

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee THE JONES COMMITTEE						Registration Number, if PAC	
Full Name of Candidate TOM JONES							
Street Address 3791 WADSWORTH RD.				Office Sought MAYOR		District NORTON	
City NORTON				State OH		Zip Code 44203	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M 11	D 08
						Y 11	

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	\$	247	72
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$	200	00
4. Total funds available (sum of lines 1, 2, 3)	\$	447	72
5. Total monetary expenditures (From Form No. 31-B)	\$	599	27
6. Balance on hand (line 4 minus line 5)	\$	-	151 55
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)	\$	675	421
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	FORGIVEN	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	FORGIVEN	
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.	\$		

2011 DEC 15 PM 1:59
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO

3965

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.

PAT JONES TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Pat Jones
Signature

12-15-11
Date

Contribution pages 0

Expenditure pages 1

Other pages 5

Total pages 6

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full THE JONES COMMITTEE				Registration Number, if PAC	
Full Name LOAN TRANSFER FROM 31-C		Address		Type*	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)		200.00	
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC	
Address		Type*		M D Y	
City		State		Zip Code	
M		D		Y	
Amount		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, 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				M	D	Y	Amount
THE JONES COMMITTEE				10	23	11	225
To Whom Paid							
ALPHA PRINTING							
Address		Purpose					
898 COVENTRY RD		YARD SIGNS					
City		State	Zip Code	Check Number			
BARBERTON		OH	44203	993			
To Whom Paid				M	D	Y	Amount
E - JAS COPIES INC				11	01	11	95.85
Address				Purpose			
33 N. UNION				FLYERS			
City		State	Zip Code	Check Number			
AKRON		OH	44304	994			
To Whom Paid				M	D	Y	Amount
MILCHS VILLAGE INN				11	08	11	24.85
Address				Purpose			
4444 S. CLEEVE MASS RD				VICTORY PARTY			
City		State	Zip Code	Check Number			
NORTON		OH	44203	995			
To Whom Paid				M	D	Y	Amount
CHARTER ONE BANK				10	31	11	11.99
Address				Purpose			
175 GREAT OAKS				BANK SERVICE CHGS			
City		State	Zip Code	Check Number			
WADSWORTH		OH	44281				
To Whom Paid				M	D	Y	Amount
FROM 31-C				11	16	11	24.58
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			

599.27

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee THE JONES COMMITTEE													
From Whom Received TOM JONES										Prior Amount 500.00		Amt. Incurred this Period 200.00	
Address 3791 WADSWORTH RD												Outstanding Balance FORGIVEN	
City NORTON		St ate OH		Zip Code 44203		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		10		24		11		200.00		11		24.58	
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		St ate		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
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		St ate		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

* 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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ 500.00
- ² Total received this period \$ 200.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ 24.58 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 675.42 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee THE JONES COMMITTEE										
To Whom Owed TOM JONES					Prior Amount 152.35			Amt. Incurred this Period —		
Address 3791 WADSWORTH RD					Item or Purpose of Debt			Outstanding Balance FORGIVEN		
City NORTON			Sta te OH	Zip Code 44203		Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed										
Address					Item or Purpose of Debt			Outstanding Balance		
City			Sta te	Zip Code		Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed										
Address					Item or Purpose of Debt			Outstanding Balance		
City			Sta te	Zip Code		Payments This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
Registration Number, if PAC					M	D	Y			
					M	D	Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on cover page)

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE JONES COMMITTEE			
Full Name of Contributor TOM JONES		Employer, Occupation, Labor Organization*	
Street Address 3791 WADSWORTH RD		Description of Item or Service MISC ITEMS	
City NORTON		State OH	Zip Code 44203
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code

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