



Committee Name COMMITTEE TO ELECT CYNTHIA D. 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 D. BLAKE		Treasurer Name JESSYCA V. BLAKE		Election Date (MM/DD/YYYY) 11/06/2018
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	110.00
3. Total other income (From Form 31-A-2)	-
4. Total funds available (sum of lines 1, 2, 3)	-
5. Total monetary expenditures (From Forms 31-B and 31-F)	-
6. Balance on hand (line 4 minus line 5)	110.00
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)	-
9. Outstanding loans owed by committee (From Form 31-G)	-
10. Outstanding debts owed by committee (From Form 31-N)	496.86
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 JUL 31 PM 2:26

AKRON, OHIO

#2328 Ave

**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

07/31/2018  
Date (MM/DD/YYYY)

Contribution Pages  
2

Expenditure Pages  
0

Other Pages  
2

Total Pages  
4



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT CYNTHIA D BLAKE				
Full Name of Contributor Andrea Barnes			Registration Number, if PAC	
Street Address 808 Roosevelt Ave		Employer/Occupation/Labor Organization* Unemployed		Form (Cash, Check, etc.) Cash
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 07/16/2018	Amount 60.00
Full Name of Contributor Dr. Ada Fisher			Registration Number, if PAC	
Street Address PO Box 777		Employer/Occupation/Labor Organization* Retired Medical Doctor		Form (Cash, Check, etc.) Check
City Salisbury	State NC	Zip Code 28145	Date (MM/DD/YYYY) 07/16/2018	Amount 50.00
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)]



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT CYNTHIA D BLAKE			
<b>Full Name of Contributor</b> Cynthia D. Blake		<b>Employer, Occupation, Labor Organization*</b> Banking	<b>Registration Number, if PAC</b>
<b>Street Address</b> 928 Bisson Ave	<b>Description of Item or Service</b> State of Ohio Ethics Commission Payment		<b>Date (MM/DD/YYYY)</b> 04/08/2018
<b>Fair Market Value</b> 60.00			
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44307	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>Fair Market Value</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <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)]

Page Total \$ 60.00



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect Cynthia Blake				
To Whom Owed Cynthia Blake			Prior Amount 496.86	Amount Incurred this Period 0
Street Address 928 Bisson Avenue			Item or Purpose of Debt Campaign Print	Outstanding Balance 496.86
City Akron	State OH	Zip Code 44307	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 04/05/2018		Date of Payment (MM/DD/YYYY)	Amount 0	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			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 44307	<b>Payments This Period</b>	
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 (also record on Form 31-B)

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