

CUYAHOGA COUNTY BOARD OF ELECTIONS  
ABSENTEE VOTING/CANDIDATE SERVICES DEPARTMENT

Receipt

COMPLETE 11/5/07  
Burt

Type of Report/Date of Election or Annual Year: Pre-election Report

Election Date: October 2, 2007

Date Received: 9/14/2007

Treasurer: Timothy Laskey  
12511 Madison Avenue  
Lakewood, Oh 44107

Treasurer for:

*(Committee name)(If Issues' Committee, list municipality name and issue number)*

If candidates' committee, list full name/office: Mike Summers for City Council

*(List Candidate Name and Office that pertains to this reporting cycle)*

What filed:

- Initial report received
- First addendum to original report received
- Additional addendum to original report received:
- Subsequent initial report
- Initial Designation of Treasurer\*
- New Designation of Treasurer/reason filed:
- Corporate Filing (Form 30-B-1)
- Independent Expenditure Filing (specify form no.)

Attachments filed:

- Termination statement
- Receipts, canceled checks
- Other:

Received by Noreen Hahn

*\*If, after filing a designation to register a campaign committee, a person chooses not to run, or files a designation for an office not on the ballot until the following year, election laws require that the individual file an annual campaign finance report. The report is due by the last business day in January. The Mid-Year report is due for ALL entities except those which may be required to file a Post-General Report. The report is due by the last business day in July. The same laws apply to any individual or organization that registers as Political Action Committee.*

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee <b>MIKE SUMMERS FOR CITY COUNCIL</b>						Registration Number if PAC			
Full Name of Candidate <b>Michael P. Summers</b>									
Street Address <b>12511 Madison Avenue</b>					Office Sought <b>City Council</b>		District <b>Lakewood</b>		
City <b>Lakewood</b>					State <b>OH</b>	Zip Code <b>44107</b>			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	
		Monthly		Monthly		Monthly		Termination	
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	
						1	0	0	2 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	\$	0.00	
2. Total monetary contributions (From Form No. 31-A)	\$	900.00	✓
3. Total other income (From Form No. 31-A-2)	\$	2,000.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	2,900.00	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	1,278.97	✓
6. Balance on hand (line 4 minus line 5)	\$	1,621.03	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	405.15	✓
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2,000.00	✓
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 P. Laskey, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

*Timothy Laskey*

9/13/07

Date

Contribution pages 1

Expenditure pages 1

Other pages 4

Total pages 6

DECLARATION BY SECRETARY OF STATE 02/01

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>							
Full Name of Contributor <b>Tim Laskey</b>					Registration Number if PAC		
Street Address <b>1045 Wilbert Road</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>8</b>	Y <b>1307</b>	Amount <b>100.00</b>
Full Name of Contributor					Registration Number if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash Check etc )	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor <b>Elizabeth Stewart</b>					Registration Number if PAC		
Street Address <b>1050 Nicholson Avenue</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>8</b>	Y <b>2007</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Nancy Lukens</b>					Registration Number if PAC		
Street Address <b>15503 Clifton Blvd.</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>8</b>	Y <b>2007</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Mary Carol Lucic</b>					Registration Number if PAC		
Street Address <b>1484 Elbur Avenue</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>0607</b>	Amount <b>50.00</b>
Full Name of Contributor <b>James Anderson</b>					Registration Number if PAC		
Street Address <b>2067 Reveley Avenue</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Cash</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1107</b>	Amount <b>50.00</b>
Full Name of Contributor <b>David Forte</b>					Registration Number if PAC		
Street Address <b>1036 Wilbert Road</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1107</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Anthony Sinagra</b>					Registration Number if PAC		
Street Address <b>12700 Lake Avenue, apt. #1813</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc ) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1107</b>	Amount <b>100.00</b>

\* 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)

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>						Registration Number, if PAC							
Full Name <b>Mike Summers</b>				M		D		Y		Amount			
Address <b>1046 Wilbert Road</b>		Type* <b>LN</b>		<b>0</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>2,000.00</b>			
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	Form(Cash Check etc) <b>Check</b>									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									
Full Name						Registration Number, if PAC							
Address				Type*		M		D		Y		Amount	
City		State	Zip Code	Form(Cash Check etc)									

