARD MCGUCKIN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
315 S MILLER RD		RETIRED		0	7	16	\$200.00
City		State	Zip Code	Form (Cash, Check, etc.)			
FAIRLAWN		OH	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ANTONIO EDWARDS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3319 WHIPPLE AVE NW		CARRIAGE HILL CLEANERS		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CANTON		OH	44718	CHECK			
Full Name of Contributor				Registration Number, if PAC			
PAUL POPOVICH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3469 PARFOURE BLVD		SUMMIT COUNTY		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
UNIONTOWN		OH	44685	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JAMES RAUH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1169 HILLSBORO MILE APT 603		RETIRED		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
HILLSBORO BEACH		FL	33062	CHECK			
Full Name of Contributor				Registration Number, if PAC			
RAY KAPPER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10033 KEITH AVE		RETIRED		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
SEMINOLE		FL	33776	CHECK			
Full Name of Contributor				Registration Number, if PAC			
DAVID LIEBERTH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1275 W SUNSET VIEW		LEVIATHAN PRODUCTION		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CAROL SCHNEIDER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1049 LEXINGTON AVE		RETIRED		0	7	16	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44310	CHECK			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,700.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JILL MANSFIELD				Registration Number, if PAC	
Street Address 1675 KINGSLEY AVE		Employer/Occupation/Labor Organization* WESTERN RESERVE HQ		M D Y 0 7 1 6 1 5	Amount \$250.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ASHLEY BROPHY					
Street Address 1460 SACKETT HILLS DR		Employer/Occupation/Labor Organization* RADY CHILDRENS HOSPITAL		M D Y 0 7 1 6 1 5	Amount \$250.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARY JANE MASSOLI					
Street Address 430 STRADER RD		Employer/Occupation/Labor Organization* MASSOLI BAKERY		M D Y 0 7 1 6 1 5	Amount \$250.00
City AKRON		State OH	Zip Code 44305	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DARRELL HILL					
Street Address 892 GRANGER RD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$300.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DEBORAH MCCORT					
Street Address 2574 NORTHAMPTON RD		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$300.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICIA AMBROSE RUBRIGHT					
Street Address 2849 VALLEY RD		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$350.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CARPENTERS LOCAL 285 PCE					
Street Address 47 ALICE DR		Employer/Occupation/Labor Organization* PAC		M D Y 0 7 1 6 1 5	Amount \$500.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$2,200.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor WILLIAM BROWN		Registration Number, if PAC	
Street Address 1748 EWART DR	Employer/Occupation/Labor Organization* RETIRED	M D Y 0 7 1 6 1 5	Amount \$35.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK
Full Name of Contributor JACK MANOS		Registration Number, if PAC	
Street Address 2626 DURAND RD		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City FAIRLAWN	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK
Full Name of Contributor EDNAH BORDERS		Registration Number, if PAC	
Street Address 778 DIAGONAL RD		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK
Full Name of Contributor MARY SPAUGY		Registration Number, if PAC	
Street Address 3660 DICK ST		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City MOGADORE	State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK
Full Name of Contributor WENDY WEAVER		Registration Number, if PAC	
Street Address 902 ATWOOD		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City TALLMADGE	State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK
Full Name of Contributor DAVID NOTT		Registration Number, if PAC	
Street Address 2153 HOCH DR		Registration Number, if PAC	
Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City CUYAHOGA FALLS	State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK
Full Name of Contributor CONSTANCE CAPODICI		Registration Number, if PAC	
Street Address 51 CLAYTON COURT		Registration Number, if PAC	
Employer/Occupation/Labor Organization* GEORGE STERBENZ MD		M D Y 0 7 1 6 1 5	Amount \$100.00
City HUDSON	State OH	Zip Code 44236	Form (Cash, Check, etc.) CHECK

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$485.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor YAMINI ADKINS				Registration Number, if PAC			
Street Address 667 SALISBURY WAY		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$100.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN KINSEY				Registration Number, if PAC			
Street Address 3192 SANITARIUM RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor LEONARD FOSTER				Registration Number, if PAC			
Street Address 1861 B MOONLIT TRL		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$200.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor PAUL GALLAGHER				Registration Number, if PAC			
Street Address 2370 SCHUBERT AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$30.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor FRANK TODARO				Registration Number, if PAC			
Street Address 4643 LINDA LANE		Employer/Occupation/Labor Organization* TODARO PARTY CENTER		M	D	Y	Amount
				0	7	1615	\$50.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor PATRICIA DIVOKY				Registration Number, if PAC			
Street Address 587 BISHOP RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$50.00
City HIGHLAND HEIGHTS		State OH	Zip Code 44143	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN RUTECKI				Registration Number, if PAC			
Street Address 367 NARAGANSETT DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	1615	\$35.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK			

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Total contributions this event
\$0.00

