



Committee Name Committee to Elect Michael R Soyars		Office Sought Summit County Council		District 7
Street Address 611 E Cassell Ave		City Barberton	State OH	Zip 44203
Candidate Name OR PAC Registration Number Michael R Soyars		Treasurer Name Brenda K Hlas		Election Date (MM/DD/YYYY) 11-06-2018
Type of Report (choose one): <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 Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
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	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	3945.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	3945.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	438.15
6. Balance on hand (line 4 minus line 5)	3506.85
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)	244.22
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2018 JUL 20 PM 12:13
 # 2201776
 ALICIA O'NEAL
 CLERK OF COURTS
 SUMMIT COUNTY, OHIO

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

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

Brenda K Hlas
Signature of Treasurer or Deputy Treasurer

06/19/2018
Date (MM/DD/YYYY)

Contribution Pages 9	Expenditure Pages 1	Other Pages 4	Total Pages 14
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor William Zvarello			Registration Number, if PAC	
Street Address 313 S High St		Employer/Occupation/Labor Organization* Attorney at Law		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 06/01/2018	Amount 250.00
Full Name of Contributor Robert T Kershaw Jr			Registration Number, if PAC	
Street Address 313 Washington Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 25.00
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 06/07/2018	Amount
Full Name of Contributor Magic City Democratic Club PAC			Registration Number, if PAC	
Street Address P O Box 334		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 06/18/2018	Amount 1000.00
Full Name of Contributor Stephen & Sally Zimmerman			Registration Number, if PAC	
Street Address 210 Lake Front Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 06/11/2018	Amount 25.00
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) 06/13/2018	Amount 2520.00

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor Paula Prentice Committee			Registration Number, if PAC	
Street Address 4235 Aldawood Hills Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 06/25/018	Amount 100.00
Full Name of Contributor Bob Genet			Registration Number, if PAC	
Street Address 445 31St St SW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY)	Amount 25.00
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

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars			
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 06/15/2018	Amount 3.00
Street Address		Purpose service charge	
City Barberton	State OH	Zip Code 44203	Check Number
To Whom Paid Michael R Soyars		Date (MM/DD/YYYY) 6/28/2018	Amount 435.15
Street Address 611 E Cassell Ave		Purpose expenses	
City Barberton	State OH	Zip Code 44203	Check Number 101
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 438.15



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

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

Full Name of Committee Committee to Elect Michael R Soyars				
Full Name of Contributor Greta Johnson			Registration Number, if PAC	
Street Address 2220 Cambridge Ct	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Akron	State OH	Zip Code 44319	Form (Cash, Check, Etc) Check	
Full Name of Contributor Susan Baker Ross			Registration Number, if PAC	
Street Address 333 N Portage Path #22	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Tri-County Building Trades PCE			Registration Number, if PAC	
Street Address 67 S Maple St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 250.00
City Akron	State OH	Zip Code 44302	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Tavia Galonski			Registration Number, if PAC	
Street Address 1137 Allendale Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 250.00
City Akron	State OH	Zip Code 44306	Form (Cash, Check, Etc) Check	
Full Name of Contributor Elect Ilene L Shapiro			Registration Number, if PAC	
Street Address 295 Wyant Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 250.00
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
2520.00

Total Expenditures This Event

Page Total \$ 800.00



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

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

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor William Lackey			Registration Number, if PAC	
Street Address 195 3rd St SE		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018
				Amount 50.00
City Barberton		State OH	Zip Code 44203	Form (Cash, Check, Etc) Check
Full Name of Contributor Sandra J Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018
				Amount 50.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) Check
Full Name of Contributor Carpenters Local 285 PCE			Registration Number, if PAC	
Street Address 47 Alice Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018
				Amount 50.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, Etc) Check
Full Name of Contributor Susan F George			Registration Number, if PAC	
Street Address 750 Westview Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018
				Amount 50.00
City Akron		State OH	Zip Code 44312	Form (Cash, Check, Etc) Check
Full Name of Contributor All Bollas			Registration Number, if PAC	
Street Address 4758 Rooney Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018
				Amount 50.00
City Akron		State OH	Zip Code 44319	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 \$ 250.00



