

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County Young Democrats							Registration Number, if PAC		
Full Name of Candidate									
Street Address 438 Grant Street					Office Sought		District		
City Akron					State OH		Zip Code 44311		
Type of Report (please X to the left of report type)	Pre-Primary	X	Post-Primary	Pre-General	Post-General	Annual Year			
	July Monthly		August Monthly	September Monthly	Termination	Semi-annual			
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	

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	\$	4,077.22
2. Total monetary contributions (From Form No. 31-A)	\$	5,040.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	9,117.22
5. Total monetary contributions made (From Form No. 31-J-1)	\$	5,358.16
6. Balance on hand (line 4 minus line 5)	\$	3,759.06
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

#11131
SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO
2016 APR 22 PM 12:17

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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

Kenneth B. Evans II
 Print Name and Title (Treasurer and Deputy Treasurer only) _____ Signature _____ Date _____

Contributions pages <u>2</u>	Expenditures pages <u>1</u>	Other pages <u>4</u>	Total pages <u>7</u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Summit County Young Democrats							
Full Name of Contributor First Energy Political Action Committee						Registration Number, if PAC	
Street Address 438 Grant St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44311		M 0	D 2	Y 2006
						Amount 5,000.00	
Full Name of Contributor Cash Contributions Under \$25 (Membership Dues)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City		State OH	Zip Code		M 0	D 4	Y 2007
						Amount 40.00	
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
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
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
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
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
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

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. (R.C. 3517.10(B)(4))

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Summitt County Young Democrats												
To Whom Paid Ohio Democratic Party						M	D	Y	Amount			
						0	3	0	2	1	6	5,000.00
Address 340 East Fulton St.				Purpose ODP 2016 Legacy Dinner								
City Columbus				State OH	Zip Code 43215		Check Number 1018					
To Whom Paid Jeniece Brook						M	D	Y	Amount			
						0	3	2	4	1	6	358.16
Address 1463 Apple Court				Purpose YDA Conference Reimbursement								
City Akron				State OH	Zip Code 44306		Check Number 1019					
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					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code		Check Number					