Total expenditures this event
\$0.00

Page Total \$ 565.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor		Registration Number, if PAC	
LISA YEAGER			
Street Address	Employer/Occupation/Labor Organization*	M	D
3201 CRANWOOD CIRCLE	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
NORTON	OH	44203	\$35.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
VALERIE DEROSE			
Street Address	Employer/Occupation/Labor Organization*	M	D
1310 DEWITT DR	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
AKRON	OH	44313	\$50.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
ANDREA KIDDER			
Street Address	Employer/Occupation/Labor Organization*	M	D
191 HIGHPOINT CIRCLE	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
TALLMADGE	OH	44278	\$50.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
KENNETH KNODEL			
Street Address	Employer/Occupation/Labor Organization*	M	D
1581 HIGHTOWER DR	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
UNIONTOWN	OH	44685	\$50.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
SHARON ROBINSON			
Street Address	Employer/Occupation/Labor Organization*	M	D
2624 CORY AVE	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
AKRON	OH	44314	\$50.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
PATRICIA DIVOKY			
Street Address	Employer/Occupation/Labor Organization*	M	D
587 BISHOP RD	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
HIGHLAND HEIGHTS	OH	44143	\$200.00
Form (Cash, Check, etc.)			
CHECK			
Full Name of Contributor		Registration Number, if PAC	
HEATHER YANNAYON			
Street Address	Employer/Occupation/Labor Organization*	M	D
185 EAST ST	SUMMIT COUNTY	0	7
		1	6
		1	5
City	State	Zip Code	Amount
WADSWORTH	OH	44281	\$100.00
Form (Cash, Check, etc.)			
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 535.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor MICHAEL VERICH				Registration Number, if PAC	
Street Address 1346 CENTRAL PARKWAY AVE SE		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 1 6 1 5	Amount \$70.00
City WARREN		State OH	Zip Code 44484	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT MCDOWALL JR				Registration Number, if PAC	
Street Address 415 WYNDCLIFT PLACE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City YOUNGSTOWN		State OH	Zip Code 44515	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GARY GUENTHER				Registration Number, if PAC	
Street Address 801 MEADOWVIEW DR NW		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$50.00
City CANAL FULTON		State OH	Zip Code 44614	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT GENET				Registration Number, if PAC	
Street Address 445 31ST ST SW		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City BARBERTON		State OH	Zip Code 44203	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID KISH				Registration Number, if PAC	
Street Address 3497 E PRESCOTT CIRCLE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DANIELLE BURNETTE				Registration Number, if PAC	
Street Address PO BOX 2532		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44309	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINE MARSHALL				Registration Number, if PAC	
Street Address 812 DELAWARE AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 570.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor LINDA MURPHY				Registration Number, if PAC	
Street Address 4239 SUNFISH COVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AVON		State OH	Zip Code 44011	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KELLY MILLER				Registration Number, if PAC	
Street Address 982 BEVAN ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DENNIS TUBBS				Registration Number, if PAC	
Street Address 1591 S HAMETOWN RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINE HIGHAM				Registration Number, if PAC	
Street Address 1188 SHADYSIDE LANE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City TALLMADGE		State OH	Zip Code 44278	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTOPHER VERICH				Registration Number, if PAC	
Street Address 955 W EXCHANGE ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44302	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRANCES LADD				Registration Number, if PAC	
Street Address 1504 GLENBREIGH CIRCLE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$150.00
City BARBERTON		State OH	Zip Code 44302	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CONNIE KRAUSS				Registration Number, if PAC	
Street Address 799 PEGAN DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$200.00
City WADSWORTH		State OH	Zip Code 44281	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 850.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DEBORAH MATZ				Registration Number, if PAC	
Street Address 2435 CALL RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$200.00
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN NELSEN					
Street Address 2719 CARRIAGE HILL LANE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$200.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LISA KOHLER SCHMITT					
Street Address 4271 DARROW RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$200.00
City STOW		State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANITA DAVIS					
Street Address 1555 HAMPTON KNOLL DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHEN ZIMMERMAN					
Street Address 210 LAKE FRONT DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CAROL CHIMERA					
Street Address 1221 KILLIAN RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROSS NICHOLSON					
Street Address 564 ARROWHEAD LANE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y 0 7 1 6 1 5	Amount \$100.00
City SAGAMORE HILLS		State OH	Zip Code 44067	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,100.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor DAVID GERRAGHTY				Registration Number, if PAC			
Street Address PO BOX 5282		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$100.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor STEPHANIE CAROTHERS							
Street Address 3695 MOGADORE RD				Registration Number, if PAC			
Street Address 3695 MOGADORE RD		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$100.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor TERRI BURNS							
Street Address 1701 STATE RTE 43				Registration Number, if PAC			
Street Address 1701 STATE RTE 43		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$100.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor GEORGE DEBORD							
Street Address 2998 CLEAR CREEK DR				Registration Number, if PAC			
Street Address 2998 CLEAR CREEK DR		Employer/Occupation/Labor Organization* ORIANA HOUSE		M	D	Y	Amount
				0	7	16	\$50.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor KRISTEN FULLERTON							
Street Address 833 BEECHWOOD DR				Registration Number, if PAC			
Street Address 833 BEECHWOOD DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$50.00
City MEDINA		State OH	Zip Code 44256	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOAN GOFF							
Street Address 2861 COLON DR				Registration Number, if PAC			
Street Address 2861 COLON DR		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$50.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MICHAEL WEANT							
Street Address 340 SUMMIT ST				Registration Number, if PAC			
Street Address 340 SUMMIT ST		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M	D	Y	Amount
				0	7	16	\$200.00
City WADSWORTH		State OH	Zip Code 44281	Form (Cash, Check, etc.) CHECK			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 650.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor JOE SCHAEZTLE				Registration Number, if PAC			
Street Address 1553 DENISE DR		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	1615	\$25.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CASH			
Full Name of Contributor RUDY DIFRANGIA				Registration Number, if PAC			
Street Address 1236 PITKIN AVE		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	1615	\$10.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH			
Full Name of Contributor MATT MCKEON				Registration Number, if PAC			
Street Address 675 HUNTERS TRL		Employer/Occupation/Labor Organization* SUMMA HEALTH		M	D	Y	Amount
				0	7	1615	\$25.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CASH			
Full Name of Contributor GALEN BOCK				Registration Number, if PAC			
Street Address 2169 DORTHEA DR		Employer/Occupation/Labor Organization* CGI		M	D	Y	Amount
				0	7	1615	\$24.00
City WASHINGTON COURT HOUSE		State OH	Zip Code 43160	Form (Cash, Check, etc.) CASH			
Full Name of Contributor STEVEN KOZAR				Registration Number, if PAC			
Street Address 847 MERIDIAN ST		Employer/Occupation/Labor Organization* JENSON ENTERPRISES		M	D	Y	Amount
				0	7	1615	\$25.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH			
Full Name of Contributor ROSANNE SANFORD				Registration Number, if PAC			
Street Address 5115 AKRON CLEVELAND RD		Employer/Occupation/Labor Organization* RETIRED		M	D	Y	Amount
				0	7	1615	\$25.00
City PENINSULA		State OH	Zip Code 44264	Form (Cash, Check, etc.) CASH			
Full Name of Contributor ERIC SMITH				Registration Number, if PAC			
Street Address 2515 CARDIGAN DR		Employer/Occupation/Labor Organization* AECOM		M	D	Y	Amount
				0	7	1615	\$25.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CASH			

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Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ \$159.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor ZACK DEEMS			Registration Number, if PAC	
Street Address 360 ASPEN DR	Employer/Occupation/Labor Organization* AECOM		M D Y 0 7 1 6 1 5	Amount \$25.00
City DOVER	State OH	Zip Code 44622	Form (Cash, Check, etc.) CASH	
Full Name of Contributor STEVE BARRY			Registration Number, if PAC	
Street Address 1520 APPLEWOOD WAY	Employer/Occupation/Labor Organization* SUMMIT COUNTY SHERIFF		M D Y 0 7 1 6 1 5	Amount \$25.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, etc.) CASH	
Full Name of Contributor MAUREEN KELLY			Registration Number, if PAC	
Street Address 9607 DUBLIN LANE	Employer/Occupation/Labor Organization* LAKE COUNTY CLERK		M D Y 0 7 1 6 1 5	Amount \$25.00
City MENTOR	State OH	Zip Code 44060	Form (Cash, Check, etc.) CASH	
Full Name of Contributor STEVE GARRITANO			Registration Number, if PAC	
Street Address 940 KINGSWOOD	Employer/Occupation/Labor Organization* SELF EMPLOYED		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, etc.) CASH	
Full Name of Contributor CLAIR DICKINSON			Registration Number, if PAC	
Street Address 884 ALDER RUN WAY	Employer/Occupation/Labor Organization* BROUSE MCDOWELL		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON	State OH	Zip Code 44312	Form (Cash, Check, etc.) CASH	
Full Name of Contributor GEORGE JOHNSON			Registration Number, if PAC	
Street Address 1378 GURLEY CIRCLE	Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 7 1 6 1 5	Amount \$20.00
City AKRON	State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH	
Full Name of Contributor LIBERT BOZZELLI			Registration Number, if PAC	
Street Address 452 E RESERVE DR	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$20.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CASH	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$165.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DAVID CARANO				Registration Number, if PAC	
Street Address 1194 LEXINGTON AVE		Employer/Occupation/Labor Organization* HARD ROCK ROCKSINO		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH	
Full Name of Contributor DAVID VALLE					
Street Address 841 CRANBERRY LANE		Employer/Occupation/Labor Organization* CIOFFI CONSTRUCTION		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CASH	
Full Name of Contributor DUSTIN PREBISH					
Street Address 50 S PORTAGE PATH		Employer/Occupation/Labor Organization* CIOFFI CONSTRUCTION		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CASH	
Full Name of Contributor LYNN JACKSON					
Street Address 246 WAYNE AVE		Employer/Occupation/Labor Organization* GMS		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, etc.) CASH	
Full Name of Contributor GERALDINE JAMES					
Street Address 996 IMPALA DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CASH	
Full Name of Contributor ARTHUR SUNDAY					
Street Address 1121 WOODWARD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH	
Full Name of Contributor LARRY CRABBE					
Street Address 401 SKYLARK DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 6 1 5	Amount \$25.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CASH	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$175.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
DAN HORRIGAN CAMPAIGN COMMITTEE							
LEONARD GMERK		RETIRED		0	7	15	\$25.00
483 WINFIELD WAY							
AKRON		OH	44303	Form (Cash, Check, etc.)		CASH	
RAY GMERK							
455 JULIEN AVE		RETIRED		0	7	15	\$25.00
AKRON		OH	44310	Form (Cash, Check, etc.)		CASH	
BILL HAGEY							
974 WYE DR		<i>Jones Club software</i>		0	7	15	\$25.00
AKRON		OH	44303	Form (Cash, Check, etc.)		CASH	
NED RANDALL							
43 TUDOR LANE		RETIRED		0	7	15	\$25.00
KENT		OH	44240	Form (Cash, Check, etc.)		CASH	
EMPLOYEE CONTRIBUTIONS FROM FORM 31-G							
				0	7	15	\$120.00
		OH		Form (Cash, Check, etc.)		CHECKS/CASH	
GEORGE GEORGE							
686 INVERNESS		RETIRED		0	7	15	\$50.00
AKRON		OH	44313	Form (Cash, Check, etc.)		CHECK	
JOHN CAVILEER							
1499 JEFFERSON AVE		SUMMIT COUNTY		0	7	15	\$70.00
AKRON		OH	44313	Form (Cash, Check, etc.)		CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$340.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor ROBERT SINE			Registration Number, if PAC	
Street Address 4722 MARS DR		Employer/Occupation/Labor Organization* RETIRED		M D Y Amount 0 7 1 7 1 5 \$50.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK
Full Name of Contributor EDWARD CLUPPER II			Registration Number, if PAC	
Street Address 1567 DELCON CIRCLE		Employer/Occupation/Labor Organization* 0		M D Y Amount 0 7 1 7 1 5 \$50.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK
Full Name of Contributor DREW REILLY			Registration Number, if PAC	
Street Address 816 DAVIS AVE		Employer/Occupation/Labor Organization* SUMMIT COUNTY		M D Y Amount 0 7 1 7 1 5 \$50.00
City CUYAHOGA FALLS		State OH	Zip Code 44221	Form (Cash, Check, etc.) CHECK
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	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

