



Committee Name FRIENDS OF KEN JONES		Office Sought AKRON CITY COUNCIL		District 5
Street Address 767 GARFIELD ST.		City AKRON	State OH	Zip 44310
Candidate Name OR PAC Registration Number KENNETH JONES		Treasurer Name LATOYA JONES		Election Date (MM/DD/YYYY) 11/07/2017
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input 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				
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.

Year
2017

1. Amount brought forward from last report	2773.48
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	2773.48
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	2773.48
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	2186.06
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

11/07/2017

2017 AVC

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

[Handwritten Signature]
Signature of Treasurer or Deputy Treasurer

01/31/2018
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
0

Other Pages
2

Total Pages
2



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee FRIENDS OF KEN JONES			
To Whom Owed THE FRIENDS OF JEFF FUSCO		Prior Amount 486.06	Amount Incurred this Period 0.00
Street Address 2117 FOREST OAK DR.		Item or Purpose of Debt MAILER AND POSTA	Outstanding Balance 486.06
City AKRON	State OH	Zip Code 44321	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/06/2013	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 CHRISTOPHER PRUDE		Prior Amount 700.00	Amount Incurred this Period 0.00
Street Address 915 BLOOMFIELD AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 700.00
City AKRON	State OH	Zip Code 44302	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/06/2013	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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1186.06 (also record on cover page)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee FRIENDS OF KEN JONES			
To Whom Owed LARON SLEDGE BEY		Prior Amount 500.00	Amount Incurred this Period 0.00
Street Address 50 EDWARDS AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 500.00
City AKRON	State OH	Zip Code 44310	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/25/2013	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 LARON SLEDGE BEY		Prior Amount 500.00	Amount Incurred this Period 0.00
Street Address 50 EDWARDS AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 500.00
City AKRON	State OH	Zip Code 44310	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 09/10/2013	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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1000.00 (also record on cover page)