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund uncashed check or the committee's own insufficient funds check received place the letters IN for any investment or interest income earned by the committee SA for the sale of committee assets or LN for payments received on a loan made

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>												
To Whom Paid <b>BARTON CENTER</b>						M	D	Y	Amount			
						0	9	0	6	0	7	25.00
Address <b>DETROIT AVENUE</b>				Purpose <b>ROOM RENTAL FEE</b>								
City <b>LAKEWOOD</b>		State <b>OH</b>	Zip Code <b>44107</b>	Check Number <b>501</b>								
To Whom Paid <b>MIKE SUMMERS</b>						M	D	Y	Amount			
						0	9	1	2	0	7	776.00
Address <b>1046 Wilbert Road</b>				Purpose <b>Signs</b>								
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	Check Number <b>502</b>								
To Whom Paid <b>Mike Summers</b>						M	D	Y	Amount			
						0	9	1	2	0	7	92.97
Address <b>1046 Wilbert Road</b>				Purpose <b>Board of Election Fees</b>								
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	Check Number <b>503</b>								
To Whom Paid <b>Wendell Design Communications</b>						M	D	Y	Amount			
						0	9	1	1	0	7	385.00
Address <b>451 Queenswood Drive</b>				Purpose <b>Design Campaign Literature, Signs, etc</b>								
City <b>Bay Village</b>		State <b>OH</b>	Zip Code <b>44140</b>	Check Number <b>504</b>								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								

## Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>MIKE SUMMERS FOR CITY COUNCIL</b>												
From Whom Received <b>Mike Summers</b>								Prior Amount			Amt Incurred this Period <b>2,000.00</b>	
Address <b>1046 Wilbert Road</b>											Outstanding Balance <b>2,000.00</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>		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 8	1 3	0 7						
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 \$ 0.00
- 2 Total received this period \$ 2,000.00 (To Form No 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,000.00 (To Form No 30-A)

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>				
Full Name of Contributor <b>The Millcraft Group</b>		Employer Occupation Labor Organization *		Registration Number, if PAC
Street Address <b>6800 Grant Avenue</b>		Description of Item or Service <b>Leaflets</b>		M   D   Y   Fair Market Value <b>0   8   2   8   0   7   405.15</b>
City <b>Cleveland</b>		State <b>OH</b>	Zip Code <b>44105</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individual 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 also appear.

[R C 3517 10(B)(4)]

CUYAHOGA COUNTY BOARD OF ELECTIONS

CVS Division

Receipt

Post Primary Oct 2, 2007

Completed  
11/25/07  
[Signature]

Type of Report/Date of Election or Annual Year: Pre-election Report

Election Date: November 6, 2007

Date Received: 10/25/2007

Treasurer: Timothy Laskey  
12511 Madison Avenue  
Lakewood, OH 44107

Treasurer for: Mike Summers for City Council

(Committee name)(If Issues' Committee, list municipality name and issue number)

If candidates' committee, list full name/office: Mike Summers, City Council

(List Candidate Name and Office that pertains to this reporting cycle)

What filed:

- Initial report received
- First addendum to original report received
- Additional addendum to original report received:
- Subsequent initial report
- Initial Designation of Treasurer\*
- New Designation of Treasurer/reason filed:
- Corporate Filing (Form 30-B-1)
- Independent Expenditure Filing (specify form no.)

Attachments filed:

- Termination statement
- Receipts, canceled checks
- Other:

Received by Sharon Keane

\*If, after filing a designation to register a campaign committee, a person chooses not to run, or files a designation for an office not on the ballot until the following year, election laws require that the individual file an annual campaign finance report. The report is due by the last business day in January. The Mid-Year report is due for ALL entities except those which may be required to file a Post-General Report. The report is due by the last business day in July. The same laws apply to any individual or organization that registers as Political Action Committee.