\$17,724.00

Total expenditures this event

\$904.17

Page Total \$ **\$150.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor EDWARD DIEBOLD			Registration Number, if PAC		
Street Address 580 VAUGHN TRAIL		Employer/Occupation/Labor Organization* SELF EMPLOYED		M D Y 0 7 2 2 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES PULK					
Street Address 121 E ASCOT LANE		Employer/Occupation/Labor Organization* ILLUMETEK		M D Y 0 7 2 2 1 5	Amount \$750.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JULIE PULK					
Street Address 121 E ASCOT LANE		Employer/Occupation/Labor Organization* ILLUMETEK		M D Y 0 7 2 2 1 5	Amount \$750.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FREDERICK DOUGLAS					
Street Address 1247 BUENA VISTA ST		Employer/Occupation/Labor Organization* COSMOS TECH		M D Y 0 7 2 2 1 5	Amount \$500.00
City PITTSBURGH		State PA	Zip Code 15212	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHARON SMITH					
Street Address 801 WATERLOO RD		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 2 2 1 5	Amount \$750.00
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICIA COY					
Street Address 4173 RUTH DR		Employer/Occupation/Labor Organization* HM MILLER		M D Y 0 7 2 2 1 5	Amount \$750.00
City ROOTSTOWN		State OH	Zip Code 44272	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL MUSGRAVE					
Street Address 24 BLACK BEAR LANE		Employer/Occupation/Labor Organization* MWH CONSULTANTS		M D Y 0 7 2 2 1 5	Amount \$250.00
City LITTLETON		State CO	Zip Code 80127	Form (Cash, Check, etc.) 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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$3,850.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor JEFFREY LONG						Registration Number, if PAC	
Street Address PO BOX 754		Employer/Occupation/Labor Organization* CANAL CONSTRUCTION		M	D	Y	Amount
				0	7	22	\$500.00
City AKRON		State OH	Zip Code 44309	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RICHARD SAUNDERS						Registration Number, if PAC	
Street Address 4356 POINT COMFORT DR		Employer/Occupation/Labor Organization* SULLY'S TOOL SHED		M	D	Y	Amount
				0	7	22	\$200.00
City AKRON		State OH	Zip Code 44319	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RAY MILLER						Registration Number, if PAC	
Street Address 7204 TOTTENHAM RD		Employer/Occupation/Labor Organization* VISION DESIGN GROUP		M	D	Y	Amount
				0	7	22	\$250.00
City TOLEDO		State OH	Zip Code 43617	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor WALTER BENSON						Registration Number, if PAC	
Street Address 842 S HAMETOWN RD		Employer/Occupation/Labor Organization* ATTORNEY		M	D	Y	Amount
				0	7	22	\$150.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ANDREW ERIBO						Registration Number, if PAC	
Street Address 7165 BIDDICK COURT		Employer/Occupation/Labor Organization* RIBWAY ENGINEERING		M	D	Y	Amount
				0	7	22	\$300.00
City NEW ALBANY		State OH	Zip Code 43054	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RICHARD STEINHART						Registration Number, if PAC	
Street Address 107 STIRLING DR		Employer/Occupation/Labor Organization* HATCH MOTT MCDONALD		M	D	Y	Amount
				0	7	22	\$750.00
City PITTSBURGH		State PA	Zip Code 15239	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ELISA FALCONE						Registration Number, if PAC	
Street Address 107 STIRLING DR		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M	D	Y	Amount
				0	7	22	\$750.00
City PITTSBURGH		State PA	Zip Code 15239	Form (Cash, Check, etc.) CHECK			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,900.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor STEPHEN POLEN				Registration Number, if PAC	
Street Address 42956 10TH ST EXT		Employer/Occupation/Labor Organization* HATCH MOTT MCDONALD		M D Y 0 7 2 2 1 5	Amount \$750.00
City WELLSVILLE		State OH	Zip Code 43968	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINE POLEN				Registration Number, if PAC	
Street Address 42956 10TH ST EXT		Employer/Occupation/Labor Organization* HATCH MOTT MCDONALD		M D Y 0 7 2 2 1 5	Amount \$750.00
City WELLSVILLE		State OH	Zip Code 43968	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MIKE WOJNO				Registration Number, if PAC	
Street Address 475 WOLF LEDGES PKWY		Employer/Occupation/Labor Organization* MGW		M D Y 0 7 2 7 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44311	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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Total contributions this event
\$9,000.00

