



Committee Name <i>Cinger Baylor For Akron School Board</i>		Office Sought <i>AKRON School Board</i>		District <i>AKRON City</i>
Street Address <i>1327 Village Dr</i>		City <i>AKRON</i>	State <i>OH</i>	Zip <i>44313</i>
Candidate Name OR PAC Registration Number <i>Cinger Baylor</i>		Treasurer Name <i>Ken Douglas</i>		Election Date (MM/DD/YYYY) <i>11/07/2017</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <i>2017</i>
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	<i>1276.45</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>250.00</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>1526.45</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>1235.00</i>
6. Balance on hand (line 4 minus line 5)	<i>291.45</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>0</i>
8. Value of in-kind contributions made (From Form 31-S-2)	<i>0</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>110.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>100.00</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>0</i>
12. Value of independent expenditures made (From Form 31-U)	<i>0</i>

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 14 AM 9:15

H 1631 D

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

Ken Douglas

Signature of Treasurer or Deputy Treasurer

12/14/2017

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
--------------------	-------------------	-------------	-------------

31-E
R.C. 3517.10(B)

Event Date 10/20/17
Page 1

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

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Clinger Baylor for Akron School Board</u>				Registration Number, if PAC			
Full Name of Contributor <u>Sarah Rubens</u>				Amount			
Street Address <u>470 Parkside Dr</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>AKRON</u>		State <u>OH</u>	Zip Code <u>44313</u>	10	25	17	50.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Thomas W Bevan, Carrie R Bevan</u>				Registration Number, if PAC			
Street Address <u>530 Meadow Ridge Hwy</u>				Amount			
City <u>HUDSON</u>		State <u>OH</u>	Zip Code <u>44236</u>	M	D	Y	Amount
				10	25	17	200.00
				Form (Cash, Check, etc.) <u>check</u>			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Amount			
City		State	Zip Code	M	D	Y	Amount
				Form (Cash, Check, etc.)			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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 \$ 250.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Ginger Baylor for Akron School Board				
To Whom Paid Ryan Strong LRS Marketing		Date (MM/DD/YYYY) 12/7/2017		Amount 155.00
Street Address 1341 Weatherlane NW ^{APT} 1C		Purpose Facebook & Social Media Mgmt		
City Akron	State OH	Zip Code 44313	Check Number 2027	
To Whom Paid Friends of Bravo		Date (MM/DD/YYYY) 11/1/2017		Amount 107.00
Street Address 1600 Newcastle Circle		Purpose Palm Cards		
City Akron	State OH	Zip Code 44313	Check Number 1015	
To Whom Paid The Reporter Newspaper		Date (MM/DD/YYYY) 12/10/2017		Amount 200.00
Street Address 1088 S Main St. ^{PO Box} 2042		Purpose Advertising		
City Akron	State OH	Zip Code 44301	Check Number 1028	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 467



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Ginger Baylor for Akron School Board			
To Whom Paid Wanda Rookard		Date (MM/DD/YYYY) 11/7/2017	Amount 80.00
Street Address 328 Rhodes Ave		Purpose Poll worker	
City Akron	State OH	Zip Code 44302	Check Number 1009
To Whom Paid Ernestine Nash		Date (MM/DD/YYYY) 11/7/2017	Amount 80.00
Street Address 1271 Dover Ave		Purpose Poll worker	
City Akron	State OH	Zip Code 44320	Check Number 1017
To Whom Paid Robert Dressler		Date (MM/DD/YYYY) 11/7/2017	Amount 80.00
Street Address 1271 Dover Ave		Purpose Poll worker	
City Akron	State OH	Zip Code 44320	Check Number 1018
To Whom Paid Joyce Clark		Date (MM/DD/YYYY) 11/7/2017	Amount 50.00
Street Address 1247 Dover Ave		Purpose Poll work	
City Akron	State OH	Zip Code 44320	Check Number 1016
To Whom Paid Dansizen Printing Co. Inc		Date (MM/DD/YYYY) 11/16/2017	Amount 133.13
Street Address 4525 Aultman Ave NW		Purpose Campaign lit pads	
City North Canton	State OH	Zip Code 44720	Check Number 1023

Page Total \$ 423.13



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Ginger Baylor for Akron School Board			
To Whom Paid Roslyn Richardson		Date (MM/DD/YYYY) 11/12/2017	Amount 80.00
Street Address 999 Packard Dr		Purpose Poll worker	
City Akron	State OH	Zip Code 44320	Check Number 1025
To Whom Paid NAACP		Date (MM/DD/YYYY) 11/17/2017	Amount 75.00
Street Address 230 W. Center St.		Purpose Advertising	
City AKRON	State OH	Zip Code 44302	Check Number 1026
To Whom Paid Project Grad		Date (MM/DD/YYYY) 11/20/2017	Amount 125.00
Street Address 400 W. Market St ^{ste 1}		Purpose Advertising	
City AKRON	State OH	Zip Code 44303	Check Number 1024
To Whom Paid Arlett White		Date (MM/DD/YYYY) 11/8/2017	Amount 50.00
Street Address 391 Kline Ave		Purpose Poll worker	
City AKRON	State OH	Zip Code 44305	Check Number 1022
To Whom Paid Ernestine Henry		Date (MM/DD/YYYY) 11/7/2017	Amount 20.00
Street Address 865 S. Hawkins		Purpose Poll worker	
City AKRON	State OH	Zip Code 44320	Check Number 1021

Page Total \$ 350.00

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee Ginger Baylor for Akron School Board												
From Whom Received Ginger Baylor							Prior Amount 0		Amt. Incurred this Period 110.00			
Address 1327 Village Dr									Outstanding Balance 110.00			
City AKRON		State OH	Zip Code 44313		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	8	15	08	15	17	50.00				
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
					0	8	25	40.00				
Employer Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$
					0	8	31	20.00				
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
Employer Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
Employer Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ 0
- ² Total received this period \$ 110.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ 0 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 110.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Ginger Baylor for AKRON School Board						
To Whom Owed Ginger Baylor				Prior Amount 0		Amt. Incurred this Period 100.00
Address 1327 Village Dr				Item or Purpose of Debt Post Card Pads		Outstanding Balance 100.00
City AKRON		Sta te OH	Zip Code 44313		Payments This Period	
				Date		Amount
Date Debt was originally Incurred		M 09	D 08	Y 17	M	D
Registration Number, if PAC		M	D	Y		
		M	D	Y		
To Whom Owed						
Address				Item or Purpose of Debt		Outstanding Balance
City		Sta te	Zip Code		Payments This Period	
				Date		Amount
Date Debt was originally Incurred		M	D	Y	M	D
Registration Number, if PAC		M	D	Y		
		M	D	Y		
To Whom Owed						
Address				Item or Purpose of Debt		Outstanding Balance
City		Sta te	Zip Code		Payments This Period	
				Date		Amount
Date Debt was originally Incurred		M	D	Y	M	D
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 \$ 100.00 (also record on cover page)