

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee OHIO GOTV						Registration Number, if PAC					
Full Name of Candidate											
Street Address 2206 NORTH PARK AVE-Box 1087						Office Sought			District		
City WARREN						State O H		Zip Code 44482			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		X		Annual Year
	July		August		September		Termination				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			
						1	2	3	1	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	\$	159.66
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	10,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	10,159.66
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	10,159.66
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
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)	\$	10,000.00
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	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 25 PM 12: 57

2019 JAN 25 PM 12: 57
AKRON OHIO 44314

2652

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

Roy L Manley, Sr., Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

01/23/2019

Date

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 3

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full OHIO GOTV						Registration Number, if PAC		
Full Name SYKES FOR OFFICE						Registration Number, if PAC		
Address 133 FURNANCE RUN DRIVE		Type* L N		M 1	D 2	Y 3 1 1 8	Amount 5,000.00	
City AKRON		State O H	Zip Code 44307	Form(Cash,Check,etc) CHECK				
Full Name EMILIA SYKES CAMPAIGN						Registration Number, if PAC		
Address 109 NORTH HOWARD		Type* L N		M 1	D 2	Y 3 1 1 8	Amount 5,000.00	
City AKRON		State O H	Zip Code 44308	Form(Cash,Check,etc) CHECK				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State	Zip Code	Form(Cash,Check,etc)				

* 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, place the letters 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee OHIO GOTV										
From Whom Received SYKES FOR OFFICE							Prior Amount 0.00		Amt. Incurred this Period 5,000.00	
Address 133 FURNANCE RUN DRIVE									Outstanding Balance 5,000.00	
City AKRON		State OH	Zip Code 44307		Loans Received This Period			Payments This Period		
					Date		Amount	Date		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		
1 2 3 1 1 8		1	2	3	1	1	8	5000		
Registration Number, if PAC					M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*					M	D	Y	M	D	Y
From Whom Received EMILIA SYKES CAMPAIGN							Prior Amount 0.00		Amt. Incurred this Period 5,000.00	
Address 109 NORTH HOWARD									Outstanding Balance 5,000.00	
City AKRON		State OH	Zip Code 44308		Loans Received This Period			Payments This Period		
					Date		Amount	Date		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		
1 2 3 1 1 8		1	2	3	1	1	8	5000		
Registration Number, if PAC					M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*					M	D	Y	M	D	Y
From Whom Received							Prior Amount		Amt. Incurred this Period	
Address									Outstanding Balance	
City		State	Zip Code		Loans Received This Period			Payments This Period		
					Date		Amount	Date		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		
Registration Number, if PAC					M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*					M	D	Y	M	D	Y

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 10,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 10,000.00 (To Form No. 30-A)