

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>O'Brien for Clerk of Courts</b>						Registration Number, if PAC					
Full Name of Candidate <b>Ann Marie O'Brien</b>											
Street Address <b>323 Castle Blvd.</b>						Office Sought <b>Clerk of Courts</b>			District <b>Summit County</b>		
City <b>Akron</b>						State <b>OH</b>		Zip Code <b>44313</b>			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" 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	M	3	1	D	5
						1	V	6			

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	\$	\$2,000.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,050.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,050.00
5. Total monetary contributions (From Form No. 31-B)	\$	\$3,886.28
6. Balance on hand (From line 5)	\$	\$163.72
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
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)	\$	\$720.17
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	\$	

#11132  
SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO  
2016 APR 22 PM 12:24

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SUMMIT COUNTY  
BOARD OF ELECTIONS

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.

Chad Rothschild, Treasurer      [Signature]      04/22/2016  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 3

Expenditure pages 2

Other pages 6

Total pages 11

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>O'Brien for Clerk of Courts</b>							
Full Name of Contributor <b>William G. Chris</b>					Registration Number, if PAC		
Street Address <b>2445 Lancaster Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 1498</b>		
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Michael R. Stith</b>					Registration Number, if PAC		
Street Address <b>575 Dorchester Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 7307</b>		
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44320</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$125.00</b>
Full Name of Contributor <b>Karen L. Arshinkoff</b>					Registration Number, if PAC		
Street Address <b>466 West Streetsboro Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 1128</b>		
City <b>Hudson</b>	State <b>OH</b>	Zip Code <b>44236</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Katherine C. Hart Smith</b>					Registration Number, if PAC		
Street Address <b>115 Erin Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check 3026</b>		
City <b>Naples</b>	State <b>FL</b>	Zip Code <b>34119</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>4</b>	Amount <b>\$75.00</b>
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>3</b>	Amount <b>\$1,500.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	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 <b>O'Brien for Clerk of Courts</b>							
To Whom Paid <b>Sackmann Stamp &amp; Stencil Co., Inc.</b>				M	D	Y	Amount
				0	3	0916	\$118.87
Address <b>411 West Exchange Street</b>		Purpose <b>Magnetic Badges for Campaign</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44302</b>	Check Number <b>EFT</b>				
To Whom Paid <b>Expenditures from Form No. 31-F</b>				M	D	Y	Amount
				0	3	2316	\$987.09
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number <b>EFT</b>				
To Whom Paid <b>Walmart Checks</b>				M	D	Y	Amount
				0	3	2316	\$14.74
Address <b>P.O. Box 351200</b>		Purpose <b>Campaign Checks</b>					
City <b>New Braunfels</b>	State <b>TX</b>	Zip Code <b>78135</b>	Check Number <b>EFT</b>				
To Whom Paid <b>Akron Legal News</b>				M	D	Y	Amount
				0	3	3016	\$1,479.56
Address <b>60 South Summit Street</b>		Purpose <b>Printing Job - Campaign Notepads</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>EFT</b>				
To Whom Paid <b>Studio 526</b>				M	D	Y	Amount
				0	3	3016	\$375.00
Address <b>526 Grant Street</b>		Purpose <b>PR and Marketing Photos</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44311</b>	Check Number <b>101</b>				
To Whom Paid <b>By Design Inc.</b>				M	D	Y	Amount
				0	3	3016	\$609.55
Address <b>2329 Stockbridge Road</b>		Purpose <b>Campaign Shirts</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	Check Number <b>102</b>				
To Whom Paid <b>Ad Graphics</b>				M	D	Y	Amount
				0	3	3116	\$300.00
Address <b>190 North Union Street, Suite 100</b>		Purpose <b>Campaign Logo Design and Production</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44304</b>	Check Number <b>103</b>				
To Whom Paid <b>Acme No. 15</b>				M	D	Y	Amount
				0	3	3116	\$1.47
Address <b>3979 Medina Road (Route 18)</b>		Purpose <b>Stamps</b>					
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44333</b>	Check Number <b>EFT</b>				

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
O'Brien for Clerk of Courts							
Full Name of Contributor				Registration Number, if PAC			
Harry McKeen							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
394 McGowen Street				0	3	2316	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44306	Cash			
Brennan, Manna & Diamond, LLC (Matthew A. Heintle)							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
75 East Market Street				0	3	2316	\$600.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check 16539			
William G. Chris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2445 Lancaster Road				0	3	2316	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check 1512			
Christopher L. Parker							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2568 Stonecreek Drive				0	3	2316	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Check 4557			
Tamara A. O'Brien							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1625 Orchard Drive				0	3	2316	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44333	Check 3519			
Don Hicks							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 South Main Street, Suite 423				0	3	2316	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check 8920			
Todd A. Harpst							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4556 Sattler Bottom Road NE				0	3	2316	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Mineral City		OH	44656	Check 1903			

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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.

