

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH						Registration Number, if PAC			
Full Name of Candidate ZACK MILKOVICH									
Street Address 2055 CRAMER AVE				Office Sought CITY COUNCIL			District WARD 10		
City AKRON						State OH	Zip Code 44312		
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	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 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	\$	\$371.47
2. Total monetary contributions (From Form No. 31-A)	\$	\$5,900.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (Sum of lines 1, 2, & 3)	\$	\$6,271.47
5. Total monetary expenditures (From Form No. 31-B)	\$	\$5,900.00
6. Balance on hand (lines 4 minus line 5)	\$	\$371.47
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)	\$	\$125,387.99
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.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JAN 26 PM 12:59

BOARD OF ELECTIONS
AKRON, OHIO

#517 Ave

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.

PAMELA ESTES, TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Pamela Estes
Signature

01/24/2017
Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full THE PEOPLE FOR ZACK MILKOVICH							
Full Name of Contributor ZACK MILKOVICH					Registration Number, if PAC		
Street Address 2055 CRAMER AVE		Employer/Occupation/Labor Organization* WARD 10 COUNCIL			Form (Cash, Check, etc.) CHECK		
City AKRON	State OH	Zip Code 44312	M 0	D 9	Y 0	Y 7	Amount \$5,900.00
M 0	D 9	Y 0	Y 7	Y 1	Y 6		
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	
OH							
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	
OH							
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	
OH							
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	
OH							
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	
OH							
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	
OH							
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	
OH							
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	
OH							

* 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 THE PEOPLE FOR ZACK MILKOVICH								
To Whom Paid ZACK MILKOVICH					M	D	Y	Amount \$5,900.00
Address 2055 CRAMER AVE		Purpose REPAYMENT OF EXCESS OF \$100 CASH						
City AKRON		State OH	Zip Code 44305		Check Number 1334			
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			