

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens Committee for Children Services						Registration Number, if PAC			
Full Name of Candidate									
Street Address 264 South Arlington Street					Office Sought		District		
City Akron					State O H		Zip Code 44306		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 2017
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.

1. Amount brought forward from last report	\$ 53,117.73
2. Total monetary contributions (From Form No. 31-A)	\$ 100.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, & 3)	\$ 53,217.73
5. Total monetary expenditures (From Form No. 31-B)	\$ 836.00
6. Balance on hand (line 4 minus line 5)	\$ 52,381.73
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)	\$ 19,011.86
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

2017 JUL 31 AM 10:52
AKRON, OHIO
#1163 AVC

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

Robert S. King
[Signature]
7/28/17

Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>1</u>	Expenditure pages <u>1</u>	Other pages <u>2</u>	Total pages <u>4</u>
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens Committee for Children Services						
Full Name of Contributor Omar Banks				Registration Number, if PAC		
Street Address 77 E. Mill Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Akron		State OH	Zip Code 44308	M 0	D 3	Y 2 8 1 7
Amount \$100.00						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2.01

Name of Committee in Full Citizens Committee for Children Services												
To Whom Paid Triad Communications						M	D	Y	Amount			
						0	1	1	8	1	7	\$250.00
Address 1701 Front St.				Purpose annual web hosting/domain name registration								
City Cuyahoga Falls		State OH	Zip Code 44221		Check Number 2124							
To Whom Paid US Postal Service						M	D	Y	Amount			
						0	1	1	8	1	7	\$86.00
Address 1237 S. Arlington St.				Purpose PO Box renewal								
City Akron		State OH	Zip Code 44306		Check Number 2125							
To Whom Paid ADM Support Committee						M	D	Y	Amount			
						0	6	1	9	1	7	\$500.00
Address 1867 W. Market Street, Ste. B2				Purpose advertising in event program								
City Akron		State OH	Zip Code 44313		Check Number 2126							
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens Committee for Children Services										
To Whom Owed Summit County Children Services						Prior Amount 19,011.86		Amt. Incurred this Period		
Address 264 South Arlington Street						Item or Purpose for Debt		Outstanding Balance 19,011.86		
City Akron				State OH		Zip Code 44306		Payments Made This Period		
						Date		Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
0 1 2 3 9 3										
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
								Date		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
								Date		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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-J-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 \$ 19,011.86 (also record on cover page)