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee <b>MIKE SUMMERS FOR CITY COUNCIL</b>						Registration Number if PAC				
Full Name of Candidate <b>C/O TIMOTHY LASKEY, TREASURER</b>										
Street Address <b>12511 MADISON AVENUE</b>						Office Sought <b>CITY COUNCIL</b>		District <b>LAKEWOOD</b>		
City <b>LAKEWOOD</b>						State <b>OH</b>	Zip Code <b>44107</b>			
Type of Report (place X to the left of report type)	Pre-Primary		X Post-Primary		X Pre-General		Post-General		Annual Year	
	July		August		September		Termination			
Monthly		Monthly		Monthly		Termination				
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
						1	1	0	6	0
								0	7	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	\$	1,621.03	✓
2. Total monetary contributions (From Form No. 31-A)	\$	3,125.00	✓
3. Total other income (From Form No. 31-A-2)	\$	1,000.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	5,746.03	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	3,758.02	✓
6. Balance on hand (line 4 minus line 5)	\$	1,988.01	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	148.60	
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-M)	\$		
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  
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

*Timothy Laskey*

Date

10/25/07

Contribution pages 5

Expenditure pages 1

Other pages 3

Total pages 10

OCT 25 07 AM 11:22:10

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>							
Full Name of Contributor <b>Angelo Privitera</b>					Registration Number if PAC		
Street Address <b>12700 Lake Avenue</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1307</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Jeffrey Therber</b>					Registration Number if PAC		
Street Address <b>1059 Homewood Drive</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1407</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Mary Breiner</b>					Registration Number if PAC		
Street Address <b>1092 Homewood Dr</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1407</b>	Amount <b>100.00</b>
Full Name of Contributor <b>William Dorsch</b>					Registration Number if PAC		
Street Address <b>1536 Chesterland Ave</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1407</b>	Amount <b>50.00</b>
Full Name of Contributor <b>George Young</b>					Registration Number if PAC		
Street Address <b>1516 Parkway Drive</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1707</b>	Amount <b>25.00</b>
Full Name of Contributor <b>David Huffman</b>					Registration Number if PAC		
Street Address <b>1032 Wilbert Rd</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1907</b>	Amount <b>100.00</b>
Full Name of Contributor <b>David Anthony</b>					Registration Number if PAC		
Street Address <b>2076 Marlowe Ave</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>1907</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Vincent Barra</b>					Registration Number if PAC		
Street Address <b>1270 Manor Park</b>			Employer/Occupation/Labor Organization			Form (Cash Check etc) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>50.00</b>

\* 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)

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>						
Full Name of Contributor <b>Sandra Donahoe</b>				Registration Number if PAC		
Street Address <b>2067 Baxterly Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Jay Foran</b>				Registration Number if PAC		
Street Address <b>17612 Edgewater Dr</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Roberta Hendrick</b>				Registration Number if PAC		
Street Address <b>12915 Lake Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>125.00</b>
Full Name of Contributor <b>Favre for Lakewood Schools</b>				Registration Number if PAC		
Street Address <b>1452 Bunts Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>100.00</b>
Full Name of Contributor <b>James Latham</b>				Registration Number if PAC		
Street Address <b>2075 Baxterly Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Daniel Brennan</b>				Registration Number if PAC		
Street Address <b>2175 Lakeland Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Thomas Sutton</b>				Registration Number if PAC		
Street Address <b>14013 Clifton Blvd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>40.00</b>
Full Name of Contributor <b>Thomas O'Dougherty, Jr.</b>				Registration Number, if PAC		
Street Address <b>1264 Manor Park Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2007</b>	Amount <b>25.00</b>

\* 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

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>							
Full Name of Contributor <b>Keith Davey</b>					Registration Number, if PAC		
Street Address <b>14012 Lakewood Heights</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Mary Coleman</b>					Registration Number, if PAC		
Street Address <b>21160 W. Wagar Circle</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Rocky River</b>		State <b>OH</b>	Zip Code <b>44116</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Eilizabeth Stewart</b>					Registration Number, if PAC		
Street Address <b>1050 Nicholson</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Paula Reed</b>					Registration Number, if PAC		
Street Address <b>1208 Manor Park</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Lainie Breiner</b>					Registration Number, if PAC		
Street Address <b>17700 Lakewood Heights Blvd</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Tom Wagner</b>					Registration Number, if PAC		
Street Address <b>Abbieshire Blvd</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Sara Chehey</b>					Registration Number, if PAC		
Street Address <b>1070 Wilbert Road</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Kenneth Laino</b>					Registration Number, if PAC		
Street Address <b>1048 Homewood Drive</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>

