



Committee Name Akbar for Akron		Office Sought School Board		District Akron	
Street Address 1900 Thornhill Dr		City Akron	State OH	Zip 44313	
Candidate Name OR PAC Registration Number N.J. Akbar		Treasurer Name Sterling A. Jackson		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year 2017
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	\$668.44
2. Total monetary contributions (From Forms 31-A and 31-E)	\$2120.06
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, and 3)	\$2788.50
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$2683.11
6. Balance on hand (line 4 minus line 5)	\$105.39
7. Value of in-kind contributions received (From Form 31-J-1)	\$100
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	\$200
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

2017 OCT 26 AM 10:41
 ARI: 01-01-010

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

[Signature]
Signature of Treasurer or Deputy Treasurer

10/25/2017
Date (MM/DD/YYYY)

Contribution Pages
11

Expenditure Pages
4

Other Pages
02

Total Pages
17



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>Akbar for Akron</i>				
Full Name of Contributor <i>Michael Storaq II</i>			Registration Number, if PAC	
Street Address <i>4376 Darrow Apt 1</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>07/30/2017</i>	Amount <i>\$ 20</i>
Full Name of Contributor <i>Julie Globokor</i>			Registration Number, if PAC	
Street Address <i>1106 Jessie Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Keat</i>	State <i>OH</i>	Zip Code <i>44240</i>	Date (MM/DD/YYYY) <i>07/19/2017</i>	Amount <i>\$ 50</i>
Full Name of Contributor <i>Marcus Nelson</i>			Registration Number, if PAC	
Street Address <i>5911 Copperleaf Trail</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Portage</i>	State <i>OH</i>	Zip Code <i>44024</i>	Date (MM/DD/YYYY) <i>07/31/2017</i>	Amount <i>\$ 25</i>
Full Name of Contributor <i>Jonathon Madison, Ph.D.</i>			Registration Number, if PAC	
Street Address <i>10809 Frazier Ln SW</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Albuquerque</i>	State <i>NM</i>	Zip Code <i>87121</i>	Date (MM/DD/YYYY) <i>08/20/2017</i>	Amount <i>\$ 100</i>
Full Name of Contributor <i>Eboni Zamani Gallaker, Ph.D.</i>			Registration Number, if PAC	
Street Address <i>1800 Summerlakes Ct</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Carmel</i>	State <i>IN</i>	Zip Code <i>46032</i>	Date (MM/DD/YYYY) <i>08/26/2017</i>	Amount <i>\$ 50</i>

*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

Form 31-A
ORC 3517.10

Full Name of Committee Akbar for Akron				
Full Name of Contributor Hung Do			Registration Number, if PAC	
Street Address 11919 Mayfield Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Cleveland	State OH	Zip Code 44106	Date (MM/DD/YYYY) 09/19/2017	Amount \$ 20.06
Full Name of Contributor Cory Anderson			Registration Number, if PAC	
Street Address 5509 Medwick Gardens		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Baltimore	State MD	Zip Code 21228	Date (MM/DD/YYYY) 09/20/2017	Amount \$ 25
Full Name of Contributor Kellie King			Registration Number, if PAC	
Street Address 610 Hoge Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 09/28/2017	Amount \$ 10
Full Name of Contributor Tameka Ellington			Registration Number, if PAC	
Street Address 546 Schocalog		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 09/29/2017	Amount \$ 15
Full Name of Contributor Kevin Watts			Registration Number, if PAC	
Street Address 14242 Breakfast Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Redford	State MI	Zip Code 48239	Date (MM/DD/YYYY) 09/29/2017	Amount \$ 100

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Akbar for Akron				
Full Name of Contributor Sharon L. Abraham			Registration Number, if PAC	
Street Address 26336 Lathrup Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lathrup Village	State OH	Zip Code 48076-4612	Date (MM/DD/YYYY) 10/01/2017	Amount \$ 100
Full Name of Contributor Nathan C Hagins			Registration Number, if PAC	
Street Address 275 Swartz Rd Apt 11		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44319-1181	Date (MM/DD/YYYY) 10/03/2017	Amount \$ 100
Full Name of Contributor Paul A Stallings			Registration Number, if PAC	
Street Address 60 S Meadowcroft Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 10/07/2017	Amount \$ 25
Full Name of Contributor Charles K. Parnell			Registration Number, if PAC	
Street Address 2379 Woodpark Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Fairlawn	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/20/2017	Amount \$ 25
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State MT	Zip Code	Date (MM/DD/YYYY)	

