

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Bravo</b>						Registration Number, if PAC					
Full Name of Candidate <b>Patrick L. Bravo</b>											
Street Address <b>1600 Newcastle Cir</b>						Office Sought <b>Board of Education</b>			District <b>Akron</b>		
City <b>Akron</b>						State <b>OH</b>		Zip Code <b>44313</b>			
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 checked="" type="checkbox"/> Post-General	Annual Year						
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semannual						
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		
				1	1	0	7	1	7		

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	\$	703	18
2. Total monetary contributions (From Form No. 31-A)	\$	764	00
3. Total other income (From Form No. 31-A-2)	\$	200	00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,667	18
5. Total monetary expenditures (From Form No. 31-B)	\$	1,487	29
6. Balance on hand (line 4 minus line 5)	\$	179	89
7. Value of in-kind contributions received (From Form No. 31-I)	\$	0	00
8. Value of in-kind contributions made (From Form No. 31-J)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	200	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	645	42
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.	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 DEC 14 PM 1:35

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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.

Michael Wilson, Treasurer *Michael Wilson* 12-14-17  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>01</u>	Expenditure pages <u>02</u>	Other pages <u>10</u>	Total pages <u>13</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Bravo</b>										
Full Name of Contributor <b>Rosemary Bilingsley</b>							Registration Number, if PAC			
Street Address <b>5215 Glenhill Ave NE</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check #1643</b>			
City <b>Canton</b>		State <b>OH</b>	Zip Code <b>44705</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	M <b>3</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Thomas Bevan</b>							Registration Number, if PAC			
Street Address <b>530 Meadowridge Way</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check #7370</b>			
City <b>Hudson</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	M <b>5</b>	Y <b>1</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Ginger Baylor for Akron School Board</b>							Registration Number, if PAC			
Street Address <b>1327 Village Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check #1015</b>			
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	M <b>1</b>	Y <b>1</b>	Amount <b>\$107.00</b>
Full Name of Contributor <b>Lisa Mansfield Election Fund</b>							Registration Number, if PAC			
Street Address <b>2617 Brice Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check #120</b>			
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	M <b>1</b>	Y <b>1</b>	Amount <b>\$107.00</b>
Full Name of Contributor <b>Elect Ilene Shapiro</b>							Registration Number, if PAC			
Street Address <b>295 Wyant Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check #1516</b>			
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	M <b>2</b>	Y <b>1</b>	Amount <b>\$250.00</b>
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	M	Y	Amount
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	M	Y	Amount
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	M	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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Bravo</b>							
Full Name <b>Loan transfer from Form 31-C</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
			1	0	23	17	200.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Bravo</b>										
To Whom Paid <b>Expenditures from From 31-F for 10-20-2017 Event</b>				M	D	Y	Amount			
				1	0	2	0	1	7	\$234.03
Address		Purpose								
City		State		Zip Code		Check Number				
To Whom Paid <b>Halloween Charity Ball</b>				M	D	Y	Amount			
				1	0	2	5	1	7	\$250.00
Address		Purpose								
City		State		Zip Code		Check Number				
xxx		Event Sponsorship								
Cuyahoga Falls		OH		44308		1075				
To Whom Paid <b>US Postmaster</b>				M	D	Y	Amount			
				1	0	2	6	1	7	\$352.16
Address		Purpose								
City		State		Zip Code		Check Number				
675 Wolf Ledges Pkwy		Event Sponsorship								
Akron		OH		44309		1076				
To Whom Paid <b>Hotcards.com</b>				M	D	Y	Amount			
				1	1	0	2	1	7	\$421.99
Address		Purpose								
City		State		Zip Code		Check Number				
2400 Superior Ave		Printing								
Cleveland		OH		44114		EFT				
To Whom Paid <b>US Post Office</b>				M	D	Y	Amount			
				1	1	0	6	1	7	\$170.00
Address		Purpose								
City		State		Zip Code		Check Number				
675 Wolf Ledges Pkwy		Postage								
Akron		OH		44309		EFT				
To Whom Paid <b>Google Domains</b>				M	D	Y	Amount			
				1	1	0	8	1	7	\$12.00
Address		Purpose								
City		State		Zip Code		Check Number				
1600 Amphitheatre Parkway		Website Domain Name								
Mountain View		CA		94043		EFT				
To Whom Paid <b>Labels &amp; Letters</b>				M	D	Y	Amount			
				1	1	1	4	1	7	\$35.11
Address		Purpose								
City		State		Zip Code		Check Number				
1533 Commerce Dr		Mailing Fees								
Stow		OH		44224		1078				
To Whom Paid <b>Squarespace.com</b>				M	D	Y	Amount			
				1	1	2	1	1	7	\$12.00
Address		Purpose								
City		State		Zip Code		Check Number				
225 Varick St, 12th Floor		Website Hosting Fees								
New York		NY		10014		EFT				

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

Name of Committee in Full <b>Friends of Bravo</b>							
To Whom Paid <b>Barley House</b>				M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>
				<b>1</b>	<b>7</b>		<b>\$79.08</b>
Address <b>222 S Main St #1B</b>			Purpose <b>Fundraiser Drinks</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>EFT</b>			
To Whom Paid <b>Barley House</b>				M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>
				<b>1</b>	<b>7</b>		<b>\$154.95</b>
Address <b>222 S Main St #1B</b>			Purpose <b>Fundraiser Food</b>				
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44308</b>	Check Number <b>EFT</b>			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Bravo</b>													
From Whom Received <b>Michael Wilson</b>										Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>200.00</b>	
Address <b>1600 Newcastle Cir</b>												Outstanding Balance <b>200.00</b>	
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$		M	D	Y	\$
		1	0	2	3	1	7		200.00				
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
<b>Akron-Canton Reg. Foodbank</b>													
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	
<b>Date Loan was originally Incurred</b>		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	
<b>Date Loan was originally Incurred</b>		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).

<sup>1</sup> Total prior amount \$ 0.00

<sup>2</sup> Total received this period \$ 200.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 200.00 (To Form No. 30-A)



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Friends of Bravo				
<b>To Whom Owed</b> Michael Wilson			<b>Prior Amount</b> \$0.00	<b>Amount Incurred this Period</b> \$645.42
<b>Street Address</b> 1600 Newcastle Cir			<b>Item or Purpose of Debt</b> Postage, Banner	<b>Outstanding Balance</b> \$645.42
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Payments This Period</b>	
	<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/19/2017	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b>			<b>Prior Amount</b>	<b>Amount Incurred this Period</b>
<b>Street Address</b>			<b>Item or Purpose of Debt</b>	<b>Outstanding Balance</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Payments This Period</b>	
	<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 645.42 (also record on cover page)