

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF LINDA OMOBIEN</b>							Registration Number, if PAC		
Full Name of Candidate <b>LINDA F. R. OMOBIEN</b>									
Street Address <b>2104 BROOKSHIRE ROAD</b>					Office Sought <b>AKRON CITY COUNCIL</b>			District <b>AKRON</b>	
City <b>AKRON</b>					State <b>O H</b>		Zip Code <b>44313</b>		
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		<b>2018</b>
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y	
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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	\$	2,273.66
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (Sum of lines 1, A, 3)	\$	2,298.26
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	2,298.26
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)	\$	55,555.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	19,700.56
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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550

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SUMMIT COUNTY  
BOARD OF ELECTIONS**

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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  
**EDWARD O. OMOBIEN**  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date **01/27/18**

Contribution pages <u>0</u>	Expenditure pages <u>0</u>	Other pages <u>2</u>	Total pages <u>3</u>
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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS OF LINDA OMOBIEN</b>													
From Whom Received <b>LINDA F. R. OMOBIEN</b>								Prior Amount <b>55,555.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>2104 BROOKSHIRE ROAD</b>								Outstanding Balance <b>55,555.00</b>					
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44313</b>			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 5		2 0	1 1										
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 \$ 55,555.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 55,555.00 (To Form No. 30-A)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>FRIENDS OF LINDA OMOBIEN</b>									
To Whom Owed <b>LINDA F. R. OMOBIEN</b>						Prior Amount <b>19,700.56</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>2104 BROOKSHIRE ROAD</b>						Item or Purpose for Debt <b>EXPENSES</b>		Outstanding Balance <b>19,700.56</b>	
City <b>AKRON</b>				State <b>OH</b>		Zip Code <b>44313</b>			
Date Debt was originally Incurred						Payments Made This Period			
						Date			Amount
						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			
Date Debt was originally Incurred						Payments Made This Period			
						Date			Amount
						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			
Date Debt was originally Incurred						Payments Made This Period			
						Date			Amount
						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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 19,700.56 (also record on cover page)