

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Peoples Convention PAC					Registration Number, if PAC		
Full Name of Candidate							
Street Address 749 E Madison St				Office Sought		District	
City Akin				State OH	Zip Code 44301		
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 type="checkbox"/> Post-General	Annual Year 2016		
	<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 checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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	\$	1805	46
2. Total monetary contributions (From Form No. 31-A)	\$	1422	00
3. Total other income (From Form No. 31-A-2)	\$	-	-
4. Total funds available (sum of lines 1, 2, 3)	\$	3227	00
5. Total monetary expenditures (From Form No. 31-B)	\$	1259	37
6. Balance on hand (line 4 minus line 5)	\$	1967	63
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.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

0660 BAB
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2017 JAN 31 AM 10:27

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.

Volanda Shelle
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

1-31-17
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
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	
Peoples Convention PAC									
Transfer from form 31 E									
					10	14	16	390.00	
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16	400.00	
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16	632.00	
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16		
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16		
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16		
Transfer from form 31 E									
Transfer from form 31 E									
					10	14	16		

* 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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Peoples Convention PAC							
Full Name of Contributor Charles & Jacqueline DeRose		Registration Number, if PAC					
Street Address 2754 Valley Rd		Employer/Occupation/Labor Organization*		11	9	28	50.00
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, etc.) check			
Full Name of Contributor Charles & Joy Wadfield		Registration Number, if PAC					
Street Address 333 Kimberly Rd		Employer/Occupation/Labor Organization*		11	9	28	60.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) check			
Full Name of Contributor George Vinton SR		Registration Number, if PAC					
Street Address 789 Stadelman #1		Employer/Occupation/Labor Organization*		11	10	14	50.00
City Akron		State OH	Zip Code 44320	Form (Cash, Check, etc.) check			
Full Name of Contributor John & Carolyn Fuller		Registration Number, if PAC					
Street Address 797 Roslyn Ave		Employer/Occupation/Labor Organization*		11	10	11	100.00
City Akron		State OH	Zip Code 44320	Form (Cash, Check, etc.) check			
Full Name of Contributor George Bruner		Registration Number, if PAC					
Street Address 1132 Bunkhardt Ave		Employer/Occupation/Labor Organization*		11	10	16	40.00
City Akron		State OH	Zip Code 44301	Form (Cash, Check, etc.) check			
Full Name of Contributor Sykes for office		Registration Number, if PAC					
Street Address 133 Fulnce Bunker		Employer/Occupation/Labor Organization*		11	10	08	40.00
City Akron		State OH	Zip Code 44307	Form (Cash, Check, etc.) check			
Full Name of Contributor Thomas Teodoris		Registration Number, if PAC					
Street Address 495 Belmont PK DR		Employer/Occupation/Labor Organization*		11	10	11	50.00
City Mansfield		State OH	Zip Code 44262	Form (Cash, Check, etc.) check			

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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

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Total expenditures this event

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

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Peoples Convention PAC</u>							
Full Name of Contributor <u>Contributions of \$25.00 or less</u>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>18</u>	<u>16</u>	<u>150.00</u>
City		State	Zip Code	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Committee to elect Schultz for State Senate</u>				Registration Number, if PAC			
Street Address <u>1312 Buckingham Blvd</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>10</u>	<u>16</u>	<u>40.00</u>
City <u>Cuyahoga Falls</u>		State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Judge Annalisa S. Williams</u>				Registration Number, if PAC			
Street Address <u>1263 Country Club Rd</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>14</u>	<u>16</u>	<u>40.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Edward & Linda Omohien</u>				Registration Number, if PAC			
Street Address <u>2104 Brookshire Rd</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>14</u>	<u>16</u>	<u>50.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Sandra Kent</u>				Registration Number, if PAC			
Street Address <u>140 Mayfield Rd</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>14</u>	<u>16</u>	<u>40.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Jyles for office</u>				Registration Number, if PAC			
Street Address <u>133 Foinace Rd Dr</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>14</u>	<u>16</u>	<u>40.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44307</u>	Form (Cash, Check, etc.)			
				<u>check</u>			
Full Name of Contributor <u>Jeffery & Sheila Smith</u>				Registration Number, if PAC			
Street Address <u>686 Greenwood Ave</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<u>10</u>	<u>14</u>	<u>16</u>	<u>40.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44320</u>	Form (Cash, Check, etc.)			
				<u>check</u>			