Total expenditures this event.
\$0.00

Page Total \$ **\$2,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
DAN HORRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor RICK CHIRICOSTA				Registration Number, if PAC		
Street Address 153 WESTWIND DR	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$750.00
City AVON LAKE	State OH	Zip Code 44012	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RICHARD WALLACK				Registration Number, if PAC		
Street Address 6851 CHERRY BLOSSOM DR	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$750.00
City MENTOR	State OH	Zip Code 44060	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JARED CHANEY				Registration Number, if PAC		
Street Address 45 HEATHER CT	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$750.00
City CHAGRIN FALLS	State OH	Zip Code 44022	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DAVID QUIRING				Registration Number, if PAC		
Street Address 246 GULFSTREAM CT	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$750.00
City BRUNSWICK	State OH	Zip Code 44212	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DOUGLAS KUCZYNSKI				Registration Number, if PAC		
Street Address 5031 CORKWOOD DR	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$750.00
City N ROYALTON	State OH	Zip Code 44133	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor KATHY PIETZ				Registration Number, if PAC		
Street Address 1024 TRACI LANE	Employer/Occupation/Labor Organization* MEDICAL MUTUAL		M 0	D 7	Y 2815	Amount \$500.00
City COPLEY	State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor GARY WILLIAMS				Registration Number, if PAC		
Street Address 1274 PEBBLE RIDGE LANE	Employer/Occupation/Labor Organization* <i>unable to locate</i>		M 0	D 7	Y 2815	Amount \$750.00
City WEST PALM BEACH	State FL	Zip Code 33411	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 5,000.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor DAVID LEWIS				Registration Number, if PAC	
Street Address 22024 OLDE CREEK TRAIL		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M D Y 0 7 2 8 1 5	Amount \$750.00
City STRONGSVILLE		State OH	Zip Code 44149	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN HIRSCH				Registration Number, if PAC	
Street Address 11164 MALVERN DR		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M D Y 0 7 2 8 1 5	Amount \$750.00
City N ROYALTON		State OH	Zip Code 44133	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES DUSTIN				Registration Number, if PAC	
Street Address 10 DEERFIELD DR		Employer/Occupation/Labor Organization* EMPLOYEE BENEFITS IN		M D Y 0 7 2 8 1 5	Amount \$750.00
City CHAGRIN FALLS		State OH	Zip Code 44022	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LEAH LAMBERT DUSTIN				Registration Number, if PAC	
Street Address 10 DEERFIELD DR		Employer/Occupation/Labor Organization* NE OHIO PARENT		M D Y 0 7 2 8 1 5	Amount \$750.00
City CHAGRIN FALLS		State OH	Zip Code 44022	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DANIEL FINLIN				Registration Number, if PAC	
Street Address 13452 CLIFTON BLVD		Employer/Occupation/Labor Organization* EMPLOYEE BENEFITS IN		M D Y 0 7 2 8 1 5	Amount \$750.00
City LAKEWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KENNETH JONES				Registration Number, if PAC	
Street Address 217 BROOK VIEW DR		Employer/Occupation/Labor Organization* EMPLOYEE BENEFITS IN		M D Y 0 7 2 8 1 5	Amount \$750.00
City CUYAHOGA FALLS		State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL KRATOFIL				Registration Number, if PAC	
Street Address 2771 COTSBRIDGE DR		Employer/Occupation/Labor Organization* MS CONSULTANTS		M D Y 0 7 2 8 1 5	Amount \$750.00
City LEWIS CENTER		State OH	Zip Code 43035	Form (Cash, Check, etc.) 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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$5,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor RAYMOND BRIYA				Registration Number, if PAC			
Street Address 3845 VILLA ROSA DR		Employer/Occupation/Labor Organization* MS CONSULTANTS		M	D	Y	Amount
				0	7	2815	\$750.00
City CANFIELD		State OH	Zip Code 44406	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN PIERKO				Registration Number, if PAC			
Street Address 2900 FOREST AVE		Employer/Occupation/Labor Organization* MS CONSULTANTS		M	D	Y	Amount
				0	7	2815	\$750.00
City NILES		State OH	Zip Code 44446	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor VALERIE HUMPHREY				Registration Number, if PAC			
Street Address 2258 EASTGATE COMMONS DR		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M	D	Y	Amount
				0	7	2815	\$100.00
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MICHAEL ORBOVICH				Registration Number, if PAC			
Street Address 560 BAYSHORE BLVD		Employer/Occupation/Labor Organization* GEOSTAR PROF		M	D	Y	Amount
				0	7	2815	\$750.00
City LAKE MILTON		State OH	Zip Code 44429	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor THOMAS MOSURE				Registration Number, if PAC			
Street Address 4318 TAVISTOCK CIRCLE		Employer/Occupation/Labor Organization* MS CONSULTANTS		M	D	Y	Amount
				0	7	2815	\$750.00
City POWELL		State OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor THOMAS CAITO				Registration Number, if PAC			
Street Address 1360 E 9TH ST STE 800		Employer/Occupation/Labor Organization* CAITO & ASSOCIATES		M	D	Y	Amount
				0	7	2815	\$750.00
City CLEVELAND		State OH	Zip Code 44114	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DAVID MARSHALL				Registration Number, if PAC			
Street Address 1845 WALNUT ST STE 1150		Employer/Occupation/Labor Organization* DAVID MARSHALL & CO		M	D	Y	Amount
				0	7	2815	\$750.00
City PHILADELPHIA		State PA	Zip Code 19103	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$4,600.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor ROGER RIACHI				Registration Number, if PAC	
Street Address 19600 IDLEWOOD TRAIL		Employer/Occupation/Labor Organization* RFC CONTRACTING		M 0	D 7
City STRONGSVILLE		State OH	Zip Code 44149	Y 2	Amount \$500.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor ROBERT INA				Registration Number, if PAC	
Street Address 3397 LEDGEWICKE CIRCLE		Employer/Occupation/Labor Organization* METROPOLIS CONSULTING		M 0	D 7
City FAIRLAWN		State OH	Zip Code 44333	Y 2	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor DAVE WILES				Registration Number, if PAC	
Street Address 7615 SARAH LEE		Employer/Occupation/Labor Organization* CT CONSULTANTS		M 0	D 7
City CONCORD TWP		State OH	Zip Code 44077	Y 2	Amount \$500.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JAMES SAYLES				Registration Number, if PAC	
Street Address 7738 TEA ROSE DR		Employer/Occupation/Labor Organization* CT CONSULTANTS		M 0	D 7
City MENTOR		State OH	Zip Code 44060	Y 2	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor RICHARD IAFELICE				Registration Number, if PAC	
Street Address 8130 HUMPHREY HILL DR		Employer/Occupation/Labor Organization* CT CONSULTANTS		M 0	D 7
City CONCORD TWP		State OH	Zip Code 44077	Y 2	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor CLYDE HADDEN				Registration Number, if PAC	
Street Address 8151 MENTOR AVE		Employer/Occupation/Labor Organization* CT CONSULTANTS		M 0	D 7
City MENTOR		State OH	Zip Code 44060	Y 2	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JAY SHUTT				Registration Number, if PAC	
Street Address 475 LANDINGS LOOP W		Employer/Occupation/Labor Organization* FLOYD BROWNE ASSOC		M 0	D 7
City WESTERVILLE		State OH	Zip Code 43082	Y 2	Amount \$750.00
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$4,750.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor CRAIG JUDAY				Registration Number, if PAC	
Street Address 9365 EUCLID CHARDON RD		Employer/Occupation/Labor Organization* CT CONSULTANTS		M 0	D 7
City KIRTLAND		State OH	Zip Code 44094	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor J WESLEY HALL					
Street Address 2235 ORANGE LAKE DR		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M 0	D 7
City LEWIS CENTER		State OH	Zip Code 43035	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GARY DIDADO					
Street Address 3367 ASHTON DR		Employer/Occupation/Labor Organization* DIDADO ELECTRIC		M 0	D 7
City UNIONTOWN		State OH	Zip Code 44685	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES LYON					
Street Address 34805 SEMINOLE WAY		Employer/Occupation/Labor Organization* TRIDENT INDUSTRIES		M 0	D 7
City SOLO		State OH	Zip Code 44139	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTOPHER VALERIAN					
Street Address 1330 POST OAK BLVD		Employer/Occupation/Labor Organization* WCA WASTE		M 0	D 7
City HOUSTON		State TX	Zip Code 77056	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD CASARONA					
Street Address 10 CENTER ST		Employer/Occupation/Labor Organization* CASARONA LEGAL SVCS		M 0	D 7
City CHAGRIN FALLS		State OH	Zip Code 44022	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NICHOLAS YORK					
Street Address 396 CRESTWOOD DR		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 7
City AVON LAKE		State OH	Zip Code 44012	Y 2	Amount \$750.00
				Form (Cash, Check, etc.) CHECK	

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Total contributions this event
\$0.00

Total expenditures this event
\$0.00

Page Total \$ **\$5,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor SCOTT VURA				Registration Number, if PAC	
Street Address 8610 CAMELOT DR		Employer/Occupation/Labor Organization* OSBORN ENGINEERING		M 0	D 7
City CHESTERLAND		State OH	Zip Code 44026	Y 2	Amount \$750.00
Full Name of Contributor GEORGE PALKO				Registration Number, if PAC	
Street Address 5650 GOODMAN DR		Employer/Occupation/Labor Organization* GREAT LAKES CONSTRUCTION		M 0	D 7
City N ROYALTON		State OH	Zip Code 44133	Y 2	Amount \$750.00
Full Name of Contributor A RICK CAPONE				Registration Number, if PAC	
Street Address 4551 HUNTING VALLE LANE		Employer/Occupation/Labor Organization* QUALITY CONTROL INSE		M 0	D 7
City BRECKSVILLE		State OH	Zip Code 44141	Y 2	Amount \$200.00
Full Name of Contributor JASON LAVER				Registration Number, if PAC	
Street Address 272 SEIBERLING DR		Employer/Occupation/Labor Organization* ECONOMIC DEV SOLUT		M 0	D 7
City SAGAMORE HILLS		State OH	Zip Code 44067	Y 2	Amount \$100.00
Full Name of Contributor JOSEPH BALOG				Registration Number, if PAC	
Street Address 6055 ROCKSIDE WOODS BLVD STE 100		Employer/Occupation/Labor Organization* CENTRAL VALLEY LTD		M 0	D 7
City INDEPENDENCE		State OH	Zip Code 44131	Y 2	Amount \$100.00
Full Name of Contributor FRIENDS OF TIMOTHY DEGEETER				Registration Number, if PAC	
Street Address 7501 TREVOR LANE		Employer/Occupation/Labor Organization* POLITICAL COMM		M 0	D 7
City PARMA		State OH	Zip Code 44129	Y 2	Amount \$100.00
Full Name of Contributor COMMITTEE TO ELECT CHASE RITENAUER				Registration Number, if PAC	
Street Address 5811 S PARK DR		Employer/Occupation/Labor Organization* POLITICAL COMM		M 0	D 7
City LORAIN		State OH	Zip Code 44053	Y 2	Amount \$100.00

