



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 type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" 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	10914.07
2. Total monetary contributions (From Forms 31-A and 31-E)	2900.00
3. Total other income (From Form 31-A-2)	700.00
4. Total funds available (sum of lines 1, 2, 3)	14514.07
5. Total monetary expenditures (From Forms 31-B and 31-F)	13628.16
6. Balance on hand (line 4 minus line 5)	282.05
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)	
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 DEC 14 PM 3:26

OHIO SECRETARY OF STATE
BOARD OF ELECTIONS
AKRON OHIO 44311

#2582 Ave

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

Brenda Hlas

Signature of Treasurer or Deputy Treasurer

12/14/2018

Date (MM/DD/YYYY)

Contribution Pages
3

Expenditure Pages
9

Other Pages
2

Total Pages
15



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor AFSCME of Ohio Council 8, AFL-CIO			Registration Number, if PAC LA1273	
Street Address 6800 N High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/26/2018	Amount 500.00
Full Name of Contributor IBEW Voluntary Fund			Registration Number, if PAC	
Street Address 900 Seventh St NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Washington DC	State MD	Zip Code 20001	Date (MM/DD/YYYY) 10/26/2018	Amount 100.00
Full Name of Contributor Anne Connell Freund			Registration Number, if PAC	
Street Address 388 W Bath Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Checjck
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 10/30/2018	Amount 125.00
Full Name of Contributor Bernard Rochford			Registration Number, if PAC	
Street Address 710 Upper Merriman		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44303	Date (MM/DD/YYYY) 10/30/2018	Amount 125.00
Full Name of Contributor James Lawrrrence			Registration Number, if PAC	
Street Address 2511 Valley View Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 10/30/2018	Amount 250.00

*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 Friends of Kristen Scalise			Registration Number, if PAC	
Street Address 274 Harvest Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/30/2018	Amount 250.00
Full Name of Contributor John LaMonica			Registration Number, if PAC	
Street Address 4526 Honeysuckle Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City N Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 10/30/2018	Amount 100.00
Full Name of Contributor Friends of Sandra Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 10/29/2018	Amount 500.00
Full Name of Contributor Brubaker for Engineer Jennifer H Bheam Treas			Registration Number, if PAC	
Street Address 1727 Faylor Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44312	Date (MM/DD/YYYY) 10/29/2018	Amount 200.00
Full Name of Contributor Paul Haywood			Registration Number, if PAC	
Street Address 807 Mesa Verde		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 10/29/2018	Amount 500.00

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Page Total 1550.00



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
Full Name of Contributor James Dustin			Registration Number, if PAC	
Street Address 10 Deerfield Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Chagrin Falls	State OH	Zip Code 44022	Date (MM/DD/YYYY) 10/23/2018	Amount 100.00
Full Name of Contributor Kenneth Cox			Registration Number, if PAC	
Street Address 869 Arroyo Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 10/19/2018	Amount 50.00
Full Name of Contributor K Jack Greynolds Jr			Registration Number, if PAC	
Street Address 912 Mesa Verde Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 10/19/2018	Amount 100.00
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

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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee To Elect Michael R Soyars			
Full Name of Contributor Michael R Soyars		Registration Number, if PAC	
Street Address 611 E Cassell Ave	Type* Loan Payments Received	Date (MM/DD/YYYY) 11/13/2018	Form (Cash, Check, etc.) Cash
City Barberton,	State OH	Zip Code 44203	Amount 600.00
Full Name of Contributor City of Barberton (refund for political sign deposit)		Registration Number, if PAC	
Street Address 104 3rd St NW Ste 1	Type* Refund	Date (MM/DD/YYYY) 12/04/2018	Form (Cash, Check, etc.) Check
City Barberton	State OH	Zip Code 44203	Amount 100.00
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

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Paid Little Caesars		Date (MM/DD/YYYY) 10/29/2018		Amount 50.00
Street Address 11 5th St SE		Purpose Donation to Salvation Army -Lunch		
City Barberton	State OH	Zip Code 44203	Check Number Debit	
To Whom Paid The Post Newspaper		Date (MM/DD/YYYY) 10/31/2018		Amount 400.00
Street Address 5164 Normandy Park Dr #100		Purpose Advertising		
City Medina	State OH	Zip Code 44256	Check Number Debit	
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 10/18/2018		Amount 5245.00
Street Address		Purpose Mailer		
City	State OH	Zip Code	Check Number 121	
To Whom Paid Barberton Girls Basketball		Date (MM/DD/YYYY) 10/30/2018		Amount 100.00
Street Address		Purpose Advertising		
City Barberton	State OH	Zip Code 44203	Check Number 122	
To Whom Paid First Class Campaign		Date (MM/DD/YYYY) 10/23/2018		Amount 545.00
Street Address 1460 Curtis Ave		Purpose		
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 123	

Page Total \$ 6340.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars				
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 11/05/2018		Amount 500.00
Street Address		Purpose Donation		
City	State OH	Zip Code	Check Number 126	
To Whom Paid WestSide Leader		Date (MM/DD/YYYY) 11/07/2018		Amount 604.16
Street Address 3075 Smith Rd #204		Purpose		
City Akron	State OH	Zip Code 44333	Check Number Debit	
To Whom Paid Michael R Soyars		Date (MM/DD/YYYY) 12/12/2018		Amount 600.00
Street Address 611 E Cassell Ave		Purpose Loan payment		
City Barberton	State OH	Zip Code 44203	Check Number 129	
To Whom Paid Michael R Soyars		Date (MM/DD/YYYY) 10/24/2018		Amount 4685.00
Street Address 611 E Cassell		Purpose Political Signs		
City Barberton	State OH	Zip Code 44203	Check Number 124	
To Whom Paid Michael R Soyars		Date (MM/DD/YYYY) 12/11/2018		Amount 899.00
Street Address 611 E Cassell		Purpose Advertising- Barberton Herald		
City Barberton	State OH	Zip Code 44203	Check Number 128	

Page Total \$ 7288.16



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee To Elect Michael R Soyars						
From Whom Received Michael R Soyars				Prior Amount 0.00	Amt. Incurred this Period 600.00	
Street Address 611 E Cassell Ave					Outstanding Balance 0	
City Barberton	State OH	Zip Code 44203	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 11/13/2018		Date of Loan (MM/DD/YYYY) 11/13/2018	Amount 600.00	Date of Payment (MM/DD/YYYY) 12/12/2018	Amount 600.00	
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 OH	Zip Code	Loans Received This Period		Payments This Period	
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	

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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 \$ 0.00 _____

Total Received This Period \$600.00 _____ (also record on Form 31-A-2)

Total Payments Received this Period \$600.00 _____ (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 _____ (also record on Form 30-A)



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 4685.00	Amount Incurred this Period 899.00	
Street Address 611 E Cassell		Item or Purpose of Debt Advertising	Outstanding Balance 4685.00	
City Barberton	State OH	Zip Code 44203	Payments This Period	
	Date Debt was Originally Incurred (MM/DD/YYYY) 09/05/2018	Date of Payment (MM/DD/YYYY) 10/24/2018	Amount 4685.00	
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	Amount Incurred this Period	
Street Address 611 E Cassell Ave		Item or Purpose of Debt	Outstanding Balance	
City Barberton	State OH	Zip Code 44203	Payments This Period	
	Date Debt was Originally Incurred (MM/DD/YYYY) 10/29/2018	Date of Payment (MM/DD/YYYY) 12/11/2018	Amount 899.00	
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 \$ 5584.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)