

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams						Registration Number, if PAC				
Full Name of Candidate Annalisa S. Williams										
Street Address 1137 Allendale Ave.				Office Sought Municipal Ct. Judge			District Akron			
City Akron						State O	H H	Zip Code 44306		
Type of Report <small>(place X to the left of report type)</small>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July		August		September		Termination		2016	
Monthly		Monthly		Monthly				Sem-annual		
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

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.

#601
SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO
2017 JAN 27 AM 8:16

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-I-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)	\$	59,097.78
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
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

John Galonski/Treasurer _____ **01/22/16** _____
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 0

Expenditure pages 0

Other pages 3

Total pages 3

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams												
From Whom Received Annalisa S. Williams								Prior Amount 645.29		Amt. Incurred this Period 0.00		
Address 1263 Country Club Drive										Outstanding Balance 645.29		
City Akron		State OH	Zip Code 44313		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0 2 9 0 3												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Annalisa S. Williams								Prior Amount 2,452.49		Amt. Incurred this Period 0.00		
Address 1263 Country Club Drive										Outstanding Balance 2,452.49		
City Akron		State OH	Zip Code 44313		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 1 0 1 9 5												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Annalisa S. Williams								Prior Amount 35,500.00		Amt. Incurred this Period 0.00		
Address 1263 Country Club Drive										Outstanding Balance 0.00		
City Akron		State OH	Zip Code 44313		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0 1 5 9 9												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					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 \$ 38,597.78
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 38,597.78 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams													
From Whom Received James R. Williams						Prior Amount 3,000.00			Amt. Incurred this Period 0.00				
Address 1733 Brookwood Drive									Outstanding Balance 3,000.00				
City Akron		State O H	Zip Code 44313			Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 9 0 3													
Registration Number, if PAC						M			D	Y	M	D	Y
Employer/Occupation/Labor Organization*						M			D	Y	M	D	Y
From Whom Received Annalisa S. Williams						Prior Amount 2,500.00			Amt. Incurred this Period 0.00				
Address 1263 Country Club Drive									Outstanding Balance 2,500.00				
City Akron		State O H	Zip Code 44313			Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 1 0 3													
Registration Number, if PAC						M			D	Y	M	D	Y
Employer/Occupation/Labor Organization*						M			D	Y	M	D	Y
From Whom Received James R. Williams						Prior Amount 10,000.00			Amt. Incurred this Period 0.00				
Address 1733 Brookwood Drive									Outstanding Balance 10,000.00				
City Akron		State O H	Zip Code 44313			Loans Received This Period			Payments This Period				
						Date			Date				
						Amount			Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 9 0 3													
Registration Number, if PAC						M			D	Y	M	D	Y
Employer/Occupation/Labor Organization*						M			D	Y	M	D	Y

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- 1 Total prior amount \$ 15,500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 15,500.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams												
From Whom Received Annalisa S. Williams						Prior Amount 5,000.00			Amt. Incurred this Period 0.00			
Address 1263 Country Club Drive									Outstanding Balance 5,000.00			
City Akron		State OH	Zip Code 44313		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		5	0	8	0	3						
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	Zip Code		Loans Received This Period			Payments This Period				
					Date			Date		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
Employer/Occupation/Labor Organization*						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			Payments This Period				
					Date			Date		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
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y

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- 1 Total prior amount \$ 5,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 5,000.00 (To Form No. 30-A)