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,100.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE										
Full Name of Contributor CLEVELAND BUILDING & CONSTRUCTION TRADES PCE				Registration Number, if PAC						
Street Address 3250 EUCLID AVE STE 280		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$100.00
City CLEVELAND		State OH	Zip Code 44115	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor IRON WORKERS LOCAL NO 17 PCE										
Street Address 1544 E 23RD ST		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$100.00
City CLEVELAND		State OH	Zip Code 44114	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor COPE 33 SHEET METAL WORKERS										
Street Address 12515 CORPORATE DR		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$750.00
City PARMA		State OH	Zip Code 44130	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor UFCW UNION LOCAL 880 PCE										
Street Address 9199 MARKET PLACE STE 2		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$750.00
City BROADVIEW HEIGHTS		State OH	Zip Code 44147	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor SHEET METAL WORKS LOCAL 33 AKRON DISTRICT COPE										
Street Address 1890 VENTURE CIRCLE SE		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$750.00
City MASSILLON		State OH	Zip Code 44646	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor FRIENDS OF WILLIAM MASON										
Street Address 5114 SASSAFRAS DR		Employer/Occupation/Labor Organization* POLITICAL COMM		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$750.00
City PARMA		State OH	Zip Code 44129	Form (Cash, Check, etc.) CHECK						
Full Name of Contributor DEAN DEPIERO										
Street Address 5546 PEARL RD		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 7	Y 2	Y 8	Y 1	Y 5	Amount \$100.00
City PARMA		State OH	Zip Code 44129	Form (Cash, Check, etc.) 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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$3,300.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor MEDICAL MUTUAL OF OHIO PAC			Registration Number, if PAC CP130		
Street Address 2060 E 9TH ST		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M D Y 0 7 2 8 1 5	Amount \$750.00
City CLEVELAND		State OH	Zip Code 44115	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MSC PAC			Registration Number, if PAC		
Street Address PO BOX 594		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M D Y 0 7 2 8 1 5	Amount \$750.00
City YOUNGSTOWN		State OH	Zip Code 44501	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHEET METAL WORKERS LU 33 PCE			Registration Number, if PAC		
Street Address 12515 CORPORATE DR		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		M D Y 0 7 2 8 1 5	Amount \$750.00
City PARMA		State OH	Zip Code 44130	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	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
\$32,500.00

Total expenditures this event.
\$0.00

Page Total \$ **\$2,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor THOMAS LUCK				Registration Number, if PAC	
Street Address 2685 W MARKET ST		Employer/Occupation/Labor Organization* LUCKY SHOES		M D Y 0 7 2 3 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ANDREW MOYER				Registration Number, if PAC	
Street Address 34040 PETTIBONE RD		Employer/Occupation/Labor Organization* WEALTH MANAGEMENT		M D Y 0 7 2 7 1 5	Amount \$100.00
City SOLOM		State OH	Zip Code 44139	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RICHARD REED				Registration Number, if PAC	
Street Address 2590 MYERSVILLE RD		Employer/Occupation/Labor Organization* <i>unable to locate</i>		M D Y 0 7 3 0 1 5	Amount \$100.00
City UNIONTOWN		State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NEIL ROTHSTEIN				Registration Number, if PAC	
Street Address 2280 RIDGEWOOD RD		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 3 0 1 5	Amount \$150.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID SOKOL				Registration Number, if PAC	
Street Address 285 LAKE POINTE DR		Employer/Occupation/Labor Organization* SELF EMPLOYED		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MAX ROTHAL				Registration Number, if PAC	
Street Address 845 SHULLO DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VLADIMIR ROTH				Registration Number, if PAC	
Street Address 2430 W MARKET ST		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	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.

\$0.00

\$0.00

Page Total \$ 750.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor COMMITTEE TO ELECT MARILYN KEITH				Registration Number, if PAC	
Street Address 585 WINSLOW AVE		Employer/Occupation/Labor Organization* POLITICAL COMM		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEVEN KUTNICK					
Street Address 2245 LANCASTER RD		Employer/Occupation/Labor Organization* UNIVERSITY HOSPITAL		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARVIN SHAPIRO					
Street Address 1789 BROOKWOOD DR		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STANLEY SCHNEIDERMAN					
Street Address 2087 WYNDHAM RD		Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GARY HIMMEL					
Street Address 80 S SUMMIT ST STE 400		Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44308	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEVEN BOTNICK					
Street Address 1653 MERRIMAN RD STE 204		Employer/Occupation/Labor Organization* BOTNICK REALTY		M D Y 0 7 3 0 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN YORK					
Street Address 2484 CARDIGAN DR		Employer/Occupation/Labor Organization* CITY OF AKRON		M D Y 0 8 0 6 1 5	Amount \$100.00
City AKRON		State OH	Zip Code 44333	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$700.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor ROBERT UNRUE			Registration Number, if PAC		
Street Address 4011 KENNETH RD		Employer/Occupation/Labor Organization* ENVIRONMENTAL DESIGN		M D Y 0 8 0 6 1 5	Amount \$750.00
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*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
City		State	Zip Code	Form (Cash, Check, etc.)	

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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
\$2,200.00

