



Committee Name <i>WASHINGTON FOR COUNTY COUNSEL AT LARGE COMMITTEE</i>		Office Sought <i>SUMMIT COUNTY COUNSEL AT LARGE</i>		District <i>AT LARGE</i>
Street Address <i>1721 12TH STREET</i>		City <i>CUYAHOGA FALLS</i>	State <i>OH</i>	Zip <i>44223</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>MICHAEL B. WASHINGTON</i>		Election Date (MM/DD/YYYY) <i>05/08/2018</i>
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 <i>2018</i>
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)	<i>\$117.32</i>
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)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 APR 26 AM 9:01  
BOARD OF ELECTIONS  
AKRON, OHIO  
#2131

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

<i>Michael B. Washington</i>	<i>04/26/2018</i>
Signature of Treasurer or Deputy Treasurer	Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages <i>12</i>
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b>				
WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE				
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
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 Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> <i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> <i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>			
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
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 \$ 0



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b>					
<i>WASHINGTON FOR COUNTRY COUNCIL AT LARGE COMMITTEE</i>					
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 0

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on Form 30-A)



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

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

<b>Full Name of Committee</b> <u>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</u>				
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)	
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)	

\* 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  
0

Total Expenditures This Event  
0

Page Total \$ 0



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b>				
<i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>				
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	
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	
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 \$ 0



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

*WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE*

Full Name of Contributor				
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Street Address			Date (MM/DD/YYYY)	Amount
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City	State OH	Zip Code	Form (Cash, Check, etc.)	
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Full Name of Contributor				
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Street Address			Date (MM/DD/YYYY)	Amount
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City	State OH	Zip Code	Form (Cash, Check, etc.)	
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Full Name of Contributor				
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Street Address			Date (MM/DD/YYYY)	Amount
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City	State OH	Zip Code	Form (Cash, Check, etc.)	
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Full Name of Contributor				
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Street Address			Date (MM/DD/YYYY)	Amount
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City	State OH	Zip Code	Form (Cash, Check, etc.)	
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The above are employees of a unit or department under the direct supervision and control of \_\_\_\_\_  
 who currently holds the public office \_\_\_\_\_

Name of Public Office

Name of Officeholder

I hereby affirm that each contribution was voluntarily made.

\_\_\_\_\_  
 (Signature of Treasurer or Deputy Treasurer)





**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> <i>WASHINGTON FOR COUNTY COUNSEL AT LARGE COMMITTEE</i>				
<b>Full Name of Contributor</b> <i>MICHAEL B. WASHINGTON</i>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> <i>1731 12TH STREET</i>	<b>Description of Item or Service</b> <i>500 PRINTED POSTCARDS (SIGNATURE)</i>		<b>Date (MM/DD/YYYY)</b> <i>04/11/2013</i>	<b>Fair Market Value</b> <i>117.32</i>
<b>City</b> <i>CUYAHOGA FALLS</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44223</i>	<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	

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**In-Kind Contributions Made**

Form 31-J-2  
R.C. 3517.10

Full Name of Committee				
<i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>				
Recipient Committee				
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code		
	OH			
Recipient Committee				
Street Address				
Description of Item or Service				
Date (MM/DD/YYYY)				
Fair Market Value				
City	State	Zip Code		
	OH			
Recipient Committee				
Street Address				
Description of Item or Service				
Date (MM/DD/YYYY)				
Fair Market Value				
City	State	Zip Code		
	OH			
Recipient Committee				
Street Address				
Description of Item or Service				
Date (MM/DD/YYYY)				
Fair Market Value				
City	State	Zip Code		
	OH			
Recipient Committee				
Street Address				
Description of Item or Service				
Date (MM/DD/YYYY)				
Fair Market Value				
City	State	Zip Code		
	OH			



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> <i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>				
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	<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
To Whom Owed			Prior Amount	Amount Incurred this Period
Street Address			Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	<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 \$ 0 (also record on cover page)



**Statement of Loans Made**

Form 31-K  
R.C. 3517.10

<b>Full Name of Committee</b> <i>WASHINGTON FOR COUNTY COUNCIL AT LARGE COMMITTEE</i>				
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State	Zip Code	<b>Payments Received This Period</b>	
Date Loan Was Originally Made (MM/DD/YYYY)			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State	Zip Code	<b>Payments Received This Period</b>	
Date Loan Was Originally Made (MM/DD/YYYY)			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans This Period \$ 0

(also record on Form 31-B)

Page Outstanding Balance \$ 0

(also record on cover page)

Total Payments Received this Period \$ 0

(also record on Forms 31-A-2)