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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

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Total expenditures this event

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Peoples Convention PAC</u>				Registration Number, if PAC		
Full Name of Contributor <u>Emilia Sykes</u>				Registration Number, if PAC		
Street Address <u>109 N Howard St</u>	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>40.00</u>
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44308</u>	Form (Cash, Check, etc.) <u>check</u>			
Full Name of Contributor <u>Yolande Shelton</u>				Registration Number, if PAC		
Street Address <u>749 E Crosier St</u>	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>40.00</u>
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44306</u>	Form (Cash, Check, etc.) <u>cash</u>			
Full Name of Contributor <u>Boy Hodon</u>				Registration Number, if PAC		
Street Address <u>1303 Handesty Blvd</u>	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>105.00</u>
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44320</u>	Form (Cash, Check, etc.) <u>cash</u>			
Full Name of Contributor <u>Audrey ZPPS</u>				Registration Number, if PAC		
Street Address <u>149 S Miller Rd</u>	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>40.00</u>
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44306</u>	Form (Cash, Check, etc.) <u>cash</u>			
Full Name of Contributor <u>Contributions of \$25 or less</u>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>342.00</u>
City	State	Zip Code	Form (Cash, Check, etc.) <u>cash</u>			
Full Name of Contributor <u>Contributions of \$25 or less</u>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M <u>10</u>	D <u>4</u>	Y <u>16</u>	Amount <u>65.00</u>
City	State	Zip Code	Form (Cash, Check, etc.) <u>cash</u>			
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.)			

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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

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Total expenditures this event.

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Peoples Convention Pnc						M	D	Y	Amount	
To Whom Paid						07	21	16	100	
Address			Purpose							
Re Porter Adg			Adid							
PO Box 2042										
City		State	Zip Code		Check Number					
AKm		OH	44309		105					
To Whom Paid						M	D	Y	Amount	
DNC Bank						07	01	16	12P	
Address			Purpose							
153 E Exchange St			fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
Dnc Bank						08	01	16	12.00	
Address			Purpose							
153 E Exchange St			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
Pnc Bank						09	01	16	12.00	
Address			Purpose							
153 E Exchange St			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
Pnc Ban						10	01	16	12.00	
Address			Purpose							
153 E Exchange St			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
Dnc						11	01	16	12.00	
Address			Purpose							
153 E Exchange St			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
Pnc						12	01	16	12.00	
Address			Purpose							
153 E Exchange St			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44304							
To Whom Paid						M	D	Y	Amount	
David Hamble						12	23	16	2000	
Address			Purpose							
780 Harvard			Fee							
City		State	Zip Code		Check Number					
Akron		OH	44311		1058					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Peoples Convention PAC</u>										
To Whom Paid <u>TRANSFER From Form 31F</u>						M	D	Y	Amount	
						<u>10</u>	<u>14</u>	<u>16</u>	<u>421.42</u>	
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid <u>TRANSFER From Form 31F</u>						M	D	Y	Amount	
						<u>10</u>	<u>14</u>	<u>16</u>	<u>155.23</u>	
Address					Purpose					
City			State	Zip Code	Check Number					
To Whom Paid <u>TRANSFER From Form 31F</u>						M	D	Y	Amount	
						<u>10</u>	<u>14</u>	<u>16</u>	<u>260.72</u>	
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					

