

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

1

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 type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" 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			1	M	1	0	D	8	1	Y	6

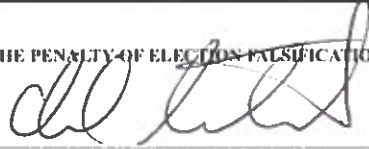
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for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

# 250  
2016 DEC 16 PM 1:00  
BOARD OF ELECTIONS  
AKRON, OHIO

1. Amount brought forward from last report	\$	\$6,331.53
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,400.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$7,731.53
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,084.50
6. Balance on hand (line 4 minus 5)	\$	\$5,647.03
7. Value of in-kind contributions received (From Form No. 31-I)	\$	\$600.00
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)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$1,724.34
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.	\$	

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



12/16/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

(for period ending 12/9/16)

Contribution pages 2

Expenditure pages 1

Other pages 11

Total pages 14

# 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>Richard Paul Kutuchief</b>				Registration Number, if PAC		
Street Address <b>159 South Main Street, Suite 807</b>		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44308</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>L. Terrence Ufholz</b>						
Street Address <b>304 North Cleveland Massillon Road</b>				Employer/Occupation/Labor Organization *		
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44333</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>
Full Name of Contributor <b>Brennan, Manna &amp; Diamond, LLC (Don Davis)</b>						
Street Address <b>75 East Market Street</b>				Employer/Occupation/Labor Organization *		
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>
Full Name of Contributor <b>Pamela M. Utley</b>						
Street Address <b>6085 Arlyne Lane</b>				Employer/Occupation/Labor Organization *		
City <b>Medina</b>		State <b>OH</b>	Zip Code <b>44256</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>
Full Name of Contributor <b>Lawrence J. Scanlon</b>						
Street Address <b>159 South Main Street, Suite 400</b>				Employer/Occupation/Labor Organization *		
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization *		
City		State <b>OH</b>	Zip Code	M	D	Y
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization *		
City		State <b>OH</b>	Zip Code	M	D	Y
Full Name of Contributor						
Street Address				Employer/Occupation/Labor Organization *		
City		State <b>OH</b>	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 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>St. Sebastian Foundation</b>			M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$25.00</b>
Address <b>476 Mull Avenue</b>		Purpose <b>Charitable Contribution/Donation</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44320</b>	Check Number <b>114</b>		
To Whom Paid <b>Ann Marie O'Brien</b>			M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$2,000.00</b>
Address <b>323 Castle Blvd.</b>		Purpose <b>Loan Repayment</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>	Check Number <b>131</b>		
To Whom Paid <b>Ann Marie O'Brien</b>			M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$59.50</b>
Address <b>323 Castle Blvd.</b>		Purpose <b>Reimbursement for Gas for Truck to Pick Up Campaign Signs</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>	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		

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>O'Brien for Clerk of Courts</b>													
From Whom Received <b>Ann Marie O'Brien</b>										Prior Amount <b>\$2,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>												Outstanding Balance <b>\$0.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>		<b>0 2</b>		<b>0 5</b>		<b>1 6</b>				<b>1 2</b>		<b>0 9 1 6</b>	
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 <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
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 <b>OH</b>		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
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).

- <sup>1</sup> Total prior amount \$ \$2,000.00
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$2,000.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)

# In-Kind 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>Kisling Nestico &amp; Redick, LLC (Rob Nestico)</b>		Employer, Occupation, Labor Organization*	
Street Address <b>3412 West Market Street</b>		Description of Item or Service <b>Truck to Pick Up Campaign Signs</b>	
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333</b>
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
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)]

