

#2021 Ave

**JON HUSTED**  
Ohio Secretary of State



# Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2018 JAN 31 PM 3:42

Committee Name COMMITTEE TO ELECT EDDIE SIPPLEN		Office Sought MAYOR		District
Street Address 1655 WEST MARKET STREET, STE 240		City AKRON	State OH	Zip 44313
Candidate Name OR PAC Registration Number EDDIE SIPPLEN		Treasurer Name PAMELA TAYLOR-SIPPLEN		Election Date (MM/DD/YYYY) 11/03/2015

**Type of Report (choose one):**

Annual  Semiannual  Pre-Primary  Post-Primary  Pre-General  Post-General

**Statewide Candidates Only:**

July Monthly  August Monthly  September Monthly

Year 2017
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<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	1882.34
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	1882.34
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (Type 4 entries line 5)	1882.34
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	1002.40
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**

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

Signature of Treasurer or Deputy Treasurer

1/31/18  
Date (MM/DD/YYYY)

Contribution Pages  
0

Expenditure Pages  
0

Other Pages  
2

Total Pages  
3



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT EDDIE SIPPLEN			
To Whom Owed EDDIE SIPPLEN		Prior Amount 80	Amount Incurred this Period 0
Street Address 1655 WEST MARKET STREET, STE 240		Item or Purpose of Debt NAACP SCHOLARSH	Outstanding Balance 80
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 06/15/15		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0
To Whom Owed EDDIE SIPPLEN		Prior Amount 279.66	Amount Incurred this Period 0
Street Address 1655 WEST MARKET STREET, STE 240		Item or Purpose of Debt <i>Campaign T-shirt</i>	Outstanding Balance 279.66
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 07/02/15		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0

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 \$ 1002.10 (also record on cover page)



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT EDDIE SIPPLEN			
To Whom Owed EDDIE SIPPLEN		Prior Amount 250.00	Amount Incurred this Period 0
Street Address 1655 WEST MARKET STREET, STE 240		Item or Purpose of Debt COST OF CAMPAIGN	Outstanding Balance 250.00
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 07/20/15		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0
To Whom Owed EDDIE SIPPLEN		Prior Amount 102	Amount Incurred this Period 0
Street Address 1655 WEST MARKET STREET, STE 240		Item or Purpose of Debt	Outstanding Balance 102
City AKRON	State OH <input type="checkbox"/>	Zip Code 44313	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 6/26/15		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount 0
		Date of Payment (MM/DD/YYYY)	Amount 0

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 \$ 1002.10 (also record on cover page)