Total expenditures this event.
\$0.00

Page Total \$ **\$750.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
DAN HARRIGAN CAMPAIGN COMMITTEE						
Full Name of Contributor			Registration Number, if PAC			
DANTE CARAVAGGIO						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
26 VALERIO	PARSONS ENVIRONMEN		0	8	15	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
NEWPORT BEACH	CA	92660	CHECK			
Full Name of Contributor			Registration Number, if PAC			
DONNA CARAVAGGIO						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
26 VALERIO	PARSONS ENVIRONMENT GROUP		0	8	15	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
NEWPORT BEACH	CA	92660	CHECK			
Full Name of Contributor			Registration Number, if PAC			
WILLIAM PEMBROKE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4729 HAMPSHIRE DR	PARSONS ENVIRONMEN		0	8	15	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)			
FLOWER MOUND	TX	75028	CHECK			
Full Name of Contributor			Registration Number, if PAC			
WILLIAM HUGHES						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
612 HANFORD DR	PARSONS ENVIRONMEN		0	8	15	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
HIGHLAND HEIGHTS	OH	44143	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MARGARETH BONDS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7004 WOODSCAPE DR	PARSONS ENVIRONMEN		0	8	15	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
CLARKSVILLE	MD	21029	CHECK			
Full Name of Contributor			Registration Number, if PAC			
ROGER OSWALT						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
831 NEAL DR	PARSONS ENVIRONMEN		0	8	15	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
ALEXANDRIA	VA	22308	CHECK			
Full Name of Contributor			Registration Number, if PAC			
DEREK GREBBIEN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
913 ENCANADA DR	PARSONS ENVIRONMEN		0	8	15	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
LA HABRA HEIGHTS	CA	90631	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 2,900.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
DAN HARRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor JEFF KISHEL				Registration Number, if PAC	
Street Address 2100 PARK AVE #309		Employer/Occupation/Labor Organization* PARSONS ENVIRONMEN		M D Y 0 8 1 9 1 5	Amount \$500.00
City MIAMI BEACH		State FL	Zip Code 33139	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JIM WEBER				Registration Number, if PAC	
Street Address 615 SCHOCALOG RD		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATHRYN DEMUESY				Registration Number, if PAC	
Street Address 1679 ORCHARD DR		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES JOYCE				Registration Number, if PAC	
Street Address 3770 RIDGE MILL DR		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor THOMAS MERRITT				Registration Number, if PAC	
Street Address 7685 KESTREL WAY E		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City DUBLIN		State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GEORGE DAILY				Registration Number, if PAC	
Street Address 8460 MORRIS RD		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM NEUGEBAUER				Registration Number, if PAC	
Street Address 505 STONEWOOD DR		Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 5,000.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor STEVEN SHELTON			Registration Number, if PAC	
Street Address 66 DEER VALLEY DR	Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City CLINTON	State OH	Zip Code 44216	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRYAN CELIK			Registration Number, if PAC	
Street Address 7754 SUNSTONE DR	Employer/Occupation/Labor Organization* HR GRAY		M D Y 0 8 1 9 1 5	Amount \$750.00
City BRECKSVILLE	State OH	Zip Code 44141	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHAD DAVIDSON			Registration Number, if PAC	
Street Address 13213 CARLA AVE NW	Employer/Occupation/Labor Organization* CAVANAUGH BLDG		M D Y 0 8 1 9 1 5	Amount \$750.00
City UNIONTOWN	State OH	Zip Code 44685	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JENNIFER WINGERTER			Registration Number, if PAC	
Street Address 3282 DOTWOOD ST NW	Employer/Occupation/Labor Organization* CAVANAUGH BLDG		M D Y 0 8 1 9 1 5	Amount \$750.00
City N CANTON	State OH	Zip Code 44720	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JENNIFER CAVANAUGH			Registration Number, if PAC	
Street Address 368 SANDHURST RD	Employer/Occupation/Labor Organization* EDWIN SHAW		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRIAN CAVANAUGH			Registration Number, if PAC	
Street Address 368 SANDHURST RD	Employer/Occupation/Labor Organization* CAVANAUGH BLDG		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT HANDELMAN			Registration Number, if PAC	
Street Address 2974 SILVERVIEW DR	Employer/Occupation/Labor Organization* CHEMSTRESS		M D Y 0 8 1 9 1 5	Amount \$750.00
City STOW	State OH	Zip Code 44224	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 5,250.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor PAUL NOONAN			Registration Number, if PAC		
Street Address 4766 PAXTON RD		Employer/Occupation/Labor Organization* IDMI		M D Y 0 8 1 9 1 5	Amount \$750.00
City COPLEY		State OH	Zip Code 44321	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CAULEEN WELSH			Registration Number, if PAC		
Street Address 221 N PORTAGE PATH #3		Employer/Occupation/Labor Organization* ROUNDHOUSE HOLDINGS		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN FALATOK			Registration Number, if PAC		
Street Address 105 OAK HILL CIRCLE		Employer/Occupation/Labor Organization* PREMIER BANK		M D Y 0 8 1 9 1 5	Amount \$150.00
City ROOTSTOWN		State OH	Zip Code 44272	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOE TAYLOR			Registration Number, if PAC		
Street Address 3421 RIDGEWOOD RD STE 200		Employer/Occupation/Labor Organization* WELTY CO		M D Y 0 8 1 9 1 5	Amount \$750.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JEFFREY KERR			Registration Number, if PAC		
Street Address 2249 ROCK CREEK		Employer/Occupation/Labor Organization* ENVIRONMENTAL DESIGN		M D Y 0 8 1 9 1 5	Amount \$750.00
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	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

\$16,300.00

Total expenditures this event.

\$0.00

Page Total \$ 3,150.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor PETER KOSTOFF				Registration Number, if PAC	
Street Address 2995 SILVER MAPLE DR		Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M 0	D 7
City FAIRLAWN		State OH	Zip Code 44333	Y 3	Amount \$250.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor PAMELA KOSTOFF					
Street Address 2995 SILVER MAPLE DR		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City FAIRLAWN		State OH	Zip Code 44333	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor KIMBERLY HENGLE					
Street Address 72 CASTLE DR		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City MUNROE FALLS		State OH	Zip Code 44262	Y 3	Amount \$500.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor GEORGE SARKIS					
Street Address 466 ELY RD		Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M 0	D 7
City AKRON		State OH	Zip Code 44313	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JUSTIN MARKEY					
Street Address 3354 VERNER RD		Employer/Occupation/Labor Organization* ROETZEL & ADDRESS		M 0	D 7
City KENT		State OH	Zip Code 44240	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor ROSEANN KOSTOFF-CURRIER					
Street Address 2001 SEQUOIA ST		Employer/Occupation/Labor Organization* CUY FALLS SCHOOLS		M 0	D 7
City CUYAHOGA FALLS		State OH	Zip Code 44221	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JESSICA PERRIN					
Street Address 1144 LEXINGTON AVE		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City AKRON		State OH	Zip Code 44310	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					

* 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.

\$0.00

\$0.00

Page Total \$ **\$4,500.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor SCOTT PERRIN				Registration Number, if PAC	
Street Address 159 WHITTLESEY DR		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City TALLMADGE		State OH	Zip Code 44278	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JENNIFER PERRIN				Registration Number, if PAC	
Street Address 3072 7TH ST		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City CUYAHOGA FALLS		State OH	Zip Code 44221	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JEREMY COKER				Registration Number, if PAC	
Street Address 3072 7TH ST		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City CUYAHOGA FALLS		State OH	Zip Code 44221	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor TIMOTHY PERRIN				Registration Number, if PAC	
Street Address 2672 DEER RIDGE RUN		Employer/Occupation/Labor Organization* PERRIN ASHPALT		M 0	D 7
City CUYAHOGA FALLS		State OH	Zip Code 44223	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor NATALIE PERRIN				Registration Number, if PAC	
Street Address 2672 DEER RIDGE RUN		Employer/Occupation/Labor Organization* PERRIN ASPHALT		M 0	D 7
City CUYAHOGA FALLS		State OH	Zip Code 44223	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor THOMAS KOSTOFF				Registration Number, if PAC	
Street Address 41 MERZ BLVD		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 7
City FAIRLAWN		State OH	Zip Code 44333	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JOHN DELLAGNESE III				Registration Number, if PAC	
Street Address 4000 EMBASSY PARKWAY STE 400		Employer/Occupation/Labor Organization* DELLAGNESE CO		M 0	D 7
City AKRON		State OH	Zip Code 44333	Y 3	Amount \$750.00
Form (Cash, Check, etc.) CHECK					

* 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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$5,250.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HARRIGAN CAMPAIGN COMMITTEE											
Full Name of Contributor DAN POHL			Registration Number, if PAC								
Street Address 862 BATH COUNTRY DR		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor SHERIDA POHL						Registration Number, if PAC					
Street Address 862 BATH COUNTRY DR		Employer/Occupation/Labor Organization* HOMEMAKER		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor RICHARD BROPHY						Registration Number, if PAC					
Street Address 1460 SACKETT HILLS DR		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor DIANE BROPHY						Registration Number, if PAC					
Street Address 1460 SACKETT HILLS DR		Employer/Occupation/Labor Organization* RETIRED		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor ANDREA ROYER						Registration Number, if PAC					
Street Address 1146 MAGDALYN DR		Employer/Occupation/Labor Organization* COMPOSITE ONE		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor JEREMY ROYER						Registration Number, if PAC					
Street Address 1146 MAGDALYN DR		Employer/Occupation/Labor Organization* GRAYBAR		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$750.00	
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, etc.) CHECK							
Full Name of Contributor DAVID DUBRAVETZ						Registration Number, if PAC					
Street Address 2592 PAXTON AVE		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$500.00	
City AKRON		State OH	Zip Code 44312	Form (Cash, Check, etc.) 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.