\* 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

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>						
Full Name of Contributor <b>Anthony Lacerva</b>					Registration Number if PAC	
Street Address <b>1077 Wilbert Road</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Vincent Falcone</b>					Registration Number if PAC	
Street Address <b>1055 Kirtland Lane</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Hugh Campbell</b>					Registration Number if PAC	
Street Address <b>17819 Narragansett Avenue</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>James O'Leary</b>					Registration Number if PAC	
Street Address <b>1608 Clarence</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>William Gaydos</b>					Registration Number if PAC	
Street Address <b>14714 Detroit Avenue, Suite 202</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>James McDowell</b>					Registration Number if PAC	
Street Address <b>1115 Forest Road</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Mary Ann Sanders</b>					Registration Number if PAC	
Street Address <b>1076 Wilbert Road</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>C. Nozomi Ikuta</b>					Registration Number if PAC	
Street Address <b>1232 Jackson Avenue</b>			Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>30.00</b>

\* 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)

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>						
Full Name of Contributor <b>Anita Braves Fuller</b>				Registration Number if PAC		
Street Address <b>13513 Edgewater Drive</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>1107</b>	Amount <b>75.00</b>
Full Name of Contributor <b>Patti Laskey</b>				Registration Number if PAC		
Street Address <b>1045 Wilbert Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>1107</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Michael Mervart</b>				Registration Number if PAC		
Street Address <b>13410 Lake Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>11507</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Cheryl Weaver</b>				Registration Number if PAC		
Street Address <b>1081 Nicholson Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>11707</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Pam Gallagher</b>				Registration Number if PAC		
Street Address <b>3820 West Valley Dr</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Fairview Park</b>	State <b>OH</b>	Zip Code <b>44126</b>	M <b>1</b>	D <b>0</b>	Y <b>11707</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Mark Thomas</b>				Registration Number if PAC		
Street Address <b>32955 Seneca Drive</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Solon</b>	State <b>OH</b>	Zip Code <b>44139</b>	M <b>1</b>	D <b>0</b>	Y <b>11707</b>	Amount <b>50.00</b>
Full Name of Contributor <b>William Gaydos</b>				Registration Number if PAC		
Street Address <b>14714 Detroit Ave, Suite #202</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>11707</b>	Amount <b>100.00</b>
Full Name of Contributor				Registration Number if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

\* 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)

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>							
Full Name of Contributor <b>LUCINDA EINHOUSE</b>					Registration Number, if PAC		
Street Address <b>1064 SYLVAN AVENUE</b>			Employer/Occupation/Labor Organization			Form (Cash, Check etc) <b>CHECK</b>	
City <b>LAKEWOOD</b>		State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check etc)	
City		State	Zip Code	M	D	Y	Amount

\* 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)

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
MIKE SUMMERS FOR CITY COUNCIL							
Full Name				Registration Number, if PAC			
MIKE SUMMERS							
Address		Type*		M	D	Y	Amount
1046 Wilbert Road		LN		1	0	1	1,000.00
City		State	Zip Code	Form(Cash Check etc)			
Lakewood		OH	44107	Check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash Check etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund uncashed check or the committee's own insufficient funds check received; place the letters IN for any investment or interest income earned by the committee; SA for the sale of committee assets; or LN for payments received on a loan made

