

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee BARBARA SYKES CAMPAIGN						Registration Number, if PAC				
Full Name of Candidate BARBARA SYKES										
Street Address 133 FURNACE RUN DRIVE				Office Sought UNDETERMINED		District				
City AKRON				State OH	Zip Code 44307-2259					
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"/>	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.

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-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)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$19,628.30
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.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JUL 24 PM 12: 19

1034 B/B

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.

VERNON SYKES, TREASURER



07/24/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages **0**

Expenditure pages **0**

Other pages **4**

Total pages **4**

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN									
To Whom Owed AMERITECH					Prior Amount 2,127.00		Amt. Incurred this Period 0.00		
Address 150 GAY STREET					Item or Purpose of Debt TELEPHONE		Outstanding Balance 2,127.00		
City COLUMBUS			State OH	Zip Code 43215		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed AMERITECH					Prior Amount 821.86		Amt. Incurred this Period 0.00		
Address 150 GAY STREET					Item or Purpose of Debt TELEPHONE		Outstanding Balance 821.86		
City COLUMBUS			State OH	Zip Code 43215		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed MORRIS PRINTING					Prior Amount 9,669.25		Amt. Incurred this Period 0.00		
Address 428 ERIE STREET SOUTH					Item or Purpose of Debt PRINTING		Outstanding Balance 9,669.25		
City MASSILON			State OH	Zip Code 44646		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
					M	D	Y	S	
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 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-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN									
To Whom Owed LOCAL 112 UAW					Prior Amount 62.50		Amt. Incurred this Period 0.00		
Address 2300 ASHLAND					Item or Purpose of Debt HALL RENTAL		Outstanding Balance 62.50		
City TOLEDO			State OH	Zip Code 44620		Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
0 8 0 1 9 4									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed THE WESTON HOTEL					Prior Amount 2,435.29		Amt. Incurred this Period 0.00		
Address AT FOUNTAIN SQUARE					Item or Purpose of Debt FOOD & ROOM		Outstanding Balance 2,435.29		
City CINCINNATI			State OH	Zip Code 45202		Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
0 1 5 9 4									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed ALTERNATIVE INSTANT PRINT					Prior Amount 189.93		Amt. Incurred this Period 0.00		
Address 3300 UPTOWN AVENUE					Item or Purpose of Debt COPIES		Outstanding Balance 189.93		
City TOLEDO			State OH	Zip Code 43613		Payments This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
1 1 0 0 1 9 4									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN									
To Whom Owed COX & ASSOCIATES					Prior Amount 3,622.47		Amt. Incurred this Period 0.00		
Address 2206 SUPERIOR VIADUCT					Item or Purpose of Debt MEDIA PRODU		Outstanding Balance 3,622.47		
City CLEVELAND			State OH	Zip Code 44113		Payments This Period			
Date Debt was originally Incurred					Date		Amount		
M: 1 D: 0 Y: 94					M	D	Y	S	
Registration Number, if PAC					M	D	Y	S	
M					D	Y	S		
M					D	Y	S		
To Whom Owed NANCY'S RESTAURANT									
Address 853 PHILLIP AVENUE					Prior Amount 700.00		Amt. Incurred this Period 0.00		
City TOLEDO					Item or Purpose of Debt FOOD SERVIC		Outstanding Balance 700.00		
State OH			Zip Code 43612		Payments This Period				
Date Debt was originally Incurred					Date		Amount		
M: 1 D: 0 Y: 94					M	D	Y	S	
Registration Number, if PAC					M	D	Y	S	
M					D	Y	S		
M					D	Y	S		
To Whom Owed									
Address					Prior Amount		Amt. Incurred this Period		
City					Item or Purpose of Debt		Outstanding Balance		
State OH			Zip Code		Payments This Period				
Date Debt was originally Incurred					Date		Amount		
M					D	Y	S		
Registration Number, if PAC					M	D	Y	S	
M					D	Y	S		
M					D	Y	S		

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Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 19,628.30 (also record on cover page)