

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 East Crosier St				Office Sought		District				
City Akron				State OH		Zip Code 44306				
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 type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

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 2017 JUL 31 PM 12:51
 SUMMIT COUNTY BOARD OF ELECTIONS

1. Amount brought forward from last report	\$	\$1,968.09
2. Total monetary contributions (From Form No. 31-A)	\$	\$420.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,388.09
5. Total monetary expenditures (From Form No. 31-B)	\$	\$501.61
6. Balance on hand (Lines 4 minus Line 5)	\$	\$1,886.48
7. Value of in-kind contributions received (From Form No. 31-I-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.	\$	

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.

Yolonda Shelton

Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

07/31/2017

Date

Contribution pages 3

Expenditure pages 3

Other pages _____

Total pages 14

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Peoples Convention PAC							M	D	Y	Amount			
To Whom Paid PNC Bank							0	1	0	3	1	7	\$12.00
Address 153 E. Exchange St				Purpose Service Fee			Check Number						
City Akron		State OH		Zip Code 44304		Check Number							
To Whom Paid PNC Bank							M	D	Y	Amount			
Address 153 E. Exchange St							0	2	0	1	1	7	\$12.00
City Akron				State OH			Zip Code 44304		Check Number				
To Whom Paid PNC Bank							M	D	Y	Amount			
Address 153 E. Exchange St							0	3	0	1	1	7	\$12.00
City Akron				State OH			Zip Code 44304		Check Number				
To Whom Paid PNC Bank							M	D	Y	Amount			
Address 153 E. Exchange St							0	4	0	1	1	7	\$12.00
City Akron				State OH			Zip Code 44304		Check Number				
To Whom Paid PNC Bank							M	D	Y	Amount			
Address 153 E. Exchange St							0	5	0	1	1	7	\$12.00
City Akron				State OH			Zip Code 44304		Check Number				
To Whom Paid PNC Bank							M	D	Y	Amount			
Address 153 E. Exchange St							0	6	0	1	1	7	\$12.00
City Akron				State OH			Zip Code 44304		Check Number				
To Whom Paid Akron Urban League							M	D	Y	Amount			
Address 440 Vernon Odom							0	6	2	3	1	7	\$50.00
City Akron		State OH		Zip Code 44307		Check Number							
To Whom Paid Transfer from form 31F							M	D	Y	Amount			
Address													\$279.61
City		State OH		Zip Code		Check Number							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Peoples Convention PAC						
To Whom Paid Relect Judge Annalisa Williams			M 0	D 6	Y 0 5 1 7	Amount \$100.00
Address 1137 Allendale Ave		Purpose Donation for fund-raiser				
City Akron	State OH	Zip Code 44306	Check Number 1011			
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			
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

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Recipient of Funds									
To Whom Paid						M	D	Y	Amount
Peoples Convention PAC						05	23	17	150.00
St Phillips Episcopal Church									
Address		Purpose							
1130 MUMM AVE		Church Rental for Fish Fry							
City		State	Zip Code	Check Number					
Akron		OH	44300	1010					
To Whom Paid						M	D	Y	Amount
Daves Supermarket						06	05	17	12.73
Address		Purpose							
Exchange St		Food for fish fry							
City		State	Zip Code	Check Number					
Akron		OH	44304						
To Whom Paid						M	D	Y	Amount
Kliew's Seafood						06	05	17	67.86
Address		Purpose							
1072 Grant St		Food							
City		State	Zip Code	Check Number					
Akron		OH	44301						
To Whom Paid						M	D	Y	Amount
Daves Supermarket						06	05	17	4.39
Address		Purpose							
871 E Exchange St		Food							
City		State	Zip Code	Check Number					
Akron		OH	44306						
To Whom Paid						M	D	Y	Amount
Adam Kliew						06	05	17	44.63
Address		Purpose							
1072 Grant St		Food							
City		State	Zip Code	Check Number					
Akron		OH	44307						
To Whom Paid						M	D	Y	Amount
—						06	23	17	50.00
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.

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 31 E									
-									
-								4200	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City		State	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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Peoples Convention PAC				Registration Number, if PAC			
Full Name of Contributor Proceeds Under DAS For Fish Fry		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		State		Zip Code	
						Form (Cash, Check, etc.)	
						4200.00	
Full Name of Contributor				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		State		Zip Code	
						Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		State		Zip Code	
						Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		State		Zip Code	
						Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		State		Zip Code	
						Form (Cash, Check, etc.)	

* 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)]

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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