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
MIKE SUMMERS FOR CITY COUNCIL												
To Whom Paid						M	D	Y	Amount			
Winking Lizard Tavern						0	9	2	0	0	7	300.37
Address				Purpose								
14018 Detroit Road				Rental of Room								
City		State	Zip Code	Check Number								
Lakewood		OH	44107	505								
To Whom Paid						M	D	Y	Amount			
North Coast Litho						0	9	2	7	0	7	752.50
Address				Purpose								
1444 East 49th Street				Printing Costs								
City		State	Zip Code	Check Number								
Cleveland		OH	44103	506								
To Whom Paid						M	D	Y	Amount			
North Coast Litho						1	0	0	1	0	7	1,773.41
Address				Purpose								
1444 East 49th Street				Printing & Mailing								
City		State	Zip Code	Check Number								
Cleveland		OH	44103	507								
To Whom Paid						M	D	Y	Amount			
North Coast Litho						1	0	0	3	0	7	853.99
Address				Purpose								
1444 East 49th Street				Printing & Mailing								
City		State	Zip Code	Check Number								
Cleveland		OH	44103	508								
To Whom Paid						M	D	Y	Amount			
Wendell Design Communications						1	0	1	1	0	7	65.00
Address				Purpose								
451 Queenswood Drive				Design & Artwork for Mailer								
City		State	Zip Code	Check Number								
Bay Village		OH	44140	509								
To Whom Paid						M	D	Y	Amount			
First Federal Lakewood						1	0	1	5	0	7	12.75
Address				Purpose								
14806 Detroit Avenue				Check Printing Costs								
City		State	Zip Code	Check Number								
Lakewood		OH	44107									
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 <b>MIKE SUMMERS FOR CITY COUNCIL</b>													
From Whom Received <b>Mike Summers</b>								Prior Amount <b>2,000.00</b>		Amt Incurred this Period <b>1,000.00</b>			
Address <b>1046 Wilbert Road</b>										Outstanding Balance <b>3,000.00</b>			
City <b>Lakewood</b>		State <b>OH</b>	Zip Code <b>44107</b>		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	1	0	1	7	0	7
Registration Number if PAC													
Employer/Occupation/Labor Organization*													
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													
Employer/Occupation/Labor Organization*													
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													
Employer/Occupation/Labor Organization*													

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 \$ 2,000.00
- 2 Total received this period \$ 1,000.00 (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)

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>			
Full Name of Contributor <b>Timothy Laskey</b>		Employer Occupation Labor Organization *	
Street Address <b>12511 Madison Avenue</b>		Description of Item or Service <b>Postage</b>	
City <b>Lakewood</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Patti Laskey</b>		Employer Occupation Labor Organization *	
Street Address <b>1045 Wilbert Road</b>		Description of Item or Service <b>Deposit Stamp</b>	
City <b>Lakewood</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Mary Holland</b>		Employer Occupation Labor Organization *	
Street Address <b>13920 Edgewater Dr</b>		Description of Item or Service <b>Meet Mike Coffee &amp; Tea</b>	
City <b>Lakewood</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer Occupation Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer Occupation Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer Occupation Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer Occupation Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer Occupation Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individual 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 also appear [R.C. 3517.10(B)(4)]

COMPLETE 1/29/08  
BWT

CUYAHOGA COUNTY BOARD OF ELECTIONS  
CVS Division  
Receipt

Type of Report/Date of Election or Annual Year: Post-election Report

Election Date: November 6, 2007

Date Received: 12/12/2007

Treasurer: Timothy P. Laskey  
12511 Madison Avenue  
Lakewood, Oh 44107

Treasurer for:

*(Committee name)(If Issues' Committee, list municipality name and issue number)*

If candidates' committee, list full name/office: Mike Summers for City Council

*(List Candidate Name and Office that pertains to this reporting cycle)*

What filed:

- Initial report received
- First addendum to original report received
- Additional addendum to original report received:
- Subsequent initial report
- Initial Designation of Treasurer\*
- New Designation of Treasurer/reason filed:
- Corporate Filing (Form 30-B-1)
- Independent Expenditure Filing (specify form no.)

Attachments filed:

- Termination statement
- Receipts, canceled checks
- Other:

Received by Nua een Hahn

*If, after filing a designation to register a campaign committee, a person chooses not to run, or files a designation for an office not on the ballot until the following year, election laws require that the individual file an annual campaign finance report. The report is due by the last business day in January. The Mid-Year report is due for ALL entities except those which may be required to file a Post-General Report. The report is due by the last business day in July. The same laws apply to any individual or organization that registers as Political Action Committee.*

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee <b>MIKE SUMMERS FOR CITY COUNCIL</b>						Registration Number, if PAC					
Full Name of Candidate <b>C/O TIMOTHY LASKEY, TREASURER</b>											
Street Address <b>12511 MADISON AVENUE</b>					Office Sought <b>CITY COUNCIL</b>		District <b>LAKEWOOD</b>				
City <b>LAKEWOOD</b>					State <b>OH</b>	Zip Code <b>44107</b>					
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		
						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(F) 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

