

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens Committee - Akron Public Schools							Registration Number, if PAC		
Full Name of Candidate									
Street Address 70 N. Broadway					Office Sought			District	
City Akron					State O H		Zip Code 44308-1911		
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		Semiannual 2018
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	

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	\$	620.87
2. Total monetary contributions (From Form No. 31-A)	\$	194.95
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	815.82
5. Total monetary expenditures (From Form No. 31-B)	\$	194.95
6. Balance on hand (line 4 minus line 5)	\$	620.87
7. Value of in-kind contributions received (From Form No. 31-A-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)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
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	\$	

2018 JUL 13 PM 12:01
 # 2250 Ave

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

Debra Foulk, Deputy Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

7/9/18
Date

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee - Akron Public Schools						
Full Name of Contributor Debra J. Foulk				Registration Number, if PAC		
Street Address 3167 Cottage Grove Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44319	M 0	D 1	Y 17	Amount 194.95
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens Committee - Akron Public schools							
To Whom Paid Rene Garrett				M	D	Y	Amount
				0	1	2	4
				1	8	194.95	
Address 1507 8th St.		Purpose reimbursement for levy domain name renewal for five years					
City Cuyahoga Falls		State OH	Zip Code 44221	Check Number temp. check			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			