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Akbar for Akron</i>				
Full Name of Contributor <i>Dana Lawless</i>			Registration Number, if PAC	
Street Address <i>2826 Cedar Hill Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>10/02/2017</i>	Amount <i>\$ 50</i>
Full Name of Contributor <i>Karla Anhalt</i>			Registration Number, if PAC	
Street Address <i>3574 Winchell Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Shaker Heights</i>	State <i>OH</i>	Zip Code <i>44122</i>	Date (MM/DD/YYYY) <i>10/03/2017</i>	Amount <i>\$ 25</i>
Full Name of Contributor <i>Nzinga Badden</i>			Registration Number, if PAC	
Street Address <i>1781 Tanglewood</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>10/13/2017</i>	Amount <i>\$ 5</i>
Full Name of Contributor <i>Tommie Hayes - Foudier</i>			Registration Number, if PAC	
Street Address <i>1625 Lincoln St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>N.Chicago</i>	State OH <i>IL</i>	Zip Code <i>60064</i>	Date (MM/DD/YYYY) <i>10/18/2017</i>	Amount <i>\$ 25</i>
Full Name of Contributor <i>Wardell Littles</i>			Registration Number, if PAC	
Street Address <i>15220 Collingham</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Detroit</i>	State OH <i>MI</i>	Zip Code <i>48205</i>	Date (MM/DD/YYYY) <i>10/22/2017</i>	Amount <i>\$ 40</i>

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Akbar for Akron</i>				
Full Name of Contributor <i>Danielle Reese</i>			Registration Number, if PAC	
Street Address <i>6185 Guilford</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Detroit</i>	State <i>MI</i>	Zip Code <i>48224</i>	Date (MM/DD/YYYY) <i>10/22/2017</i>	Amount <i>\$ 25</i>
Full Name of Contributor <i>Chinyere Neale</i>			Registration Number, if PAC	
Street Address <i>1006 Stafford Pl</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Detroit</i>	State <i>MI</i>	Zip Code <i>48207</i>	Date (MM/DD/YYYY) <i>10/23/2017</i>	Amount <i>\$ 50</i>
Full Name of Contributor <i>Sterling A Jackson</i>			Registration Number, if PAC	
Street Address <i>1654 Hampton Knoll Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>10/23/2017</i>	Amount <i>\$ 50</i>
Full Name of Contributor <i>Angela DeJulius</i>			Registration Number, if PAC	
Street Address <i>2037 Old Forge Rd</i>		Employer/Occupation/Labor Organization* <i>unemployed</i>		Form (Cash, Check, etc.) <i>check</i>
City <i>Kent</i>	State <i>OH</i>	Zip Code <i>44240</i>	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>\$ 250</i>
Full Name of Contributor <i>N.J. Akbar</i>			Registration Number, if PAC	
Street Address <i>1900 Thornhill Dr</i>		Employer/Occupation/Labor Organization* <i>Assistant Dean</i>		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>09/20/2017</i>	Amount <i>\$ 200</i>

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Akbar for Akron</i>				
Full Name of Contributor <i>Angela DeJulius</i>			Registration Number, if PAC	
Street Address <i>2057 Old Forge Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>
City <i>Keat</i>	State <i>OH</i>	Zip Code <i>44240</i>	Date (MM/DD/YYYY) <i>10/02/2017</i>	Amount <i>\$50</i>
Full Name of Contributor <i>Vernon Sykes</i>			Registration Number, if PAC	
Street Address <i>113 Furnace Run Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44307</i>	Date (MM/DD/YYYY) <i>09/11/2017</i>	Amount <i>\$100</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount

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Full Name of Committee Akbar for Akron			
To Whom Paid Face book		Date (MM/DD/YYYY) 08/29/2017	Amount \$ 24.80
Street Address 1 Hacker Way		Purpose Advertisement	
City Menlo Park	State OH CA	Zip Code 94025	Check Number
To Whom Paid Facebook		Date (MM/DD/YYYY) 08/29/2017	Amount \$ 5.14
Street Address 1 Hacker Way		Purpose Advertisement	
City Menlo Park	State OH CA	Zip Code 94025	Check Number
To Whom Paid UPS Store # 2559		Date (MM/DD/YYYY) 09/01/2017	Amount \$ 108.89
Street Address 1700 W Market St		Purpose Campaign Postcards	
City Akron	State OH	Zip Code 44313	Check Number
To Whom Paid Personic Images		Date (MM/DD/YYYY) 08/30/2017	Amount \$ 442
Street Address 25820 Southfield Rd Suite 661		Purpose T-Shirts	
City Southfield	State MI	Zip Code 48075	Check Number
To Whom Paid Face book		Date (MM/DD/YYYY) 09/10/2017	Amount \$ 49.19
Street Address 1 Hacker Way		Purpose Advertisement	
City Menlo Park	State OH	Zip Code 94025	Check Number

