

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee OHIO GOTV						Registration Number, if PAC					
Full Name of Candidate											
Street Address 2206 NORTH PARK AVE						Office Sought			District		
City WARREN						State O H		Zip Code 44483			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		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		M	D	Y			
						1	1	0	8	1	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 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	\$	50.49
2. Total monetary contributions (From Form No. 31-A)	\$	23,665.00
3. Total other income (From Form No. 31-A-2)	\$	7,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	31,215.49
5. Total monetary expenditures (From Form No. 31-B)	\$	29,580.00
6. Balance on hand (line 4 minus line 5)	\$	1,635.49
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)	\$	10,050.00
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	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

1524
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 2016 DEC 16 AM 10:19

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

Roy L Manley, Sr., Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12/14/16

Date

Contribution pages 1

Expenditure pages 3

Other pages 23

Total pages 27

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full OHIO GOTV						
Full Name of Contributor SYKES FOR OFFICE				Registration Number, if PAC		
Street Address 133 FURNANCE RUN DRIVE		Employer/Occupation/Labor Organization* CAMPAIGN COMMITTEE			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44307	M 1 0	D 2 1	Y 1 6	Amount 1,500.00
Full Name of Contributor EMILIA SYKES CAMPAIGN				Registration Number, if PAC		
Street Address 109 NORTH HOWARD		Employer/Occupation/Labor Organization* CAMPAIGN COMMITTEE			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44308	M 1 0	D 2 8	Y 1 6	Amount 2,000.00
Full Name of Contributor EMILIA SYKES CAMPAIGN				Registration Number, if PAC		
Street Address 109 NORTH HOWARD		Employer/Occupation/Labor Organization* CAMPAIGN COMMITTEE			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44308	M 1 0	D 2 8	Y 1 6	Amount 10,650.00
Full Name of Contributor SYKES FOR OFFICE				Registration Number, if PAC		
Street Address 133 FURNANCE RUN DRIVE		Employer/Occupation/Labor Organization* CAMPAIGN COMMITTEE			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44307	M 1 0	D 3 0	Y 1 6	Amount 1,000.00
Full Name of Contributor DEAMETRIOUS A ST JOHN				Registration Number, if PAC		
Street Address 2625 DAFFODIL STREET		Employer/Occupation/Labor Organization* PRINCIPLE-STRATEGIC RESOURCE CON			Form (Cash, Check, etc.) CHECK	
City CANTON	State O H	Zip Code 44705	M 1 1	D 0 7	Y 1 6	Amount 8,515.00
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	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 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee OHIO GOTV																
From Whom Received SYKES FOR OFFICE						Prior Amount 1,000.00			Amt. Incurred this Period 6,500.00							
Address 133 FURNANCE RUN DRIVE									Outstanding Balance 0.00							
City AKRON		State OH	Zip Code 44320			Loans Received This Period Date			Payments This Period Date							
						Amount			Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$				
					1	0	2	1	1	6	1	1	4	1	6	7500
Registration Number, if PAC						M	D	Y		M	D	Y				
						1	0	2	4	1	6	1000				
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y				
						1	1	0	4	1	6	4000				
From Whom Received EMILIA SYKES CAMPAIGN						Prior Amount 1,000.00			Amt. Incurred this Period 1,000.00							
Address 109 NORTH HOWARD									Outstanding Balance 0.00							
City AKRON		State OH	Zip Code 44308			Loans Received This Period Date			Payments This Period Date							
						Amount			Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$				
					1	0	2	3	1	6	1	1	4	1	6	2000
Registration Number, if PAC						M	D	Y		M	D	Y				
						M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y				
						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			Payments This Period Date							
						Amount			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				
						M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y				
						M	D	Y		M	D	Y				