\$0.00

\$0.00

Page Total \$ **\$5,000.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor BRANDON SKIDMORE				Registration Number, if PAC	
Street Address 174 CASTLE BLVD		Employer/Occupation/Labor Organization* NEXO		M 0	D 7
City AKRON		State OH	Zip Code 44313	Y 0	Amount \$750.00
Full Name of Contributor BETHANN SKIDMORE				Registration Number, if PAC	
Street Address 174 CASTLE BLVD		Employer/Occupation/Labor Organization* HOMEMAKER		M 0	D 7
City AKRON		State OH	Zip Code 44313	Y 0	Amount \$750.00
Full Name of Contributor TERRY COLLINS				Registration Number, if PAC	
Street Address 1124 PROSPECT ST		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7
City BARBERTON		State OH	Zip Code 44203	Y 0	Amount \$750.00
Full Name of Contributor NICHOLAS BROPHY				Registration Number, if PAC	
Street Address 2050 ECHO RD		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7
City STOW		State OH	Zip Code 44224	Y 0	Amount \$750.00
Full Name of Contributor DANIEL BRYNELSEN				Registration Number, if PAC	
Street Address 6527 AVALON NW		Employer/Occupation/Labor Organization* CARDINAL ENVIRONME		M 0	D 7
City CANTON		State OH	Zip Code 44708	Y 0	Amount \$750.00
Full Name of Contributor JILL MANSFIELD				Registration Number, if PAC	
Street Address 1675 KINGSLEY AVE		Employer/Occupation/Labor Organization* WESTERN RESERVE HQ		M 0	D 7
City AKRON		State OH	Zip Code 44313	Y 0	Amount \$500.00
Full Name of Contributor ASHLEY BROPHY				Registration Number, if PAC	
Street Address 1460 SACKETT HILLS DR		Employer/Occupation/Labor Organization* RADY CHILDRENS HOSP		M 0	D 8
City AKRON		State OH	Zip Code 44313	Y 0	Amount \$500.00

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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.

\$0.00

\$0.00

Page Total \$ **\$4,750.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor BERNARD ROCHFORD			Registration Number, if PAC	
Street Address 710 UPPER MERRIMAN RD		Employer/Occupation/Labor Organization* ORIANA HOUSE		Amount \$100.00
City AKRON	State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor POLA OCHSENHIRT			Registration Number, if PAC	
Street Address 812 MAYFAIR RD		Employer/Occupation/Labor Organization* HOMEMAKER		Amount \$200.00
City AKRON	State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TIMOTHY OCHSENHIRT			Registration Number, if PAC	
Street Address 964 EATON AVE		Employer/Occupation/Labor Organization* RETIRED		Amount \$300.00
City AKRON	State OH	Zip Code 44303	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LORI LAWRENCE			Registration Number, if PAC	
Street Address 2511 VALLEY VIEW DR		Employer/Occupation/Labor Organization* ORIANA HOUSE		Amount \$500.00
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRIENDS OF KOSTOFF COMMITTEE			Registration Number, if PAC	
Street Address 161 GRAYLING DR		Employer/Occupation/Labor Organization* POLITICAL COMM		Amount \$750.00
City FAIRLAWN	State OH	Zip Code 44333	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State OH	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
\$21,350.00

Total expenditures this event
\$0.00

Page Total \$ **\$1,850.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
To Whom Paid USPS				M	D	Y	Amount
				0	6	24	\$196.00
Address 520 E CUYAHOGA FALLS AVE		Purpose POSTAGE					
City AKRON	State OH	Zip Code 44310	Check Number 1767				
To Whom Paid TRIAD				M	D	Y	Amount
				0	7	06	\$230.00
Address 2006 4TH ST		Purpose INVITATIONS AND ENVELOPES					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1783				
To Whom Paid TRIAD				M	D	Y	Amount
				0	7	13	\$134.55
Address 2006 4TH ST		Purpose FUNDRAISER DESIGN COSTS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 1791				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City	State OH	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.

\$560.55
Page Total \$ _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE									
To Whom Paid USPS					M	D	Y	Amount	
					0	6	24	15	\$196.00
Address 520 E CUYAHOGA FALLS AVE				Purpose POSTAGE					
City AKRON		State OH	Zip Code 44310	Check Number 1767					
To Whom Paid COS BLUEPRINT					M	D	Y	Amount	
					0	6	26	15	\$101.41
Address 590 N MAIN ST				Purpose FUNDRAISER FLYERS					
City AKRON		State OH	Zip Code 44310	Check Number 1770					
To Whom Paid MARGARITA MAN					M	D	Y	Amount	
					0	7	16	15	\$187.25
Address 13881 VIOLET MEADOWS AVE				Purpose MACHINE RENTAL/MARGARITA MIX					
City PICKERINGTON		State OH	Zip Code 43147	Check Number 1800					
To Whom Paid CAROVILLESE CLUB					M	D	Y	Amount	
					0	7	16	15	\$150.00
Address 570 E CUYAHOGA FALLS AVE				Purpose PAVILLION RENTAL					
City AKRON		State OH	Zip Code 44310	Check Number 1801					
To Whom Paid DEVITIS MARKET					M	D	Y	Amount	
					0	7	17	15	\$269.51
Address 560 E TALLMADGE AVE				Purpose SAUSAGE					
City AKRON		State OH	Zip Code 44310	Check Number 1805					
To Whom Paid					M	D	Y	Amount	
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							
To Whom Paid					M	D	Y	Amount	
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							

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.

\$904.17
Page Total \$

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE							
Full Name of Contributor MARY LOU DAUGHERTY							
Street Address 933 WOODWARD AVE				M	D	Y	Amount
				0	7	0	\$100.00
City AKRON		State OH	Zip Code 44310		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor CHARLES D'ANDREA							
Street Address 405 SACKETT AVE				M	D	Y	Amount
				0	7	0	\$300.00
City AKRON		State OH	Zip Code 44313		Form (Cash, Check, etc.) CHECK		
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		

The above are employees of a unit or department under the direct supervision and control of DAN HORRIGAN, who currently holds the public office

of SUMMIT CO CLERK OF COURTS. I hereby affirm that each contribution was voluntarily made.

Gene Valle (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$400.00
Page Total \$ _____

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE					
Full Name of Contributor MARY RANGLES					
Street Address 1270 DERBYDALE RD				M D Y	Amount
				0 7 1 6 1 5	\$35.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor MIKE RUBY					
Street Address 555 E CUYAHOGA FALLS AVE				M D Y	Amount
				0 7 1 6 1 5	\$25.00
City AKRON	State OH	Zip Code 44310	Form (Cash, Check, etc.) CASH		
Full Name of Contributor TUNG DOAN					
Street Address 981 RIDGECREST DR				M D Y	Amount
				0 7 1 6 1 5	\$25.00
City CUYAHOGA FALLS	State OH	Zip Code 44221	Form (Cash, Check, etc.) CASH		
Full Name of Contributor WENDY DICKS					
Street Address 7508 E ORALEE LANE				M D Y	Amount
				0 7 1 6 1 5	\$35.00
City HUDSON	State OH	Zip Code 44236	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor					
Street Address				M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor					
Street Address				M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		

The above are employees of a unit or department under the direct supervision and control of DAN HORRIGAN who currently holds the public office

of SUMMIT COUNTY CLERK OF COURTS. I hereby affirm that each contribution was voluntarily made.