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Peoples Convention Pnc												
To Whom Paid							M	D	Y	Amount		
RSVP							1	0	4	16	120.86	
Address				Purpose								
1525 S Hawkins Ave				Food for event								
City		State	Zip Code	Check Number								
Akron		OH	44320									
To Whom Paid							M	D	Y	Amount		
RSVP							0	8	28	16	114.21	
Address				Purpose								
1525 S Hawkins Ave				Food & Drinks								
City		State	Zip Code	Check Number								
Akron		OH	44320									
To Whom Paid							M	D	Y	Amount		
Walmart							1	0	4	16	51.18	
Address				Purpose								
3750 W Market St				Food								
City		State	Zip Code	Check Number								
Fairlawn		OH	44333									
To Whom Paid							M	D	Y	Amount		
Acme							0	9	0	2	16	9.40
Address				Purpose								
1835 W Market St				Postage								
City		State	Zip Code	Check Number								
Akron		OH	44333									
To Whom Paid							M	D	Y	Amount		
ACME							0	9	0	2	16	9.40
Address				Purpose								
183.5 W Market St				Postage								
City		State	Zip Code	Check Number								
Akron		OH	44313									
To Whom Paid							M	D	Y	Amount		
Aldi							1	0	3	16	25.75	
Address				Purpose								
1620 Britan Rd				Food								
City		State	Zip Code	Check Number								
Akron		OH	44310									
To Whom Paid							M	D	Y	Amount		
Sams Club / Nelly Hasberry							1	0	12	16	90.62	
Address				Purpose								
645 Mellay Ave.				Food Remb								
City		State	Zip Code	Check Number								
Akron		OH	44320	1009								

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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Organization or Fund				M	D	Y	Amount
Peoples convention PAC				08	04	16	18.14
Stamps							
Address		Purpose					
4014 Medina Rd		Paper Products					
City	State	Zip Code	Check Number				
Dopkey	OH	44333					
USPS Post office				08	10	16	35.00
2390 075 WBF Kedges							
Address		Purpose					
AKM		P O BOX					
City	State	Zip Code	Check Number				
	OH	44309					
Office max				08	25	16	7.90
37 N Cleveland MASSILLUM RD							
Address		Purpose					
AKM		Supplies					
City	State	Zip Code	Check Number				
	OH	44333					
Light Year Prints				09	22	16	43.77
2086 Romig RD (St 2)							
Address		Purpose					
AKM		Tickets					
City	State	Zip Code	Check Number				
	OH	44320					
Pat Catalans				10	12	16	47.46
1886 W market st							
Address		Purpose					
AKM		Decorations					
City	State	Zip Code	Check Number				
	OH	44313					
Pat Catalans				10	12	16	2.96
1806 W market st							
Address		Purpose					
AKM		Trays for cookies					
City	State	Zip Code	Check Number				
	OH	44320					
Nancy Rosenberg McJANE Duplicate				12	01	16	90.62
AKM							
Address		Purpose					
AKM		Reimb for Sans play food					
City	State	Zip Code	Check Number				
	OH	44320					

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 Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Peoples Convention PAC				
To Whom Paid Acme	M 09	D 21	Y 16	Amount 47.00
Address 2147 East Ave		Purpose Food		
City Akron	State OH	Zip Code 44314	Check Number	
To Whom Paid Aldi	M 10	D 14	Y 16	Amount 836
Address MAIN ST		Purpose IN STATE TRAVEL OFF		
City Akron	State OH	Zip Code	Check Number	
To Whom Paid Acme	M 10	D 01	Y 16	Amount 34.12
Address 1835 W Market St		Purpose		
City Akron	State OH	Zip Code 44313	Check Number	
To Whom Paid BJS'S	M 10	D 03	Y 16	Amount 27.56
Address 1677 Home Ave		Purpose		
City Akron	State OH	Zip Code 44310	Check Number	
To Whom Paid Acme	M 09	D 23	Y 16	Amount 152.04
Address 1835 W Market St		Purpose		
City Akron	State OH	Zip Code 44313	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	

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.