



TERMINATED

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name BARBARA SYKES CAMPAIGN		Office Sought UNDETERMINED		District
Street Address 133 FURNACE RUN DRIVE		City AKRON	State OH	Zip 44307-2259
Candidate Name OR PAC Registration Number BARBARA SYKES		Treasurer Name VERNON SYKES		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				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input checked="" 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	0.00
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)	0.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	0.00
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)	19,628.30
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**

2018 JAN 22 PM 3:33
#1865 AVR

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

01/22/2018
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 0	Other Pages 7	Total Pages 7
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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN							
To Whom Owed AMERITECH				Prior Amount 2,127.00		Amt. Incurred this Period 0.00	
Address 150 GAY STREET				Item or Purpose of Debt TELEPHONE		Outstanding Balance 2,127.00	
City COLUMBUS		State OH	Zip Code 43215			Payments This Period	
						Date	
						Amount	
Date Debt was originally Incurred				M	D	Y	\$
				1	1	3	0
				9	4		
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed AMERITECH				Prior Amount 821.86		Amt. Incurred this Period 0.00	
Address 150 GAY STREET				Item or Purpose of Debt TELEPHONE		Outstanding Balance 821.86	
City COLUMBUS		State OH	Zip Code 43215			Payments This Period	
						Date	
						Amount	
Date Debt was originally Incurred				M	D	Y	\$
				1	1	3	0
				9	4		
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed MORRIS PRINTING				Prior Amount 9,669.25		Amt. Incurred this Period 0.00	
Address 428 ERIE STREET SOUTH				Item or Purpose of Debt PRINTING		Outstanding Balance 9,669.25	
City MASSILON		State OH	Zip Code 44646			Payments This Period	
						Date	
						Amount	
Date Debt was originally Incurred				M	D	Y	\$
				1	0	2	6
				9	4		
Registration Number, if PAC				M	D	Y	
				M	D	Y	

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 \$ 0 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN							
To Whom Owed LOCAL 112 UAW				Prior Amount 62.50		Amt. Incurred this Period 0.00	
Address 2300 ASHLAND				Item or Purpose of Debt HALL RENTAL		Outstanding Balance 62.50	
City TOLEDO		State OH	Zip Code 44620	Payments This Period			
				Date		Amount	
Date Debt was originally Incurred		M	D	Y	S		
		0	8	0	1	9	4
Registration Number, if PAC				M	D	Y	S
				M	D	Y	S
				M	D	Y	S
To Whom Owed THE WESTON HOTEL				Prior Amount 2,435.29		Amt. Incurred this Period 0.00	
Address AT FOUNTAIN SQUARE				Item or Purpose of Debt FOOD & ROOM		Outstanding Balance 2,435.29	
City CINCINNATI		State OH	Zip Code 45202	Payments This Period			
				Date		Amount	
Date Debt was originally Incurred		M	D	Y	S		
		0	1	5	9	4	
Registration Number, if PAC				M	D	Y	S
				M	D	Y	S
				M	D	Y	S
To Whom Owed ALTERNATIVE INSTANT PRINT				Prior Amount 189.93		Amt. Incurred this Period 0.00	
Address 3300 UPTOWN AVENUE				Item or Purpose of Debt COPIES		Outstanding Balance 189.93	
City TOLEDO		State OH	Zip Code 43613	Payments This Period			
				Date		Amount	
Date Debt was originally Incurred		M	D	Y	S		
		1	0	0	1	9	4
Registration Number, if PAC				M	D	Y	S
				M	D	Y	S
				M	D	Y	S

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee BARBARA SYKES CAMPAIGN							
To Whom Owed COX & ASSOCIATES				Prior Amount 3,622.47		Amt. Incurred this Period 0.00	
Address 2206 SUPERIOR VIADUCT				Item or Purpose of Debt MEDIA PRODU		Outstanding Balance 3,622.47	
City CLEVELAND		State OH	Zip Code 44113		Payments This Period		
Date Debt was originally Incurred				M	D	Y	S
Registration Number, if PAC				M	D	Y	S
Date Debt was originally Incurred				1	0	0	9
Registration Number, if PAC				M	D	Y	S
Registration Number, if PAC				M	D	Y	S
To Whom Owed NANCY'S RESTAURANT							
Address 853 PHILLIP AVENUE				Prior Amount 700.00		Amt. Incurred this Period 0.00	
Item or Purpose of Debt FOOD SERVIC				Outstanding Balance 700.00			
City TOLEDO		State OH	Zip Code 43612		Payments This Period		
Date Debt was originally Incurred				M	D	Y	S
Registration Number, if PAC				M	D	Y	S
Date Debt was originally Incurred				1	0	0	9
Registration Number, if PAC				M	D	Y	S
Registration Number, if PAC				M	D	Y	S
To Whom Owed							
Address				Prior Amount		Amt. Incurred this Period	
Item or Purpose of Debt				Outstanding Balance			
City		State	Zip Code		Payments This Period		
Date Debt was originally Incurred				M	D	Y	S
Registration Number, if PAC				M	D	Y	S
Date Debt was originally Incurred				M	D	Y	S
Registration Number, if PAC				M	D	Y	S

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