

TERMINATED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

DAK

| | | | | | | | | |
|--|-----------------|--|---|-------------------------------|----------------------|------------------------------|--------------------------|------------------|
| Full Name of Committee AL BOLLAS CAMPAIGN | | | | | | Registration Number, if PAC | | |
| Full Name of Candidate JAMES A. BOLLAS, JR. | | | | | | | | |
| Street Address 4758 ROONEY AVE. | | | | Office Sought MAYOR | | District N. FRANK. | | |
| City AKRON | | | | | | State O H | Zip Code 44319 | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | Annual Year |
| | July Monthly | | August Monthly | | September Monthly | | Termination | X 2017 |
| 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 RC 3517.10(H) for details.

| | | |
|--|----|----------|
| 1. Amount brought forward from last report | \$ | 1,033.89 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | |
| 3. Total other income (From Form No. 31-A) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 1,033.89 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 1,033.89 |
| 6. Balance available (line 4 minus line 5) | \$ | 0.00 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | 0.00 |
| 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 | \$ | |

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 25 11:22

1440 DT

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.

Kathy Witwer, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Kathy Witwer
Signature

10/20/17
Date

Contribution pages 0

Expenditure pages 2

Other pages 10

Total pages 12

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|---|--|--|--------------------------------|---|--------------------------|-----------------------------|---|---|--------|---|---|--------|
| Name of Committee in Full AL BOLLAS CAMPAIGN | | | | | | | | | | | | |
| To Whom Paid COALITION TO REROUTE NEXUS | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 6 | 1 | 7 | 200.00 |
| Address 919 E. TURKEYFOOT LAKE RD | | | Purpose CONTRIBUTION | | | | | | | | | |
| City AKRON | | | State O | H | Zip Code 44312 | Check Number 1197 | | | | | | |
| To Whom Paid KRISTIN SCALISE COMMITTEE | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 3 | 1 | 1 | 7 | 100.00 |
| Address 3842 DOGWOOD STREET | | | Purpose CONTRIBUTION | | | | | | | | | |
| City UNIONTOWN | | | State O | H | Zip Code 44685 | Check Number 1198 | | | | | | |
| To Whom Paid COMMITTEE TO ELECT ILENE SHAPIRO | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 4 | 1 | 6 | 1 | 7 | 100.00 |
| Address 1188 SHADYSIDE LANE | | | Purpose CONTRIBUTION | | | | | | | | | |
| City TALLMADGE | | | State O | H | Zip Code 44278 | Check Number 1199 | | | | | | |
| To Whom Paid FRIENDS OF BRAVO | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 4 | 1 | 1 | 1 | 7 | 50.00 |
| Address 1600 NEW CASTLE CIRCLE | | | Purpose DONATION | | | | | | | | | |
| City AKRON | | | State O | H | Zip Code 44313 | Check Number 1200 | | | | | | |
| To Whom Paid PAULA PRENTICE COMMITTEE | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 6 | 1 | 7 | 100.00 |
| Address 4235 ALDAWOOD HILLS | | | Purpose CONTRIBUTION | | | | | | | | | |
| City UNIONTOWN | | | State O | H | Zip Code 44685 | Check Number 1201 | | | | | | |
| To Whom Paid COMMITTEE TO ELECT DON WALTERS | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 5 | 2 | 2 | 1 | 7 | 100.00 |
| Address 3395 PENDLETON ST. | | | Purpose CONTRIBUTION | | | | | | | | | |
| City CUYAHOGA FALLS | | | State O | H | Zip Code 44321 | Check Number 1202 | | | | | | |
| To Whom Paid COMMITTEE TO ELECT TIM CRAWFORD | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 6 | 1 | 7 | 100.00 |
| Address 3990 S. CLEVELAND MASS. RD | | | Purpose CONTRIBUTION | | | | | | | | | |
| City NORTON | | | State O | H | Zip Code 44203 | Check Number 1203 | | | | | | |
| To Whom Paid FROM FORM 31-C | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 6 | 2 | 8 | 1 | 7 | 225.00 |
| Address | | | Purpose | | | | | | | | | |
| City | | | State | H | Zip Code | Check Number 1204 | | | | | | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|--|--|---------------------|--|----------------------------|--|-----------------------------|---|---|--------|---|---|-------|
| Name of Committee in Full AL BOLLAS CAMPAIGN | | | | | | | | | | | | |
| To Whom Paid FRANKLIN PARK CIVIC CENTER | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 6 | 3 | 0 | 1 | 7 | 58.89 |
| Address 5611 MANCHESTER ROAD | | | | Purpose DONATION | | | | | | | | |
| City NEW FRANKLIN | | State O H | | Zip Code 44319 | | Check Number 1205 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|---|--|--------------------|--------------------------|---|----------------------------|---|--------|-------------------------------|----------------------|--|--------|----|--------|
| Full Name of Committee AL BOLLAS CAMPAIGN | | | | | | | | | | | | | |
| From Whom Received JAMES A. BOLLAS, JR | | | | | | | | Prior Amount 100.00 | | Amt. Incurred this Period 125.00 | | | |
| Address 4758 ROONEY AVE. | | | | | | | | | | Outstanding Balance 225.00 | | | |
| City AKRON | | State OH | Zip Code 44319 | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| | | 0 | 1 | 1 | 0 | 1 | 4 | 0 | 2 | 2 | 5 | 1 | 5 |
| | | | | | | | | | 125.00 | 0 | 6 | 2 | 8 |
| | | | | | | | | | | 1 | 7 | | 225.00 |
| 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 | | State | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| | | | | | | | | | | | | | |
| 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 | | State | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| | | | | | | | | | | | | | |
| 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 | | State | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ | |
| | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | M | D | Y | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A)

- 1 Total prior amount \$ 225.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 225.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)