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 <b>O'Brien for Clerk of Courts</b>							
Full Name of Contributor <b>Joseph R. Spoonster, III</b>				Registration Number, if PAC			
Street Address <b>568 Orlando Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44320</b>	<b>0</b>	<b>3</b>	<b>23</b>	<b>16</b> <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check 1391</b>				Registration Number, if PAC			
Full Name of Contributor <b>Jason A. Croston</b>				Registration Number, if PAC			
Street Address <b>2521 Greenview Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Uniontown</b>		State <b>OH</b>	Zip Code <b>44685</b>	<b>0</b>	<b>3</b>	<b>23</b>	<b>16</b> <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check 1369</b>				Registration Number, if PAC			
Full Name of Contributor <b>William J. Fritz</b>				Registration Number, if PAC			
Street Address <b>1444 Hampton Knoll</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>	<b>0</b>	<b>3</b>	<b>23</b>	<b>16</b> <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check 1574</b>				Registration Number, if PAC			
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.)				Registration Number, if PAC			
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.)				Registration Number, if PAC			
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.)				Registration Number, if PAC			
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.)				Registration Number, if PAC			

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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  
**\$1,500.00**

Total expenditures this event.  
**\$987.09**

Page Total \$ **400.00**

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>O'Brien for Clerk of Courts</b>							
To Whom Paid <b>Akron/Summit Convention &amp; Visitors Bureau, Inc.</b>				M	D	Y	Amount <b>\$987.09</b>
Address <b>77 East Mill Street</b>				Purpose <b>Campaign Fundraiser Facility Rental Fees at Greystone Hall</b>			
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>EFT</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	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.

## Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <b>O'Brien for Clerk of Courts</b>											
To Whom Made <b>Ann Marie O'Brien</b>					Prior Amount <b>\$2,000.00</b>			Amt. Loaned this Period <b>\$0.00</b>			
Address <b>323 Castle Blvd.</b>								Outstanding Balance <b>\$2,000.00</b>			
City <b>Akron</b>			State <b>OH</b>	Zip Code <b>44313</b>		Payments Received This Period					
					Date			Amount			
Date Loan was Originally Made					M	D	Y	M	D	Y	\$
					M	D	Y				
					M	D	Y				
To Whom Made					Prior Amount			Amt. Loaned this Period			
Address								Outstanding Balance			
City			State	Zip Code		Payments Received This Period					
					Date			Amount			
Date Loan was Originally Made					M	D	Y	M	D	Y	\$
					M	D	Y				
					M	D	Y				
To Whom Made					Prior Amount			Amt. Loaned this Period			
Address								Outstanding Balance			
City			State	Zip Code		Payments Received This Period					
					Date			Amount			
Date Loan was Originally Made					M	D	Y	M	D	Y	\$
					M	D	Y				
					M	D	Y				

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

Total Loans this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$2,000.00 (also record on cover page)

Total Payments Received this Period \$ \$0.00 (also record on Forms 31-A-2)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>O'Brien for Clerk of Courts</b>									
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$50.00</b>			Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <small>PRI / Donation (Woodridge InterAct Club)</small>			Outstanding Balance <b>\$50.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					0	1	2	9	1 6
					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$60.00</b>			Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <b>Ethics Disclosure</b>			Outstanding Balance <b>\$60.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					0	2	1	2	1 6
					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$52.25</b>			Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <b>Magnetics Badges</b>			Outstanding Balance <b>\$52.25</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					0	2	1	2	1 6
					M	D	Y		
					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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 162.25 (also record on cover page)



## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>O'Brien for Clerk of Courts</b>									
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$88.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <small>Membership / PR (Ohio Farm Bureau)</small>			Outstanding Balance <b>\$88.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		<b>Payments This Period</b>			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
		0	2	2	5	1	6		
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$5.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <small>PR / Marketing - Walk In the Dark</small>			Outstanding Balance <b>\$5.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		<b>Payments This Period</b>			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
		0	2	2	5	1	6		
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed <b>Ann Marie O'Brien</b>					Prior Amount <b>\$0.00</b>			Amt. Incurred this Period <b>\$7.00</b>	
Address <b>323 Castle Blvd.</b>					Item or Purpose of Debt <small>Hudson PTO Fundraiser Ticket</small>			Outstanding Balance <b>\$7.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		<b>Payments This Period</b>			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
		0	2	2	5	1	6		
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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 100.00 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>O'Brien for Clerk of Courts</b>							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$37.92</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <small>Ticket for Fundraiser (Akron Art Museum)</small>		Outstanding Balance <b>\$37.92</b>	
City <b>Akron</b>		Sta te <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
0 2 2 6 1 6							
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$50.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <small>Membership / PR / Marketing (As. Art Museum)</small>		Outstanding Balance <b>\$50.00</b>	
City <b>Akron</b>		Sta te <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
0 3 0 4 1 6							
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$45.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <small>Constantcontact.com Direct Marketing</small>		Outstanding Balance <b>\$45.00</b>	
City <b>Akron</b>		Sta te <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
0 3 1 6 1 6							
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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 132.92 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>O'Brien for Clerk of Courts</b>							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$275.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Stickers</b>		Outstanding Balance <b>\$275.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
Date Debt was originally Incurred				Date		Amount	
				M	D	Y	\$
		0	3	2	5	1	6
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$35.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Charity Donation (Project Grad)</b>		Outstanding Balance <b>\$35.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
Date Debt was originally Incurred				Date		Amount	
				M	D	Y	\$
		0	3	2	8	1	6
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$15.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Constantcontact.com Direct Marketing</b>		Outstanding Balance <b>\$15.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
Date Debt was originally Incurred				Date		Amount	
				M	D	Y	\$
		0	4	1	6	1	6
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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 325.00 (also record on cover page)