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MIKE SUMMERS FOR CITY COUNCIL</b>							Registration Number if PAC	
Full Name of Contributor <b>Lynne Rambasek</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>13455 Cliff Drive</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>18</b>	<b>0</b>	<b>7</b>	<b>100.00</b>
Full Name of Contributor <b>Shirley Henderson</b>						Registration Number if PAC		
Street Address <b>1111 Homewood Dr</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>1111 Homewood Dr</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>18</b>	<b>0</b>	<b>7</b>	<b>200.00</b>
Full Name of Contributor <b>Eugene Kramer</b>						Registration Number if PAC		
Street Address <b>1422 Euclid Avenue, #1162</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>1422 Euclid Avenue, #1162</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Cleveland</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>22</b>	<b>0</b>	<b>7</b>	<b>50.00</b>
Full Name of Contributor <b>Sarah Reid</b>						Registration Number if PAC		
Street Address <b>1021 Roy Drive</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>1021 Roy Drive</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>22</b>	<b>0</b>	<b>7</b>	<b>50.00</b>
Full Name of Contributor <b>Jack Palomaki</b>						Registration Number if PAC		
Street Address <b>13840 Edgewater Drive</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>13840 Edgewater Drive</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>22</b>	<b>0</b>	<b>7</b>	<b>100.00</b>
Full Name of Contributor <b>Tari Rivera</b>						Registration Number if PAC		
Street Address <b>10115 Hardwood Trail</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>10115 Hardwood Trail</b>			Employer/Occupation/Labor Organization			Amount		
City <b>North Royalton</b>	State <b>OH</b>	Zip Code <b>44133</b>	M <b>1</b>	D <b>0</b>	Y <b>22</b>	<b>0</b>	<b>7</b>	<b>200.00</b>
Full Name of Contributor <b>MaryAnne Crampton</b>						Registration Number if PAC		
Street Address <b>17895 Captains Cove</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>17895 Captains Cove</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>22</b>	<b>0</b>	<b>7</b>	<b>50.00</b>
Full Name of Contributor <b>Kristine Adams</b>						Registration Number if PAC		
Street Address <b>1086 Forest Cliff Drive</b>						Form (Cash Check etc.) <b>Check</b>		
Street Address <b>1086 Forest Cliff Drive</b>			Employer/Occupation/Labor Organization			Amount		
City <b>Lakewood</b>	State <b>OH</b>	Zip Code <b>44107</b>	M <b>1</b>	D <b>0</b>	Y <b>18</b>	<b>0</b>	<b>7</b>	<b>100.00</b>

\* 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)

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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

## Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>MIKE SUMMERS FOR CITY COUNCIL</b>												
From Whom Received <b>MIKE SUMMERS</b>						Prior Amount <b>3,000.00</b>		Amt Incurred this Period				
Address <b>1046 WILBERT ROAD</b>								Outstanding Balance <b>3,000.00</b>				
City <b>LAKEWOOD</b>		State <b>OH</b>	Zip Code <b>44107</b>			Loans Received This Period Date                      Amount		Payments This Period 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 Date                      Amount		Payments This Period 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 Date                      Amount		Payments This Period 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)

CUYAHOGA COUNTY BOARD OF ELECTIONS  
CVS Division  
Receipt

Type of Report/Date of Election or Annual Year: **Post-election Report**  
Election Date: **November 6, 2007**

Date Received: **12/24/2007**

Treasurer:

**Timothy Lansky**  
**12511 Madison Ave**  
**Lakewood, OH 44107**

Treasurer for: **Mike Summers for City Council**

*(Committee name)(If Issues' Committee, list municipality name and issue number)*

If candidates' committee, list full name/office: **Michael Summers, Council**

*(List Candidate Name and Office that pertains to this reporting cycle)*

**What filed:**

Initial report received

**First addendum to original report received**

Additional addendum to original report received:

Subsequent initial report

Initial Designation of Treasurer\*

New Designation of Treasurer/reason filed:

Corporate Filing (Form 30-B-1)

Independent Expenditure Filing (specify form no.)

**Attachments filed:**

Termination statement

**Receipts, canceled checks**

Other:

**OLD COPY**

Received by **Rosemarie Amato**

*\*If, after filing a designation to register a campaign committee, a person chooses not to run, or files a designation for an office not on the ballot until the following year, election laws require that the individual file an annual campaign finance report. The report is due by the last business day in January. The Mid-Year report is due for ALL entities except those which may be required to file a Post-General Report. The report is due by the last business day in July. The same laws apply to any individual or organization that registers as Political*