

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Let Akron Vote						Registration Number, if PAC		
Full Name of Candidate								
Street Address 222 South Main St					Office Sought		District	
City Akron					State O H		Zip Code 44308	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year 2018			
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semianual			
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 1 1	D 0 6	Y 1 8

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.

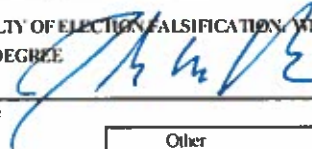
1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 85,600.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 85,600.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 53,195.56
6. Balance on hand (line 4 minus line 5)	\$ 32,404.44
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 340.58
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2010 OCT 24 AM 11:44
 BOARD OF ELECTIONS
 AKRON, OHIO
 # 2515

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.

JOSEPH M. RUSCAN



10/24/18

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Let Akron Vote							
Full Name of Contributor Daniel J Horrigan					Registration Number, if PAC		
Street Address 1230 N Howard St			Employer/Occupation/Labor Organization* City of Akron			Form (Cash, Check, etc.) Cash	
City Akron		State O H	Zip Code 44310	M 0	D 8	Y 0 2 1 8	Amount 100.00
Full Name of Contributor Adele Dorfner Roth					Registration Number, if PAC		
Street Address 275 N Portage Path Apt 8E			Employer/Occupation/Labor Organization* City of Akron			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44303	M 0	D 8	Y 0 2 1 8	Amount 500.00
Full Name of Contributor Akron Citizens for Safety and Service					Registration Number, if PAC N/A		
Street Address 784 Hampton Ridge			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44313	M 0	D 8	Y 0 2 1 8	Amount 45,000.00
Full Name of Contributor Partners for Advancing Our Future					Registration Number, if PAC N/A		
Street Address 80 So Summit St Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44308	M 1	D 0	Y 1 2 1 8	Amount 10,000.00
Full Name of Contributor Partners for Advancing Our Future					Registration Number, if PAC N/A		
Street Address 80 So Summit St Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Akron		State O H	Zip Code 44308	M 1	D 0	Y 1 6 1 8	Amount 30,000.00
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 Let Akron Vote							
To Whom Paid The Operations Group				M	D	Y	Amount
				0	8	0618	20,000.00
Address 1629 K St NW Suite 300		Purpose Consulting / Signatures					
City Washington DC	State D C	Zip Code 20006	Check Number SC-1				
To Whom Paid Ellen Nischt				M	D	Y	Amount
				0	8	0718	143.05
Address 166 S. High St		Purpose Printing					
City Akron	State O H	Zip Code 44308	Check Number SC-2				
To Whom Paid Scahip LLC				M	D	Y	Amount
				0	8	0718	650.00
Address 7 Merriman Rd		Purpose Lease					
City Akron	State O H	Zip Code 44303	Check Number SC-3				
To Whom Paid Shammas Malik				M	D	Y	Amount
				0	8	0818	124.37
Address 84 Casterton Ave Apt 5		Purpose Office Supplies					
City Akron	State O H	Zip Code 44303	Check Number SC-4				
To Whom Paid The Operations Group				M	D	Y	Amount
				0	8	1518	19,550.00
Address 1629 K St NW Suite 300		Purpose Consulting / Signatures					
City Washington DC	State D C	Zip Code 20006	Check Number 1002				
To Whom Paid Shammas Malik				M	D	Y	Amount
				0	8	1518	227.65
Address 84 Casterton Ave Apt 5		Purpose Printing					
City Akron	State O H	Zip Code 44303	Check Number 1003				
To Whom Paid Shammas Malik				M	D	Y	Amount
				0	8	2818	2,460.00
Address 84 Casterton Ave Apt 5		Purpose Consulting / Oversight					
City Akron	State O H	Zip Code 44303	Check Number 1004				
To Whom Paid Shammas Malik				M	D	Y	Amount
				0	8	2818	40.49
Address 84 Casterton Ave Apt 5		Purpose Shipping & Supplies					
City Akron	State O H	Zip Code 44303	Check Number 1005				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Let Akron Vote							
To Whom Paid Burges & Burges Strategists				M	D	Y	Amount 10,000.00
Address 26100 Lakeshore Blvd				Purpose Consulting / Mailers			
City Cleveland		State OH	Zip Code 44132	Check Number Wire			
To Whom Paid Harland Clark				M	D	Y	Amount 21.99
Address via PNC Bank				Purpose Check Order			
City		State	Zip Code	Check Number Elec- #00481			
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			

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Let Akron Vote				
Full Name of Contributor Randy Briggs		Employer, Occupation, Labor Organization * City of Akron		Registration Number, if PAC
Street Address 151 Belhar Dr		Description of Item or Service Insurance		M D Y Fair Market Value 0 8 0 7 1 8 113.00
City AKRON		State OH	Zip Code 44313	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Shammas Malik		Employer, Occupation, Labor Organization * City of Akron		Registration Number, if PAC
Street Address 84 Casterton Ave Apt 5		Description of Item or Service Various Incidentals		M D Y Fair Market Value 0 8 2 5 1 8 227.58
City AKRON		State OH	Zip Code 44303	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input 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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input 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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input 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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input 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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input 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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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