

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens Committee - Akron Public Schools						Registration Number, if PAC				
Full Name of Candidate										
Street Address 70 N. Broadway					Office Sought		District			
City Akron					State O H		Zip Code 44308-1911			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2017	
	July Monthly		August Monthly		September Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

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 at 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	\$	135.87
2. Total monetary contributions (From Form No. 31-A)	\$	500.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	635.87
5. Total monetary expenditures (From Form No. 31-B)	\$	15.00
6. Balance on hand (line 4 minus line 5)	\$	620.87
7. Value of in-kind contributions received (From Form No. 31-I)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-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

Debra Foulk, Deputy Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

1/17/2018

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee - Akron Public Schools									
Full Name of Contributor Debra J. Foulk						Registration Number, if PAC			
Street Address 3167 Cottage Grove Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Akron		State OH	Zip Code 44319-3110		M 0	D 9	Y 0517	Amount 500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens Committee - Akron Public schools												
To Whom Paid PNC Bank						M	D	Y	Amount			
						0	7	0	1	1	7	5.00
Address 2150 State Road				Purpose bank charge								
City Cuyahoga Falls		State O H		Zip Code 44223		Check Number N/A						
To Whom Paid PNC Bank						M	D	Y	Amount			
						0	8	0	1	1	7	5.00
Address 2150 State Road				Purpose bank charge								
City Cuyahoga Falls		State O H		Zip Code 44223		Check Number N/A						
To Whom Paid PNC Bank						M	D	Y	Amount			
						0	9	0	1	1	7	5.00
Address 2150 State Road				Purpose bank charge								
City Cuyahoga Falls		State O H		Zip Code 44223		Check Number N/A						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						