

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee MIKE SUMMERS FOR CITY COUNCIL						Registration Number, if PAC					
Full Name of Candidate C/O TIMOTHY LASKEY, TREASURER											
Street Address 12511 MADISON AVENUE						Office Sought CITY COUNCIL			District LAKWOOD		
City LAKWOOD						State OH		Zip Code 44107			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year		
	July		August		September		Termination				
Monthly		Monthly		Monthly							
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	7
						1	2	1	4	0	7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1,988.01	✓
2. Total monetary contributions (From Form No. 31-A)	\$	900.00	✓
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	2,888.01	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	2,286.79	✓
6. Balance on hand (line 4 minus line 5)	\$	601.22	✓
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)	\$	3,000.00	✓
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

Timothy Laskey, Treas *Timothy Laskey* 12/10/07
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 2

Expenditure pages 1

Other pages 2

Total pages 5

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Statement of Contributions Received

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Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor Lynne Rambasek				Registration Number, if PAC		
Street Address 13455 Cliff Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 18	Amount 100.00
Full Name of Contributor Shirley Henderson				Registration Number, if PAC		
Street Address 1111 Homewood Dr		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 18	Amount 200.00
Full Name of Contributor Eugene Kramer				Registration Number, if PAC		
Street Address 1422 Euclid Avenue, #1162		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44107	M 1	D 0	Y 22	Amount 50.00
Full Name of Contributor Sarah Reid				Registration Number, if PAC		
Street Address 1021 Roy Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 22	Amount 50.00
Full Name of Contributor Jack Palomaki				Registration Number, if PAC		
Street Address 13840 Edgewater Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 22	Amount 100.00
Full Name of Contributor Tari Rivera				Registration Number, if PAC		
Street Address 10115 Hardwood Trail		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City North Royalton	State OH	Zip Code 44133	M 1	D 0	Y 22	Amount 200.00
Full Name of Contributor MaryAnne Crampton				Registration Number, if PAC		
Street Address 17895 Captains Cove		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 22	Amount 50.00
Full Name of Contributor Kristine Adams				Registration Number, if PAC		
Street Address 1086 Forest Cliff Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 18	Amount 100.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

Page Total \$ 850.00

Statement of Expenditures

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Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL												
To Whom Paid NORTH COAST LITHO						M	D	Y	Amount			
						1	1	0	5	0	7	812.44
Address 1444 EAST 49TH STREET				Purpose PRINTING								
City CLEVELAND		State OH	Zip Code 44103		Check Number 510							
To Whom Paid NORTH COAST LITHO						M	D	Y	Amount			
						1	1	1	9	0	7	1,174.35
Address 1444 EAST 49TH STREET				Purpose PRINTING & MAILING								
City CLEVELAND		State OH	Zip Code 44103		Check Number 511							
To Whom Paid WENDELL DESIGN COMMUNICATIONS						M	D	Y	Amount			
						1	1	1	9	0	7	300.00
Address 451 QUEENSWOOD DRIVE				Purpose DESIGN ARTWORK FOR MAILINGS								
City BAY VILLAGE		State OH	Zip Code 44140		Check Number 512							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee MIKE SUMMERS FOR CITY COUNCIL												
From Whom Received MIKE SUMMERS							Prior Amount 3,000.00		Amt. Incurred this Period			
Address 1046 WILBERT ROAD									Outstanding Balance 3,000.00			
City LAKEWOOD		State OH	Zip Code 44107		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	8	1	3	0	7					0
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 3,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,000.00 (To Form No. 30-A)