

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3.05

Full Name of Committee <u>COMMITTEE TO ELECT VERONICA SIMS</u>						Registration Number, if PAC	
Full Name of Candidate <u>VERONICA RUTH SIMS</u>							
Street Address <u>396 BRIARWOOD DRIVE</u>				Office Sought <u>CITY COUNCIL-AT-LARGE</u>		District	
City <u>AKRON</u>				State <u>OH</u>		Zip Code <u>44320</u>	
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 type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year	<u>2017</u>	
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		<u>01/31/18</u>	

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	\$	<u>227</u>	<u>38</u>
2. Total monetary contributions (From Form No. 31-A)	\$	<u>0</u>	<u>00</u>
3. Total other income (From Form No. 31-A-2)	\$	<u>0</u>	<u>00</u>
4. Total funds available (sum of lines 1, 2, 3)	\$	<u>227</u>	<u>38</u>
5. Total monetary expenditures (From Form No. 31-B)	\$	<u>20</u>	<u>00</u>
6. Balance on hand (line 4 minus line 5)	\$	<u>207</u>	<u>38</u>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<u>0</u>	<u>00</u>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<u>0</u>	<u>00</u>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<u>3710</u>	<u>75</u>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<u>42</u>	<u>70</u>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<u>0</u>	<u>00</u>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<u>0</u>	<u>00</u>
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

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.

Veronica R. Sims      Veronica R. Sims      1/31/18  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 0

Expenditure pages 1

Other pages 2

Total pages 4



**Statement of Expenditures**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-B  
 R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT VERONICA SIMN			
<b>To Whom Paid</b> FIFTH THIRD BANK		<b>Date (MM/DD/YYYY)</b> 09/01/17	<b>Amount</b> \$ 5.00
<b>Street Address</b> 656 W. MARKET STREET		<b>Purpose</b> DURMANT ACCOUNT FEE	
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> OH	<b>Check Number</b> TRANSFER
<b>To Whom Paid</b> FIFTH THIRD BANK		<b>Date (MM/DD/YYYY)</b> 10/02/17	<b>Amount</b> \$5.00
<b>Street Address</b> 656 W. MARKET STREET		<b>Purpose</b> DURMANT ACCOUNT FEE	
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> OH	<b>Check Number</b> TRANSFER
<b>To Whom Paid</b> FIFTH THIRD BANK		<b>Date (MM/DD/YYYY)</b> 11/01/17	<b>Amount</b> \$5.00
<b>Street Address</b> 656 W. MARKET STREET		<b>Purpose</b> DURMANT ACCOUNT FEE	
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> OH	<b>Check Number</b> TRANSFER
<b>To Whom Paid</b> FIFTH THIRD BANK		<b>Date (MM/DD/YYYY)</b> 12/01/17	<b>Amount</b> \$5.00
<b>Street Address</b> 656 W. MARKET STREET		<b>Purpose</b> DURMANT ACCOUNT FEE	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Veronica Sims</b>													
From Whom Received <b>Quintin and Veronica Sims</b>								Prior Amount <b>\$3,400.00</b>		Amt. Incurred this Period <b>\$100.00</b>			
Address <b>396 Briarwood Drive</b>										Outstanding Balance <b>\$3,500.00</b>			
City <b>Akron</b>		St ate <b>OH</b>		Zip Code <b>44320</b>		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 8		0 5	1 6	0 8	0 5	1 6	\$100.00					\$0.00	
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y
From Whom Received <b>Quintin and Veronica Sims</b>								Prior Amount <b>\$3,500.00</b>		Amt. Incurred this Period <b>\$210.75</b>			
Address <b>396 Briarwood Drive</b>										Outstanding Balance <b>\$3,710.75</b>			
City <b>Akron</b>		St ate <b>OH</b>		Zip Code <b>44320</b>		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 8		2 9	1 6	0 8	2 9	1 6	\$210.75					\$0.00	
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		St ate		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
												\$0.00	
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 \$         \$6,900.00
- <sup>2</sup> Total received this period \$         \$310.75         (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 \$         \$7,210.75         (To Form No. 30-A)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2.01

Full Name of Committee <b>Committee to Elect Veronica Sims</b>									
To Whom Owed <b>Graffiti Print Shop</b>						Prior Amount <b>253.45</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>739 North Main Street</b>						Item or Purpose for Debt <b>Yard Signs</b>		Outstanding Balance <b>42.70</b>	
City <b>Akron</b>				State <b>OH</b>	Zip Code <b>44310</b>		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
						0	7	2	1
						1	5	0	8
						2	6	1	6
								<b>210.75</b>	
Registration Number, if PAC						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 210.75 (also record on Form 31-B)

Total Outstanding Balance \$ 1,703.45 (also record on cover page)