Jessé Valle (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G"

\$120.00
Page Total \$ _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
GERT WILMS		CITY OF AKRON		
Street Address		Description of Item or Service		M D Y Fair Market Value
32 MARSHALL		COPIES		0 6 2 9 1 5 \$160.13
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44303	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
GERT WILMS		CITY OF AKRON		
Street Address		Description of Item or Service		M D Y Fair Market Value
32 MARSHALL		GOLF HOLE SPONSOR		0 7 0 2 1 5 \$100.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44303	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ADAM THOMARIOS		THOMARIOS CO		
Street Address		Description of Item or Service		M D Y Fair Market Value
1122 JACOBY RD		FOOD/BEVERAGE (ONEIL HOUSE)		0 7 0 8 1 5 \$650.00
City		State	Zip Code	Received at Fundraising Event?
COPLEY		OH	44321	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
SARAH THOMARIOS		SRT SALES & SERVICE		
Street Address		Description of Item or Service		M D Y Fair Market Value
ONE CANAL SQUARE PLAZA STE 303		FOOD/BEVERAGE (ONEIL HOUSE)		0 7 0 8 1 5 \$650.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
DR NB THOMARIOS		UNIVERSITY OF MN MEM		
Street Address		Description of Item or Service		M D Y Fair Market Value
8161 33RD AVE S STE 1507		FOOD/BEVERAGE (ONEIL HOUSE)		0 7 0 8 1 5 \$750.00
City		State	Zip Code	Received at Fundraising Event?
BLOOMINGTON		MN	55425	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
TERRY SCHREY		ROBINSON HOSPITAL		
Street Address		Description of Item or Service		M D Y Fair Market Value
1300 LEXINGTON AVE		CAKE		0 7 1 6 1 5 \$47.99
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44310	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
MIKE VALLE		SUMMIT COUNTY		
Street Address		Description of Item or Service		M D Y Fair Market Value
406 OXFORD AVE		PROPANE,PANS, PLATES, CONDIMENTS		0 7 1 6 1 5 \$47.49
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44310	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
TONY MASSOLI		MASSOLI BAKERY		
Street Address		Description of Item or Service		M D Y Fair Market Value
157 BRITAIN RD		SAUSAGE BUNS		0 7 1 6 1 5 \$53.00
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44305	<input checked="" type="radio"/> YES <input type="radio"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
SANDRA D'ANDREA		GAMEDAY CORP		
Street Address		Description of Item or Service		M D Y Fair Market Value
405 SACKETT AVE		BEER, WATER, POP		0 7 1 6 1 5 \$248.24
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44313	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
BRUCE ROMEO		DA SPECIALTY		
Street Address		Description of Item or Service		M D Y Fair Market Value
589 WOLF LEDGES PKWY		PAPER PRODUCTS		0 7 1 6 1 5 \$142.94
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44311	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ROGER GRIFFIN		RJ93 PROPERTIES		
Street Address		Description of Item or Service		M D Y Fair Market Value
1221 E ASCOT LANE		FOOD/DRINK (PRIME 93)		0 7 2 2 1 5 \$750.00
City		State	Zip Code	Received at Fundraising Event?
CUYAHOGA FALLS		OH	44223	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
GARY ROSEN		GOLDMAN & ROSEN		
Street Address		Description of Item or Service		M D Y Fair Market Value
11 S FORGE ST		POSTAGE, FOOD/BEVERAGE		0 7 3 0 1 5 \$188.71
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44304	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
CHARLES PERRIN		PERRIN ASPHALT		
Street Address		Description of Item or Service		M D Y Fair Market Value
1994 FOX TRACE TRAIL		FOOD AND DRINK		0 8 1 1 1 5 \$456.00
City		State	Zip Code	Received at Fundraising Event?
CUYAHOGA FALLS		OH	44223	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
PATRICIA PERRIN		PERRIN ASPHALT		
Street Address		Description of Item or Service		M D Y Fair Market Value
1994 FOX TRACE TRAIL		FOOD AND DRINK		0 8 1 1 1 5 \$455.00
City		State	Zip Code	Received at Fundraising Event?
CUYAHOGA FALLS		OH	44223	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
JOHN FROLA		CT CONSULTANTS		
Street Address		Description of Item or Service		M D Y Fair Market Value
3197 N JACKSON BLVD		FOOD AND BEVERAGE		0 7 2 8 1 5 \$469.30
City		State	Zip Code	Received at Fundraising Event?
UNIONTOWN		OH	44685	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
LOU BERROTERAN		BERROTERAN GROUP		
Street Address		Description of Item or Service		M D Y Fair Market Value
2880 CRANBROOKE DR		FOOD AND BEVERAGE		0 7 2 8 1 5 \$469.30
City		State	Zip Code	Received at Fundraising Event?
SILVER LAKE		OH	44224	<input checked="" type="radio"/> YES <input type="radio"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
DAN HORRIGAN CAMPAIGN COMMITTEE			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
ANNIE OCHSENHIRT	5ELEVEN CONSULTING		
Street Address	Description of Item or Service	M D Y	Fair Market Value
215 CASTERTON AVE	OFFICE SUPPLIES, FOOD/DRINKS	0 8 0 4 1 5	\$136.22
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44303	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
KEVIN G DAVIS	DAVIS ELLIOTT LLC		
Street Address	Description of Item or Service	M D Y	Fair Market Value
12 E EXCHANGE ST	FOOD/BEVERAGE	0 8 0 6 1 5	\$316.37
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEVE ELLIOTT	DAVIS ELLIOTT LLC		
Street Address	Description of Item or Service	M D Y	Fair Market Value
12 E EXCHANGE ST	FOOD/BEVERAGE	0 8 0 6 1 5	\$316.37
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44308	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
KEVIN DAVIS II	DAVIS ELLIOTT LLC		
Street Address	Description of Item or Service	M D Y	Fair Market Value
12 E EXCHANGE ST	FOOD/BEVERAGE	0 8 0 6 1 5	\$316.36
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44308	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID GEORGE	BELL MUSIC		
Street Address	Description of Item or Service	M D Y	Fair Market Value
533 W MARKET ST	FOOD/BEVERAGE	0 8 1 2 1 5	\$199.83
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44303	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
FRANK LAROSE	HOUSE OF LAROSE		
Street Address	Description of Item or Service	M D Y	Fair Market Value
6745 SOUTHPONTE PKWY	FOOD/DRINK	0 8 1 2 1 5	\$199.83
City	State	Zip Code	Received at Fundraising Event?
BRECKSVILLE	OH	44141	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
PHIL MAYNARD	RETIRED		
Street Address	Description of Item or Service	M D Y	Fair Market Value
1484 CAMDEN RIDGE BLVD	FOOD/DRINK	0 8 1 2 1 5	\$199.83
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44312	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
ROGER READ	HARWICK CHEMICAL		
Street Address	Description of Item or Service	M D Y	Fair Market Value
9212 CHERRY LANE NE	FOOD/DRINK	0 8 1 2 1 5	\$199.83
City	State	Zip Code	Received at Fundraising Event?
MINERAL CITY	OH	44656	<input checked="" type="radio"/> YES <input type="radio"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DAN HORRIGAN CAMPAIGN COMMITTEE				
Full Name of Contributor TIM BERINGER SR		Employer, Occupation, Labor Organization* CEECO EQUIPMENT		Registration Number, if PAC
Street Address 2386 BRICE RD		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor TIM BERINGER JR		Employer, Occupation, Labor Organization* CEECO EQUIPMENT		Registration Number, if PAC
Street Address 686 W MARKET ST		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44303	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor BRENDA BECK		Employer, Occupation, Labor Organization* HOMEMAKER		Registration Number, if PAC
Street Address 98 MENLO PARK DR		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor JOHN BLICKLE		Employer, Occupation, Labor Organization* HEIDMAN INC		Registration Number, if PAC
Street Address 470 ST ANDREWS DR		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44303	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor FRAN BUCHHOLZER		Employer, Occupation, Labor Organization* RETIRED		Registration Number, if PAC
Street Address 333 N PORTAGE PATH #1		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44303	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor BILL COSTIGAN		Employer, Occupation, Labor Organization* COSTIGAN & SONS		Registration Number, if PAC
Street Address 2085 HEATHER CT		Description of Item or Service FOOD/DRINK		M D Y Fair Market Value 0 8 1 2 1 5 \$199.83
City AKRON		State OH	Zip Code 44313	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
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? <input type="radio"/> YES <input type="radio"/> NO
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? <input type="radio"/> YES <input type="radio"/> NO

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