



Committee Name THE PEOPLE FOR ZACK MILKOVICH		Office Sought CITY COUNCIL		District WARD 1
Street Address 2055 CRAMER AVE		City AKRON	State OH	Zip 44312
Candidate Name OR PAC Registration Number ZACK MILKOVICH		Treasurer Name PAMELA ESTES		Election Date (MM/DD/YYYY)
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				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	371.47
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-E-2)	250.00
4. Total funds available (sum of lines 1, 2, 3)	621.47
5. Total monetary expenditures (From Forms 31-B and 31-F)	35.00
6. Balance on hand (line 4 minus line 5)	586.47
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	125637.99
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 MAR 29 PM 2:10
 #1895 BJB

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

Pamela Estes

01/30/2018
 Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
	1	2	3



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH				
To Whom Paid OHIO ETHICS COMMISSION			Date (MM/DD/YYYY) 05/08/2017	Amount 35.00
Street Address 30 W SPRING ST		Purpose ETHICS FILING		
City COLUMBUS	State OH	Zip Code 43215	Check Number 1335	
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	
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 \$ 35.00



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH			
Full Name of Contributor ZACK MILKOVICH		Registration Number, if PAC	
Street Address 2055 CRAMER AVE	Type*	Date (MM/DD/YYYY) 06/30/2017	Form (Cash, Check, etc.) CHECK
City AKRON	State OH	Zip Code 44312	Amount 150.00
Full Name of Contributor ZACK MILKOVICH		Registration Number, if PAC	
Street Address 2055 CRAMER AVE	Type*	Date (MM/DD/YYYY) 07/06/2017	Form (Cash, Check, etc.) CHECK
City AKRON	State OH	Zip Code 44312	Amount 100.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH					
From Whom Received ZACK MILKOVICH				Prior Amount 125387.99	Amt. Incurred this Period 250.00
Street Address 2055 CRAMER AVE				Outstanding Balance 125637.99	
City AKRON	State OH	Zip Code 44312	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
		06/30/2017	150.00		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
		07/06/2017	100.00		
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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)]

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).

Total Prior Amount \$ 125387.99

Total Received This Period \$ 250.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 125637.99 (also record on Form 30-A)