



Committee Name PEOPLES CONVENTION PAC		Office Sought		District
Street Address 3768 FAIRWAY PARK DR #213		City COPLEY	State OH	Zip 44321
Candidate Name OR PAC Registration Number		Treasurer Name AUDREY RICHARDSON		Election Date (MM/DD/YYYY)
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 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	\$ 1,658.48
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 2,178.01
3. Total other income (From Form 31-A-2)	\$ 0
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,836.49
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 1,687.84
6. Balance on hand (line 4 minus line 5)	\$ 2,148.65
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 APR 26 PM 3:04

SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO

2081 NW

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

Audrey Richardson
Signature of Treasurer or Deputy Treasurer

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

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee People's Convention PAC				
Full Name of Contributor Contributions From Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 03/10/2018	Amount \$ 2,177.00
Full Name of Contributor PNC Bank			Registration Number, if PAC	
Street Address 153 E Exchange		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44304	Date (MM/DD/YYYY) 03/16/2018	Amount \$ 1.01
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PEOPLES CONVENTION PAC			
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 01/02/2018	Amount \$12.00
Street Address 153 E EXCHANGE		Purpose SERVICE FEE	
City AKRON	State OH	Zip Code 44304	Check Number
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 02/01/2018	Amount \$14.00
Street Address 153 E EXCHANGE		Purpose SERVICE FEE	
City AKRON	State OH	Zip Code 44304	Check Number
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 03/01/2018	Amount \$12.00
Street Address 153 E EXCHANGE		Purpose SERVICE FEE	
City AKRON	State OH	Zip Code 44304	Check Number
To Whom Paid EXPENDITURES FROM FORM 31-F		Date (MM/DD/YYYY) 03/10/2018	Amount \$317.42
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid <i>PNC BANK</i>		Date (MM/DD/YYYY) <i>04/02/2018</i>	Amount <i>\$ 15.00</i>
Street Address <i>153 E EXCHANGE</i>		Purpose <i>SERVICE FEE</i>	
City <i>Akron</i>	State OH	Zip Code <i>44304</i>	Check Number

Page Total \$ ~~332.42~~ *370.42*



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor TONYA BLACK			Registration Number, if PAC	
Street Address 885 EMORY AVENUE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, Etc) CASH
Full Name of Contributor ELVINA SAMUELS			Registration Number, if PAC	
Street Address 62 VESPER ST		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44310	Form (Cash, Check, Etc) CASH
Full Name of Contributor TRACY HODOH			Registration Number, if PAC	
Street Address 1096 DOVER		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, Etc) CASH
Full Name of Contributor EMILIA SYKES			Registration Number, if PAC	
Street Address 109 N. HOWARD ST		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44305	Form (Cash, Check, Etc) CASH
Full Name of Contributor EDWARD & PATRICIA MONDAY			Registration Number, if PAC	
Street Address 559 GARNETTE RD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$70.00
City AKRON		State OH	Zip Code 44313	Form (Cash, Check, Etc) CHECK

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor SHARNETTA MCINTOSH			Registration Number, if PAC	
Street Address 1038 BLOOMFIELD AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44302	Form (Cash, Check, Etc) CASH	
Full Name of Contributor GARVIN BROWN			Registration Number, if PAC	
Street Address 10615 S 42ND PL	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City PHOENIX	State AZ	Zip Code 85044	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor FRANK & DELISHIA FITZGERALD			Registration Number, if PAC	
Street Address 1857 13TH ST SW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$70.00
City AKRON	State OH	Zip Code 44314	Form (Cash, Check, Etc) CASH	
Full Name of Contributor MARTY & ROSE MITCHELL			Registration Number, if PAC	
Street Address 7326 OH-19 #5215	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$70.00
City MT GILEAD	State OH	Zip Code 43338	Form (Cash, Check, Etc) CASH	
Full Name of Contributor DESHANEA MITCHELL-POWELL			Registration Number, if PAC	
Street Address 2732 JUNO PLACE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City FAIRLAWN	State OH	Zip Code 44333	Form (Cash, Check, Etc) CASH	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 245.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor ROGER & GWEN COBBS			Registration Number, if PAC	
Street Address 579 WINSLOW AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44313	Amount \$70.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor WANDA EASON			Registration Number, if PAC	
Street Address 744 MOON ST		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44307	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor TERRY WATSON			Registration Number, if PAC	
Street Address 820 LAKEWOOD BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44304	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor TRICIA LUCAS			Registration Number, if PAC	
Street Address 497 W. THORNTON ST		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44307	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor GINA BOYER			Registration Number, if PAC	
Street Address 1009 ENDICOTT DR		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44313	Amount \$35.00
Form (Cash, Check, Etc) CASH				

