

# Ohio Campaign Finance Report

Pages of a report must be numbered in consecutive order with this Cover Sheet as page one. Do not number pages of receipts/checks.

Full Name of Committee <b>Euclid Democratic Party</b>						Registration Number, IF STATE PAC	
Full Name and Street Address of Treasurer, including city and zip code <b>Elizabeth K. Slogar, 140 E. 214th St, Euclid, OH 44123</b>							
IF CANDIDATE'S COMMITTEE: Full Name and Street Address of Candidate, including city and zip code							
IF CANDIDATE'S COMMITTEE: Office Sought and Municipality, Subdivision or District Number assigned, if known.						IF ISSUE'S COMMITTEE: Municipality, Subdivision or District and Issue	
Type of Report (place X to left of report type)	Pre-Primary	Post-Primary	Pre-General	Post-General	Annual Year		
	Special	July Monthly	August Monthly	September Monthly	Termination		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Semi annual first half 2008</b>					Date of Election: <b>2008</b>		

For candidates only: During an election year, if total contributions and expenditures each total \$500 or less during the combined pre and post periods at one election, and the committee can terminate with a zero balance and no outstanding loans, only this cover page with the appropriate figures shown needs to be filed. No other forms are required at a post primary or post general period, if the above statement applies. See ORC 3517.10 (H) for details.

1. Amount brought forward from last report	\$	91	86
2. Total monetary contributions (From Form No. 31-A)	\$	2810	00
3. Total other income (From Form No. 31-A-2)	\$	—	—
4. Total funds available (sum of lines 1, 2, 3)	\$	2901	86
5. Total monetary expenditures (From Form No. 31-B)	\$	2214	94
6. Balance on hand (line 4 minus line 5)	\$	686	92
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	—	—
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	—	—
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	—	—
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	—	—
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	—	—
12. Value of Independent expenditures made (From Form No. 31-U)	\$	—	—
13. FOR ELECTRONIC FILING ENTITIES ONLY Sum of lines 2, 7, and amount of any new loans received this period.	\$	—	—

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.

**Elizabeth K. Slogar** Treasurer  
Print Name and Title (Treasurer or Deputy Treasurer only)

*Elizabeth K. Slogar*  
Signature

**06/20/2009**  
Date  
JUL 05 10:05 PM '09

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Euclid Democratic Party										
Full Name of Contributor Kent Smith						Registration Number, if PAC				
Street Address 24 East 220th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash			
City Euclid		State OH		Zip Code 44123		M 01		D 19		Y 08
Amount 10.00										
Full Name of Contributor The Committee to Elect Dana Calabrese										
Street Address 75 West Belmeadow Lane						Employer/Occupation/Labor Organization*				
City Chagrin Falls		State OH		Zip Code 44022		M 02		D 06		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor Committee to Elect Thomas O'Donnell for Judge										
Street Address 16816 Walnut Creek						Employer/Occupation/Labor Organization*				
City Strongsville		State OH		Zip Code 44149		M 02		D 08		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor Committee to Elect Leslie Celebrezze										
Street Address 2344 Canal Road						Employer/Occupation/Labor Organization*				
City Cleveland		State OH		Zip Code 44113		M 02		D 11		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor Anthony J. Russo for Judge Committee										
Street Address 7315 Brecksville Rd						Employer/Occupation/Labor Organization*				
City Independence		State OH		Zip Code 44131		M 02		D 19		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor Patrick Carroll for Judge Committee										
Street Address 15709 Clifton Blvd						Employer/Occupation/Labor Organization*				
City Lakewood		State OH		Zip Code 44107		M 02		D 26		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor Steven J. Terry for Judge Committee										
Street Address 3727 Ingleside Road						Employer/Occupation/Labor Organization*				
City Shaker Heights		State OH		Zip Code 44122		M 02		D 07		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				
Full Name of Contributor The Committee to Elect Brendan J. Sheehan										
Street Address 15989 Wedgwood Lane						Employer/Occupation/Labor Organization*				
City Strongsville		State OH		Zip Code 44149		M 02		D 16		Y 08
Form (Cash, Check, etc.) check						Amount 400.00				

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

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
To Whom Paid	M	D	Y	Amount			
Jon Timpko	0	2	2018	200.00			
Address: 3753 W. 132nd St.		Purpose: graphic design					
City: Cleveland	State: OH	Zip Code: 44111	Check Number: 1026				
To Whom Paid	M	D	Y	Amount			
Cuyahoga County Democratic Party	0	2	2018	100.00			
Address: 1466 St. Clair Ave.		Purpose: fundraiser					
City: Cleveland	State: OH	Zip Code: 44114	Check Number: 1027				
To Whom Paid	M	D	Y	Amount			
Vedda and Sons Printing	0	2	2018	1228.30			
Address: 12000 Berea Rd.		Purpose: printing					
City: Cleveland	State: OH	Zip Code: 44111	Check Number: 1028				
To Whom Paid	M	D	Y	Amount			
US Postmaster	0	2	2018	686.64			
Address:		Purpose: mailing					
City:	State:	Zip Code:	Check Number: 1029				
To Whom Paid	M	D	Y	Amount			
Address:		Purpose:					
City:	State:	Zip Code:	Check Number:				
To Whom Paid	M	D	Y	Amount			
Address:		Purpose:					
City:	State:	Zip Code:	Check Number:				
To Whom Paid	M	D	Y	Amount			
Address:		Purpose:					
City:	State:	Zip Code:	Check Number:				