Page Total \$ 1630.02



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Akbar for Akron				
To Whom Paid All Pro Color		Date (MM/DD/YYYY) 09/21/2017		Amount \$ 28.63
Street Address 21470 Coolidge 0		Purpose Business Cards		
City Oak Park	State OH MI	Zip Code 48237	Check Number	
To Whom Paid Holmes Stamp and Sign		Date (MM/DD/YYYY) 09/24/2017		Amount \$ 19.95
Street Address 2021 St Augustine Rd		Purpose Name Tag		
City Jacksonville	State OH FL	Zip Code 32207	Check Number	
To Whom Paid Build A Sign.com		Date (MM/DD/YYYY) 09/24/2017		Amount \$ 361.21
Street Address 11525 A Stonehollow Dr Suite 100		Purpose Yard Signs		
City Austin	State OH TX	Zip Code 78758	Check Number	
To Whom Paid Light year Printing		Date (MM/DD/YYYY) 09/24/2017		Amount \$ 193.75
Street Address 2086 Romig Road Suite 2		Purpose Campaign Flyers		
City Akron	State OH	Zip Code 44320	Check Number	
To Whom Paid Facebook		Date (MM/DD/YYYY) 09/30/2017		Amount \$ 1.06
Street Address 1 Hacker Way		Purpose Advertisement		
City Menlo Park	State OH CA	Zip Code 94025	Check Number	

Page Total \$ 604.60



Full Name of Committee Akbar for Akron			
To Whom Paid Facebook		Date (MM/DD/YYYY) 09/30/2017	Amount \$ 93.99
Street Address 1 Hacker Way		Purpose Advertisement	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Holmes Stamp and Sign		Date (MM/DD/YYYY) 10/02/2017	Amount \$ 36.37
Street Address 2021 St Augustin Rd		Purpose Name Tag	
City Jacksonville	State FL	Zip Code 32207	Check Number
To Whom Paid Acme Fresh Market No. 1		Date (MM/DD/YYYY) 10/02/2017	Amount \$ 17.88
Street Address 1835 W Market St		Purpose Food for Social Event	
City Akron	State OH	Zip Code 44313	Check Number
To Whom Paid Build A Sign .com		Date (MM/DD/YYYY) 10/10/2017	Amount \$ 654.89
Street Address 11525 A Stonehollow Dr Suite 100		Purpose Yard Signs	
City Austin	State TX	Zip Code 78758	Check Number
To Whom Paid Build A Sign .com		Date (MM/DD/YYYY) 10/13/2017	Amount \$ 251.40
Street Address 11525A Stonehollow Dr Suite 100		Purpose Yard Signs	
City Austin	State TX	Zip Code 78758	Check Number

Page Total \$ 1054.53



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Akbar for Akron			
To Whom Paid Summer Wigley Photography		Date (MM/DD/YYYY) 10/13/2017	Amount \$ 60
Street Address 285 Dale Dr Apt #201		Purpose Campaign Photos	
City Kent	State OH	Zip Code 44240	Check Number
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/16/2017	Amount \$ 50
Street Address 30 West Spring Street L3		Purpose 2016 Financial Disclosure Fees	
City Columbus	State OH	Zip Code 43215-2256	Check Number
To Whom Paid West Side leader		Date (MM/DD/YYYY) 10/26/2017	Amount \$ 91.98
Street Address 3075 Smith Road		Purpose Advertisement	
City Fairlawn	State OH	Zip Code 44333	Check Number
To Whom Paid West Side Leader		Date (MM/DD/YYYY) 10/26/2017	Amount \$ 91.98
Street Address 3075 Smith Road		Purpose Advertisement	
City Fairlawn	State OH	Zip Code 44333	Check Number
To Whom Paid Huntington Bancshares Incorporated		Date (MM/DD/YYYY) 10/20/2017	Amount \$ 100
Street Address 17 S High Street		Purpose Overdraft Fee	
City Columbus	State OH	Zip Code 43215	Check Number

Page Total \$ 393.96



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Akbar for Akron				
Full Name of Contributor Felicia Lewis			Registration Number, if PAC	
Street Address 550 Overwood Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 50	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) check	
Full Name of Contributor Allyson Lee			Registration Number, if PAC	
Street Address 675 Chatham Cir	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) check	
Full Name of Contributor Jordan Jenkins - Stephens			Registration Number, if PAC	
Street Address 208 Saint Clair	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 75	
City Akron	State OH	Zip Code 44307	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Bradley Robinson			Registration Number, if PAC	
Street Address 533 Morningview Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 50	
City Akron	State OH	Zip Code 44305	Form (Cash, Check, Etc) check	
Full Name of Contributor Randolph Baxter			Registration Number, if PAC	
Street Address 1780 Brookwood Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) Cash	

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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