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee				
PEOPLES CONVENTION PAC				
Full Name of Contributor			Registration Number, if PAC	
TERRANCE & PAM SLAYTON				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
113 S FRANK BLVD			03/10/2018	\$70.00
City	State	Zip Code	Form (Cash, Check, Etc)	
AKRON	OH	44313	CASH	
Full Name of Contributor			Registration Number, if PAC	
DOROTHY SIMS				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
55 FIR HILL APT 10B2			03/10/2018	\$35.00
City	State	Zip Code	Form (Cash, Check, Etc)	
AKRON	OH	44304	CASH	
Full Name of Contributor			Registration Number, if PAC	
PATRICIA WILLIAMS				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
703 STORER			03/10/2018	\$35.00
City	State	Zip Code	Form (Cash, Check, Etc)	
AKRON	OH	44320	MONEY ORDER	
Full Name of Contributor			Registration Number, if PAC	
DIANA MILLER				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4620 WATERFORD CIRCLE			03/10/2018	\$35.00
City	State	Zip Code	Form (Cash, Check, Etc)	
STOW	OH	44240	CASH	
Full Name of Contributor			Registration Number, if PAC	
RACHEL BROWN				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
440 WEEKS ST			03/10/2018	\$35.00
City	State	Zip Code	Form (Cash, Check, Etc)	
AKRON	OH	44306	CASH	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor VEDA BROWN			Registration Number, if PAC	
Street Address 194 KENRIDGE RD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City FAIRLAWN		State OH	Zip Code 44333	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor JORDAN EPPS			Registration Number, if PAC	
Street Address 541 PARK AVENUE #3		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City KENT		State OH	Zip Code 44240	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor JANAE JOHNSON			Registration Number, if PAC	
Street Address 3814 TWIN PINES DR		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City UNIONTOWN		State OH	Zip Code 44685	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor LINDA FEASTER			Registration Number, if PAC	
Street Address 1217 HARDESTY BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44320	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor DESHAWN JOHNSON			Registration Number, if PAC	
Street Address 1320 BRITAIN RD UNIT C		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44310	Amount \$35.00
Form (Cash, Check, Etc) CASH				

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 175.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor SHARON WILLIAMS			Registration Number, if PAC	
Street Address 909 FREDERICK BLVD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, Etc) CASH	
Full Name of Contributor SHAREN BELL			Registration Number, if PAC	
Street Address 772 GLENDORA	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, Etc) MONEY ORDER	
Full Name of Contributor MICHAEL & ANNALISA WILLIAMS			Registration Number, if PAC	
Street Address 1263 COUNTRY CLUB	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$70.00
City UNIONTOWN	State OH	Zip Code 44313	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor DEIRDRE WILLIAMS			Registration Number, if PAC	
Street Address 1217 HARDESTY BLVD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, Etc) CASH	
Full Name of Contributor DELONDA ROGERS			Registration Number, if PAC	
Street Address 1210 CRESTVIEW AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44320	Form (Cash, Check, Etc) CASH	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor MARQUITTA SOMMERVILLE			Registration Number, if PAC	
Street Address 1870 REDWOOD AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, Etc) CASH
Full Name of Contributor CARLETTA SOMMERVILLE			Registration Number, if PAC	
Street Address 745 S FIRESTONE BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44301	Form (Cash, Check, Etc) CASH
Full Name of Contributor PAMELA WATTS			Registration Number, if PAC	
Street Address 4105 LOWDEN RD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City SOUTH EUCLID		State OH	Zip Code 44121	Form (Cash, Check, Etc) CASH
Full Name of Contributor YOLONDA SHELTON			Registration Number, if PAC	
Street Address 749 E CROSIER ST		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44306	Form (Cash, Check, Etc) CHECK
Full Name of Contributor TASHA JONES			Registration Number, if PAC	
Street Address 414 WATSON PL SE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City CANTON		State OH	Zip Code 44707	Form (Cash, Check, Etc) CASH

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 175.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor VERNON & BARBARA SYKES			Registration Number, if PAC	
Street Address 133 FURNACE RUN DR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$70.00
City AKRON	State OH	Zip Code 44307	Form (Cash, Check, Etc) CASH	
Full Name of Contributor JUANITA COVINGTON			Registration Number, if PAC	
Street Address 437 RICE AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City CANTON	State OH	Zip Code 44704	Form (Cash, Check, Etc) CASH	
Full Name of Contributor BONNIE DAVIES			Registration Number, if PAC	
Street Address 750 MULL AVE APT 7K	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, Etc) CASH	
Full Name of Contributor MARNETTA ONEIL			Registration Number, if PAC	
Street Address 822 E ARCHWOOD AVENUE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, Etc) CASH	
Full Name of Contributor TAWANNA L MACK			Registration Number, if PAC	
Street Address 1058 INDEPENDENCE AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018	Amount \$35.00
City AKRON	State OH	Zip Code 44310	Form (Cash, Check, Etc) CASH	

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor VICTOR DANIEL			Registration Number, if PAC	
Street Address 1351 S HAWKINS AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44320	Amount \$35.00
Form (Cash, Check, Etc) CHECK				
Full Name of Contributor JOHN FULLER			Registration Number, if PAC	
Street Address 797 ROSLYN AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44320	Amount \$35.00
Form (Cash, Check, Etc) CHECK				
Full Name of Contributor AUDREY RICHARDSON			Registration Number, if PAC	
Street Address 3768 FAIRWAY PARK DR #213		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City COPLEY		State OH	Zip Code 44321	Amount \$30.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor GREG WIMBLY			Registration Number, if PAC	
Street Address 671 VERNON ODOM BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44307	Amount \$35.00
Form (Cash, Check, Etc) CASH				
Full Name of Contributor ARTHUR COLEMAN			Registration Number, if PAC	
Street Address 1283 HARDESTY BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
City AKRON		State OH	Zip Code 44320	Amount \$35.00
Form (Cash, Check, Etc) CASH				