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

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

Full Name of Committee				
Committee To Elect Michael R Soyars				
Full Name of Contributor			Registration Number, if PAC	
Jason D Dodson				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3695 Mogadore Rd		06/13/2018	50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Mogadore	OH	44260	Check	
Full Name of Contributor			Registration Number, if PAC	
Friends of Kristen M Scalise				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
274 Harvest Dr		06/13/2018	50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44333	Check	
Full Name of Contributor			Registration Number, if PAC	
Elliot Kolkovich				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
369 Gresham Dr		06/13/2018	50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Fairlawn	OH	44333	Check	
Full Name of Contributor			Registration Number, if PAC	
Adelina M Angeloff				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
756 E Ford Ave		06/13/2018	60.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Barberton	OH	44203	Check	
Full Name of Contributor			Registration Number, if PAC	
Committee to Elect Tim Crawford				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
4109 S Cleve-Mass Rd		06/13/2018	400.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Norton	OH	44203	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 \$ 610.00



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

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

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor James Soyars			Registration Number, if PAC	
Street Address 1619 Morris Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 100.00
City Kent	State OH	Zip Code 44240	Form (Cash, Check, Etc) Check	
Full Name of Contributor John Schmidt			Registration Number, if PAC	
Street Address 1460 Curtis Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 100.00
City Cuyahoga Falls,	State OH	Zip Code 44221	Form (Cash, Check, Etc) Check	
Full Name of Contributor James Lawrence			Registration Number, if PAC	
Street Address 2511 Valley View Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 100.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, Etc) Check	
Full Name of Contributor Local No 219 PCE 7695			Registration Number, if PAC	
Street Address 1655 Brittain Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 100.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, Etc) Check	
Full Name of Contributor Christine D Finan			Registration Number, if PAC	
Street Address 1251 Lockwood Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 100.00
City Barberton	State OH	Zip Code 44203	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 \$ 500.00



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

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

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor Brian Bidlingmyer			Registration Number, if PAC	
Street Address 1455 Normandy Crl	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael A Weant			Registration Number, if PAC	
Street Address 340 Summit St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Wadsworth	State OH	Zip Code 44281	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of David Hamilton			Registration Number, if PAC	
Street Address 780 Harvard	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Akron	State OH	Zip Code 44311	Form (Cash, Check, Etc) Check	
Full Name of Contributor David Kevin Homer			Registration Number, if PAC	
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 35.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, Etc) Check	
Full Name of Contributor Charles Worth Drubel			Registration Number, if PAC	
Street Address 221 N 9th St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Cambridge	State OH	Zip Code 43725	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 \$ 135.00



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

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

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor Mark Potter			Registration Number, if PAC	
Street Address 2811 Superior Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Dean Jones			Registration Number, if PAC	
Street Address 570 E Cassell Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Paul Hooker			Registration Number, if PAC	
Street Address 558 Yale Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Barberton	State OH	Zip Code 44203	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Omar Banks			Registration Number, if PAC	
Street Address 744 Eastland Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/2018	Amount 25.00
City Akron	State OH	Zip Code 44305	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 OH	Zip Code	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 \$ 100.00



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 193.11
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 0
City Barberton	State OH	Zip Code 44203	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 05/18/2018		Date of Payment (MM/DD/YYYY) 06/28/2018	Amount 193.11	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 54.48
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 0
City Barberton	State OH	Zip Code 44203	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY) 06/28/2018	Amount 54.48	
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 \$ 435.15 (also record on Form 31-B)

Total Outstanding Balance \$ 244.22 (also record on cover page)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 85.00
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 0
City Barberton	State OH	Zip Code 44203	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 06/12/2018		Date of Payment (MM/DD/YYYY) 06/28/2018	Amount 85.00	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 82.56
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 0
City Barberton	State OH	Zip Code 44203	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 06/12/2018		Date of Payment (MM/DD/YYYY) 06/28/2018	Amount 82.56	
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 \$ _____ (also record on Form 31-B)

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



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 20.00
Street Address 611 E Cassell Ave			Item or Purpose of Debt postage	Outstanding Balance 0
City Barberton	State OH	Zip Code 44203	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 06/22/2018		Date of Payment (MM/DD/YYYY) 06/28/2018	Amount 20.00	
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 19.22
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 19.22
City Barberton	State OH	Zip Code 44203	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 \$ _____ (also record on Form 31-B)

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



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Owed Michael R Soyars			Prior Amount 0	Amount Incurred this Period 225.00
Street Address 611 E Cassell Ave			Item or Purpose of Debt expenses	Outstanding Balance 225.00
City Barberton	State OH	Zip Code 44203	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
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	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 \$ _____ (also record on Form 31-B)

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