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 \$ 7,500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 9,500.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
OHIO GOTV							
To Whom Paid				M	D	Y	Amount
THE HARVARD GROUP INC				1	0	2 3 1 6	2,300.00
Address		Purpose					
2206 NORTH PARK AVE		\$850 POLL GREETERS-\$1,450 CANVASSERS					
City	State	Zip Code	Check Number				
WARREN	O H	44483	851				
To Whom Paid				M	D	Y	Amount
THE HARVARD GROUP INC				1	0	3 0 1 6	4,050.00
Address		Purpose					
2206 NORTH PARK AVE		Get out the vote canvassing 10/28 & 10/29/2016					
City	State	Zip Code	Check Number				
WARREN	O HG	44483	875				
To Whom Paid				M	D	Y	Amount
THE HARVARD GROUP INC				1	0	1 6 1 6	3,700.00
Address		Purpose					
2206 NORTH PARK AVE		Get out the vote canvassing 11/5 & 11/6/2016					
City	State	Zip Code	Check Number				
WARREN	O H	44483	876				
To Whom Paid				M	D	Y	Amount
ZION APOSTOLIC FAITH CHURCH				1	0	2 9 1 6	710.00
Address		Purpose					
10 WEST TALLMADGE AVE		Take Parishioners to the polls					
City	State	Zip Code	Check Number				
AKRON	O H	44310	855				
To Whom Paid				M	D	Y	Amount
HOUSE OF PRAYER FOR ALL PEOPLE				1	0	2 9 1 6	710.00
Address		Purpose					
69 S BELCH ST		Take Parishioners to the polls					
City	State	Zip Code	Check Number				
AKRON	O H	44302	856				
To Whom Paid				M	D	Y	Amount
MT HAVEN BAPTIST CHURCH				1	0	2 9 1 6	710.00
Address		Purpose					
545 NOBLE ROAD		Take Parishioners to the polls					
City	State	Zip Code	Check Number				
AKRON	O H	44320	857				
To Whom Paid				M	D	Y	Amount
NEW HOPE BAPTIST CHURCH				1	0	2 9 1 6	710.00
Address		Purpose					
1706 SOUTH HAWKINS		Take Parishioners to the polls					
City	State	Zip Code	Check Number				
AKRON	O H	44320	858				
To Whom Paid				M	D	Y	Amount
MOUNTAIN OF THE LORD FELLOWSHIP				1	0	2 9 1 6	710.00
Address		Purpose					
1477 COPLEY		Take Parishioners to the polls					
City	State	Zip Code	Check Number				
AKRON	O H	44320	859				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
OHIO GOTV												
To Whom Paid						M	D	Y	Amount			
ST PAUL AME CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
1250 SOUTH HAWKINS			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44320	861								
To Whom Paid						M	D	Y	Amount			
MT CALVARY BAPTIST CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
442 BELL ST			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44307	862								
To Whom Paid						M	D	Y	Amount			
UNITED BAPTIST CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
1007 S HAWKINS			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44320	863								
To Whom Paid						M	D	Y	Amount			
NEW MILLENNIUM BAPTIST CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
541 BROWN STREET			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44311	864								
To Whom Paid						M	D	Y	Amount			
MT ZION BAPTIST CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
327 CUYAHOGA ST			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44310	865								
To Whom Paid						M	D	Y	Amount			
FAITH TEMPLE CHURCH OF THE LIVING GOD						1	0	2	9	1	6	710.00
Address			Purpose									
701 SYLVAN AVE			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44306	866								
To Whom Paid						M	D	Y	Amount			
SECOND BAPTIST CHURCH						1	0	2	9	1	6	710.00
Address			Purpose									
600 SOUTH MAIN			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44311	867								
To Whom Paid						M	D	Y	Amount			
WESLEY TEMPLE AME						1	0	2	9	1	6	710.00
Address			Purpose									
104 NORTH PROSPECT			Take Parishioners to the polls									
City		State	Zip Code	Check Number								
AKRON		O H	44304	868								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full OHIO GOTV												
To Whom Paid MUHAMMAD'S MOSQUE no. 37						M	D	Y	Amount			
						1	0	2	9	1	6	710.00
Address 1341 COPLEY RD				Purpose Take Parishioners to the polls								
City AKRON		State O H		Zip Code 44320		Check Number 872						
To Whom Paid HOSEA LINEAR						M	D	Y	Amount			
						1	1	0	8	1	6	90.00
Address 1636 SHATTO AVE				Purpose POLL GREETER								
City AKRON		State O H		Zip Code 44307		Check Number 873						
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						

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full							
OHIO GOTV							
To Whom							
SYKES FOR OFFICE							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
133 FURNANCE RUN DRIVE	GET OUT THE VOTE CANV	1	1	0	6	1 6	2,010.00
City	State	Zip Code					
AKRON	O H	44320					
To Whom							
EMILIA SYKES CAMPAIGN							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
109 NORTH HOWARD ST	GET OUT THE VOTE CANV	1	1	0	6	1 6	2,010.00
City	State	Zip Code					
AKRON	O H	44308					
To Whom							
FRIENDS OF DAVID HAMILTON							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
780 HOWARD STREET	GET OUT THE VOTE CANV	1	1	0	6	1 6	2,010.00
City	State	Zip Code					
AKRON	O H	44311					
To Whom							
CABLE FOR JUDGE							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
2435 CALL ROAD	GET OUT THE VOTE CANV	1	1	0	6	1 6	2,010.00
City	State	Zip Code					
AKRON	O H	44224					
To Whom							
OHIO DEMOCRATIC PARTY							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
340 EAST FULTON	GET OUT THE VOTE CANV	1	1	0	6	1 6	2,010.00
City	State	Zip Code					
COLUMBUS	O H	43215					
To Whom							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
City	State	Zip Code					
To Whom							
Address	Description of Item or Service	M	D	Y	Fair Market Value		
City	State	Zip Code					