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ 170.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor ROY HODOH			Registration Number, if PAC	
Street Address 1303 HARDESTY BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, Etc) CASH
Full Name of Contributor NELLIE RASBERRY			Registration Number, if PAC	
Street Address 645 MORLEY AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$70.00
City AKRON		State OH	Zip Code 44320	Form (Cash, Check, Etc) CHECK
Full Name of Contributor KATHRYN MICHAEL			Registration Number, if PAC	
Street Address 3371 STANLEY RD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City FAIRLAWN		State OH	Zip Code 44333	Form (Cash, Check, Etc) CHECK
Full Name of Contributor DELONDIA FEASTER			Registration Number, if PAC	
Street Address 883 DAVIES AVE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44306	Form (Cash, Check, Etc) CASH
Full Name of Contributor DOLEMITEWATSON			Registration Number, if PAC	
Street Address 820 LAKEWOOD BLVD		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$35.00
City AKRON		State OH	Zip Code 44314	Form (Cash, Check, Etc) CASH

* 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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 210.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor PROCEEDS UNDER \$10 FROM RAFFLES			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/10/2018
				Amount \$152.00
City		State	Zip Code	Form (Cash, Check, Etc) CASH
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
				Amount
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
				Amount
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
				Amount
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
				Amount
City		State	Zip Code	Form (Cash, Check, Etc)

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 152.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee PEOPLES CONVENTION PAC				
To Whom Paid MARCS		Date (MM/DD/YYYY) 02/20/2018		Amount \$4.24
Street Address 1664 N MAIN ST		Purpose PARTY FAVOR		
City NORTH CANTON	State OH	Zip Code 44720	Check Number	
To Whom Paid PAT CATANS		Date (MM/DD/YYYY) 02/20/2018		Amount \$29.83
Street Address 570 HOWE AVE		Purpose DECORATIONS		
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number	
To Whom Paid HOME BUYS		Date (MM/DD/YYYY) 02/26/2018		Amount \$178.68
Street Address 5651 WHIPPLE AVE		Purpose WINE AND TABLEWARE		
City NORTH CANTON	State OH	Zip Code 44720	Check Number	
To Whom Paid MARCS		Date (MM/DD/YYYY) 03/05/2018		Amount \$7.40
Street Address 2753 W MARKET ST		Purpose GLASSES		
City FAIRLAWN	State OH	Zip Code 44313	Check Number	
To Whom Paid MICHAELS		Date (MM/DD/YYYY) 03/06/2018		Amount \$21.26
Street Address 3750 W MARKET ST		Purpose GIFT BAGS		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 241.41



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee PEOPLES CONVENTION PAC				
To Whom Paid ALDI		Date (MM/DD/YYYY) 03/12/2018		Amount \$66.13
Street Address 1620 BRITTAIN RD		Purpose FOOD		
City AKRON	State OH	Zip Code 44221	Check Number	
To Whom Paid SAVE A LOT		Date (MM/DD/YYYY) 03/12/2018		Amount \$9.88
Street Address 65 MIDWAY PLAZA		Purpose FOOD		
City TALLMADGE	State OH	Zip Code 44278	Check Number	
To Whom Paid <i>CANDLES & CANVASES</i>		Date (MM/DD/YYYY) <i>03/15/2018</i>		Amount <i>\$1,000.00</i>
Street Address <i>1186 E Tallmadge Ave</i>		Purpose <i>Hall & Instructor Cost</i>		
City <i>Akron</i>	State OH	Zip Code <i>44310</i>	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ~~1,076.01~~ *1,076.01*



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee PEOPLES CONVENTION PAC				
Full Name of Contributor DELONDIA FEASTER		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 883 DAVIES AVE		Description of Item or Service WINE COOLER		Date (MM/DD/YYYY) 03/10/2018
				Fair Market Value \$60.00
City AKRON		State OH	Zip Code 44306	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor AUDREY RICHARDSON		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3768 FAIRWAY PARK #213		Description of Item or Service LUGGAGE		Date (MM/DD/YYYY) 03/10/2018
				Fair Market Value \$42.00
City COPLEY		State OH	Zip Code 44321	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor MARISA FERRISE		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1186 E TALLMADGE AVE		Description of Item or Service PAINT BASKET		Date (MM/DD/YYYY) 03/10/2018
				Fair Market Value \$20.00
City AKRON		State OH	Zip Code 44310	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor RICKY EVANS - DOWN TO EARTH LANDSCAPING		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address PO BOX 8034		Description of Item or Service LANDSCAPING SERVICE		Date (MM/DD/YYYY) 03/10/2018
				Fair Market Value \$30.00
City AKRON		State OH	Zip Code 44320	Received at Fundraising Event? <input checked="" 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)
				Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

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