

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee OMMITTE TO RE-ELECT RUSS NEAL TO CITY COUNCIL						Registration Number, if PAC	
Full Name of Candidate RUSSEL C NEAL JR.							
Street Address 476 MORELEY AVE				Office Sought WARD 4 CITY COUNCIL		District	
City AKRON				State OH		Zip Code 44320	
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	<input checked="" type="checkbox"/> Annual Year 2016		
	<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		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.

#691
SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO
2017 JAN 31 PM 3:38

1. Amount brought forward from last report	\$	\$1,791.00
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)	\$	\$1,791.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$580.00
6. Balance to fund (line 4 minus line 5)	\$	\$1,211.00
7. Value of in-kind contributions received (From Form No. 31-J-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)	\$	\$2,058.25
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$1,381.03
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.

Russel C Neal / Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

1-31-17
Date

Contribution pages 0

Expenditure pages 2

Other pages 12

Total pages 14

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
COMMITTEE TO RE-ELECT RUSS NEAL TO CITY COUNCIL									
To Whom Paid						M	D	Y	Amount
KEY BANK								1	\$45.00
Address			Purpose						
714 W MARKET			BANK FEES						
City		State	Zip Code	Check Number					
AKRON		OH	44303						
To Whom Paid						M	D	Y	Amount
GREATER WESTSIDE COUNCIL OF BLOCKCLUB						3	26	16	\$10.00
Address			Purpose						
PO BOX 8126			MEMBERSHIP DUES						
City		State	Zip Code	Check Number					
AKRON		OH	44320	162					
To Whom Paid						M	D	Y	Amount
RODNEY BOYER						1	128	16	\$100.00
Address			Purpose						
1826 COLLIER RD			COMMUNITY SERVICE / LEAF REMOVAL						
City		State	Zip Code	Check Number					
COPLEY		OH	44321	167					
To Whom Paid						M	D	Y	Amount
SKYES FOR OFFICE						1	13	16	\$75.00
Address			Purpose						
133 FURNACE RUN DR			CAMPAIGE CONTRIBUTION						
City		State	Zip Code	Check Number					
AKRON		OH	44307	165					
To Whom Paid						M	D	Y	Amount
FRIENDS OF EMILIA SYKES						3	24	16	\$40.00
Address			Purpose						
109 N HOWARD			CAMPAIGE CONTRIBUTION						
City		State	Zip Code	Check Number					
AKRON		OH	44308	161					
To Whom Paid						M	D	Y	Amount
ELECT ILENE SHAPIRO						9	23	16	\$100.00
Address			Purpose						
1 MERRIMAN RD			CAMPAIGE CONTRIBUTION						
City		State	Zip Code	Check Number					
AKRON		OH	44303	164					
To Whom Paid						M	D	Y	Amount
FRIENDS OF EMILIA SYKES						1	13	16	\$75.00
Address			Purpose						
109 N HOWARD			CAMPAIGE CONTRIBUTION						
City		State	Zip Code	Check Number					
AKRON		OH	44308	166					
To Whom Paid						M	D	Y	Amount
SUMMIT COUNTY DEMOCRATIC PARTY						1	214	16	\$50.00
Address			Purpose						
438 GRANT ST			CONTRIBUTION						
City		State	Zip Code	Check Number					
AKRON		OH	44311	168					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO RE-ELECT RUSS NEAL TO CITY COUNCIL						
To Whom Paid NEW HOPE BAPTISH CHURCH			M	D	Y	Amount
Address 1706 S HAWKINS AVE			Purpose CONTRIBUTION			
City AKRON		State OH	Zip Code	Check Number 163		
To Whom Paid AKRON ROUND TABLE			M	D	Y	Amount
Address 135 S BROAD ST			Purpose MAYOR'S LUNCHEON			
City AKRON		State OH	Zip Code 44308	Check Number 169		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State OH	Zip Code	Check Number		

Statement of Loans Received

Prescribed by Secretary of State 3405

Full Name of Contributor																			
Committee To Re-Elect Russ Neal to City Council																			
From Whom Received																			
Russ Neal						Prior Amount		Amt. Incurred this Period											
Address						\$1,000.00													
476 Moreley Ave								Outstanding Balance											
								\$1,000.00											
City		State		Zip Code		Loans Received This Period				Payments This Period									
Akron		OH		44320		Date		Amount		Date		Amount							
						M	D	Y	\$	M	D	Y	\$						
Date loan was repaid		M		D		Y				M		D		Y					
0		8		2		9		0		7									
Registration Number, if PAC																			
Employer/Occupational Labor Organization*																			
M										D		Y		M		D		Y	
M										D		Y		M		D		Y	
M										D		Y		M		D		Y	
From Whom Received																			
Russ Neal										Prior Amount		Amt. Incurred this Period							
Address						\$58.25													
476 Moreley Ave								Outstanding Balance											
								\$58.25											
City		State		Zip Code		Loans Received This Period				Payments This Period									
Akron		OH		44320		Date		Amount		Date		Amount							
						M	D	Y	\$	M	D	Y	\$						
Date loan was repaid		M		D		Y				M		D		Y					
9		4		1		3													
Registration Number, if PAC																			
Employer/Occupational Labor Organization*																			
M										D		Y		M		D		Y	
M										D		Y		M		D		Y	
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).

- ¹ Total prior amount \$ \$1,058.25
- ² Total received this period \$ \$1,000.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$2,058.25 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee

COMMITTEE TO RE-ELECT RUSS NEAL TO CITY COUNCIL

To Whom Owed

Graffiti Print Shop

Address

739 North Main Street

City

Akron

State

OH

Zip Code

44310

M 8 D 2 Y 3 0 7

Prior Amount
\$1,381.03

Amount Incurred this Period

Item or Purpose of Debt

Outstanding Balance
\$1,381.03

Payments This Period

Date				Amount
M	D	Y	S	

Registration Number, if PAC

To Whom Owed

Address

City

State

OH

Zip Code

M D Y

Prior Amount

Amount Incurred this Period

Item or Purpose of Debt

Outstanding Balance

Payments This Period

Date				Amount
M	D	Y	S	

Registration Number, if PAC

To Whom Owed

Address

City

State

OH

Zip Code

M D Y

Prior Amount

Amount Incurred this Period

Item or Purpose of Debt

Outstanding Balance

Payments This Period

Date				Amount
M	D	Y	S	

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-I-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 \$ 1,381.03 (also record on cover page)