## 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>PR / Donation (Woodridge InterAct Club)</small>		Outstanding Balance <b>\$50.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
					Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
				0	1	2	9
				1	6		
Registration Number, if PAC				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>		<b>Payments This Period</b>		
					Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
				0	2	1	2
				1	6		
Registration Number, if PAC				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>		<b>Payments This Period</b>		
					Date		Amount
Date Debt was originally Incurred				M	D	Y	\$
				0	2	1	2
				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 \$ 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>\$88.00</b>		Amt. Incurred this Period <b>\$0.00</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	
						Amount	
Date Debt was originally Incurred				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>\$5.00</b>		Amt. Incurred this Period <b>\$0.00</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	
						Amount	
Date Debt was originally Incurred				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>\$7.00</b>		Amt. Incurred this Period <b>\$0.00</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	
						Amount	
Date Debt was originally Incurred				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>\$37.92</b>		Amt. Incurred this Period <b>\$0.00</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>		State <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>\$50.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <small>Membership / PR / Marketing (Ak. Art Museum)</small>		Outstanding Balance <b>\$50.00</b>	
City <b>Akron</b>		State <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>\$45.00</b>		Amt. Incurred this Period <b>\$0.00</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>		State <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>\$275.00</b>		Amt. Incurred this Period <b>\$0.00</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>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				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>\$35.00</b>		Amt. Incurred this Period <b>\$0.00</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>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				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>\$15.00</b>		Amt. Incurred this Period <b>\$0.00</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>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				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)

## 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>\$10.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign E-mail Marketing</b>		Outstanding Balance <b>\$10.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
				0	4	2	1
Registration Number, if PAC							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$50.32</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>RSVP</b>		Outstanding Balance <b>\$50.32</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
				0	5	0	4
Registration Number, if PAC							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$285.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Food for Campaign Fundraiser</b>		Outstanding Balance <b>\$285.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
				0	5	0	5
Registration Number, if PAC							

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 \$ 345.32 (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>\$199.20</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Bev. for Campaign Fundraiser</b>		Outstanding Balance <b>\$199.20</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred		M <b>0 5</b>	D <b>0 5</b>	Y <b>1 6</b>	M	D	Y
Registration Number, if PAC							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$120.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Charity Donation (Pay Forward Pats)</b>		Outstanding Balance <b>\$120.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	M	D	Y
Registration Number, if PAC							
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$29.95</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		<b>Payments This Period</b>		
				Date		Amount	
Date Debt was originally Incurred		M <b>0 5</b>	D <b>2 1</b>	Y <b>1 6</b>	M	D	Y
Registration Number, if PAC							

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 \$ 349.15 (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>\$29.95</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</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	6	2	1	1	6
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$80.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Fees for 7/15/16 Fundraiser</b>		Outstanding Balance <b>\$80.00</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	7	1	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>\$50.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Growing Up Akron Event</b>		Outstanding Balance <b>\$50.00</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	8	0	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-I). Transfer total outstanding debt amount to the cover page

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

Total Outstanding Balance \$ 159.95 (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>\$29.95</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
		Date		Amount			
Date Debt was originally Incurred		M	D	Y	M	D	Y
		<b>0 7</b>	<b>2 1</b>	<b>1 6</b>			
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$29.95</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
		Date		Amount			
Date Debt was originally Incurred		M	D	Y	M	D	Y
		<b>0 8</b>	<b>2 1</b>	<b>1 6</b>			
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Ann Marie O'Brien</b>				Prior Amount <b>\$29.95</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
		Date		Amount			
Date Debt was originally Incurred		M	D	Y	M	D	Y
		<b>0 9</b>	<b>2 1</b>	<b>1 6</b>			
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 \$ 89.85 (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>\$29.95</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
1 0 2 1 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>\$59.50</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Gas to Pick Up Campaign Signs</b>		Outstanding Balance <b>\$0.00</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
1 1 1 1 1 6				1	2	0	9
				1	6	\$59.50	
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>\$29.95</b>	
Address <b>323 Castle Blvd.</b>				Item or Purpose of Debt <b>Campaign Marketing Fee</b>		Outstanding Balance <b>\$29.95</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		Payments This Period		
				Date		Amount	
Date Debt was originally Incurred				M	D	Y	\$
1 1 2 1 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 \$ 59.50 (also record on Form 31-B)

Total Outstanding Balance \$ 59.90 (also record on cover page)