Total Expenditures This Event

Page Total \$ 225



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Akbar for Akron				
Full Name of Contributor Pierr Irvine			Registration Number, if PAC	
Street Address 583 N Hawkins	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Akron	State OH	Zip Code 44313	Form (Cash, Check, Etc) check	
Full Name of Contributor Derek Reed			Registration Number, if PAC	
Street Address 5620 Merlan lane	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$25	
City Bedford Heights	State OH	Zip Code 44146	Form (Cash, Check, Etc) check	
Full Name of Contributor Jasmine Price			Registration Number, if PAC	
Street Address 1300 Brimfield Rd Apt 4	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Kent	State OH	Zip Code 44240	Form (Cash, Check, Etc) online	
Full Name of Contributor Keli D Greene			Registration Number, if PAC	
Street Address 704 Sunset View	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Akron	State OH	Zip Code 44320	Form (Cash, Check, Etc) check	
Full Name of Contributor Howard Curry			Registration Number, if PAC	
Street Address 2390 Killian Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10/02/2017	Amount \$ 25	
City Akron	State OH	Zip Code 44312	Form (Cash, Check, Etc) check	

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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

Total Expenditures This Event

Page Total \$ **125**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Akbar for Akron</u>				
Full Name of Contributor <u>Lashonda Taylor</u>			Registration Number, if PAC	
Street Address <u>2564 Stonecreek Dr</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>10/02/2017</u>	Amount <u>\$ 50</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44320</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>La Donna Johnson</u>			Registration Number, if PAC	
Street Address <u>1113 Dover Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>10/02/2017</u>	Amount <u>\$ 25</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44320</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Otis Arnold II</u>			Registration Number, if PAC	
Street Address <u>79 Manor Rd Apt A</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>10/02/2017</u>	Amount <u>\$ 30</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, Etc) <u>Cash</u>	
Full Name of Contributor <u>Elisa Hill</u>			Registration Number, if PAC	
Street Address <u>1841 Brookfield Dr</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>10/2/2017</u>	Amount <u>\$ 30</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Rob McCarty</u>			Registration Number, if PAC	
Street Address <u>611 Woodbrook</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>10/02/2017</u>	Amount <u>\$ 25</u>	
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, Etc) <u>check</u>	

* 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

Total Expenditures This Event

Page Total \$ 160



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**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Akbar for Akron				
Full Name of Contributor Rodney D Young			Registration Number, if PAC	
Street Address 2293 Monterey		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/22/2017
City Detroit		State MI	Zip Code 48206	Amount \$25
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Shetina M Jones			Registration Number, if PAC	
Street Address 3301 FM 3218 APT 323		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/22/2017
City Commerce		State TX	Zip Code 75428	Amount \$25
Form (Cash, Check, Etc) Cash				
Full Name of Contributor James Bates			Registration Number, if PAC	
Street Address 1210 S Wilshire		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/22/2017
City Detroit		State MI	Zip Code 48206	Amount \$25
Form (Cash, Check, Etc) Cash				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Amount
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

Total Expenditures This Event

Total Amount \$ 75

\$ 2583.11

\$ 75



Full Name of Committee AKbar for AKron Committee				
Full Name of Contributor Brandon C. Taylor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1321 Orleans Apt 1205	Description of Item or Service Social Media Ad		Date (MM/DD/YYYY) 08/31/2017	Fair Market Value \$15.00
City Detroit	State OH MI	Zip Code 48207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Brandon C. Taylor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1321 Orleans Apt 1205	Description of Item or Service Social Media Ad		Date (MM/DD/YYYY) 09/11/2017	Fair Market Value \$15.00
City Detroit	State OH MI	Zip Code 48207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Brandon C. Taylor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1321 Orleans Apt 1205	Description of Item or Service Social Media Ad		Date (MM/DD/YYYY) 09/27/17	Fair Market Value \$15.00
City Detroit	State OH MI	Zip Code 48207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Sonya Williams		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 653 Norne Ave	Description of Item or Service Refreshments/Cookies + Chicken		Date (MM/DD/YYYY) 10/02/2017	Fair Market Value \$40.00
City Akron	State OH	Zip Code 44320	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Brandon C. Taylor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1321 Orleans Apt 1205	Description of Item or Service Social Media Ad		Date (MM/DD/YYYY) 10/18/2017	Fair Market Value \$15.00
City Detroit	State OH MI	Zip Code 48207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

\$100



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Akbar for Akron Committee				
To Whom Owed N. J. Akbar			Prior Amount	Amount Incurred this Period
Street Address 1900 Thornhill Dr.			Item or Purpose of Debt Yard Signs	Outstanding Balance \$200
City Akron	State OH	Zip Code 44313	Payments Received This Period	
		Date of Original Loan (MM/DD/YYYY) 09/20/2017	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments Received This Period	
	OH			
		Date of Original Loan (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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 \$ 200 (also record on cover page)