



Committee Name Committee To Elect Cynthia Blake		Office Sought Summit County council		District
Street Address 800 Work Drive		City Akron	State OH	Zip 44320
Candidate Name OR PAC Registration Number Cynthia Blake		Treasurer Name Jessyca Blake		Election Date (MM/DD/YYYY) 05/08/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" 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				Year 2018
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input 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.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	0
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	60.00
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	496.86
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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 BOARD OF ELECTIONS
 AKRON, OHIO

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Jessyca V. Blake
Signature of Treasurer or Deputy Treasurer

04/26/2018
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 1	Total Pages 3
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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Committee To Elect Cynthia Blake				
Full Name of Contributor Cynthia Blake		Employer, Occupation, Labor Organization* Banking		Registration Number, if PAC
Street Address 928 Bisson Avenue		Description of Item or Service State of Ohio Ethics Commission Payment		Date (MM/DD/YYYY) 04/08/2018
City Akron		State OH	Zip Code 44307	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Cynthia Blake				
To Whom Owed Cynthia Blake			Prior Amount 0	Amount Incurred this Period 496.86
Street Address 928 Bisson Avenue			Item or Purpose of Debt Campaign Print	Outstanding Balance 496.86
City Akron	State OH	Zip Code 44307	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 04/05/2018		Date of Payment (MM/DD/YYYY) 00/00/0000	Amount 0	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY) 00/00/0000	Amount 0
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Cynthia Blake			Prior Amount	Amount Incurred this Period
Street Address 928 Bisson Avenue			Item or Purpose of Debt	Outstanding Balance
City Akron	State OH	Zip Code	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 496.86 (also record on cover page)