



Committee Name PEOPLES CONVENTION PAC		Office Sought		District
Street Address 3768 FAIRWAY PARK DRIVE #213		City COPLEY	State OH	Zip 44321
Candidate Name OR PAC Registration Number		Treasurer Name AUDREY RICHARDSON		Election Date (MM/DD/YYYY)

**Type of Report** (choose one):

Annual  Semiannual  Pre-Primary  Post-Primary  Pre-General  Post-General

Statewide Candidates Only:

July Monthly  August Monthly  September Monthly

Year  
2018

<b>Amended Report</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report</b> (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$1,923.73
2. Total monetary contributions (From Forms 31-A and 31-E)	\$3,239.00
3. Total other income (From Form 31-A-2)	\$104.77
4. Total funds available (sum of lines 1, 2, 3)	\$5,267.50
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$2,880.30
6. Balance on hand (line 4 minus line 5)	\$2,387.20
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)	

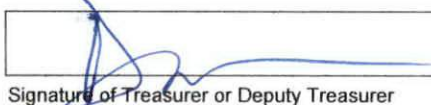
OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2019 JAN 29 PM 12:16

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON OHIO 44311

# 2739

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

  
Signature of Treasurer or Deputy Treasurer

1-29-19  
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> (TRANSFER FROM FORMS 31-E)			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CASH/CHECK
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$3,159.00
<b>Full Name of Contributor</b> EVENTBRITE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> WWW.EVENTBRITE.COM		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> ACH EDI PYMNTS
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b> 09/20/2018	<b>Amount</b> \$80.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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> PEOPLES CONVENTION PAC			
<b>Full Name of Contributor</b> SAMS CLUB		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3750 W MARKET ST	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 09/06/2018	<b>Form (Cash, Check, etc.)</b> DEBIT CARD CREDIT
<b>City</b> FAIRLAWN	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Amount</b> \$59.94
<b>Full Name of Contributor</b> MICHAELS		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3750 W MARKET ST, UNIT Y	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 12/03/2018	<b>Form (Cash, Check, etc.)</b> DEBIT CARD CREDIT
<b>City</b> FAIRLAWN	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Amount</b> \$34.15
<b>Full Name of Contributor</b> MICHAELS		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3750 W MARKET ST, UNIT Y	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 12/03/2018	<b>Form (Cash, Check, etc.)</b> DEBIT CARD CREDIT
<b>City</b> FAIRLAWN	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Amount</b> \$10.68
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>

\* 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> PEOPLES CONVENTION PAC			
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 09/04/2018	Amount \$12.00
Street Address 153 E EXCHANGE ST		Purpose SERVICE FEE	
City AKRON	State OH	Zip Code 44304	Check Number
To Whom Paid CURLEY WADLEY		Date (MM/DD/YYYY) 10/30/2018	Amount \$125.00
Street Address 521 WINANS AVE		Purpose POLL GREETER	
City AKRON	State OH	Zip Code 44306	Check Number 1018
To Whom Paid JAMMIE COVINGTON		Date (MM/DD/YYYY) 10/30/2018	Amount \$100.00
Street Address 410 CHITTENDEN ST		Purpose POLL GREETER	
City AKRON	State OH	Zip Code 44306	Check Number 1017
To Whom Paid STAPLES		Date (MM/DD/YYYY) 10/31/2018	Amount \$86.45
Street Address 4014 MEDINA RD		Purpose INK	
City COPLEY	State OH	Zip Code 44333	Check Number
To Whom Paid OFFICEMAX		Date (MM/DD/YYYY) 10/31/2018	Amount \$13.43
Street Address 37 N CLEVELAND MASSILLON RD		Purpose INDEX CARDS	
City AKRON	State OH	Zip Code 44333	Check Number

Page Total \$ 336.88



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC			
To Whom Paid STAPLES		Date (MM/DD/YYYY) 11/13/2018	Amount \$9.61
Street Address 4014 MEDINA RD		Purpose ENVELOPES	
City COPLEY	State OH	Zip Code 44333	Check Number
To Whom Paid MICHAELS		Date (MM/DD/YYYY) 11/26/2018	Amount \$16.01
Street Address 3750 W MARKET ST		Purpose ZIPPER BAGS	
City FAIRLAWN	State OH	Zip Code 44333	Check Number
To Whom Paid MIRACLE CUSTOM AWARDS		Date (MM/DD/YYYY) 11/28/2018	Amount \$98.24
Street Address 565 WOLF LRDGES PKWY		Purpose AWARD PLAQUE	
City AKRON	State OH	Zip Code 44311	Check Number
To Whom Paid MICHAELS		Date (MM/DD/YYYY) 11/30/2018	Amount \$34.15
Street Address 3750 W MARKET ST		Purpose INK	
City FAIRLAWN	State OH	Zip Code 44333	Check Number
To Whom Paid HOMEGOODS		Date (MM/DD/YYYY) 12/03/2018	Amount \$21.33
Street Address 2715 W MARKET ST		Purpose PLATES	
City FAIRLAWN	State OH	Zip Code 44333	Check Number

Page Total \$ 179.34



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC			
To Whom Paid HOME BUYS		Date (MM/DD/YYYY) 12/03/2018	Amount \$31.89
Street Address 5651 WHIPPLE AVE		Purpose PLASTIC DINNERWARE	
City NORTH CANTON	State OH	Zip Code 44720	Check Number
To Whom Paid MARCS		Date (MM/DD/YYYY) 12/03/2018	Amount \$14.96
Street Address 4825 DRESSLER NW		Purpose FOOD	
City CANTON	State OH	Zip Code 44718	Check Number
To Whom Paid SAMS CLUB		Date (MM/DD/YYYY) 12/06/2018	Amount \$19.96
Street Address 3750 W MARKET ST		Purpose CANDY	
City FAIRLAWN	State OH	Zip Code 44333	Check Number
To Whom Paid ACME		Date (MM/DD/YYYY) 12/07/2018	Amount \$100.00
Street Address 3235 MANCHESTER RD		Purpose BAR TENDER	
City AKRON	State OH	Zip Code 44319	Check Number
To Whom Paid ACME		Date (MM/DD/YYYY) 12/10/2018	Amount \$296.80
Street Address 3979 MEDINA RD		Purpose FOOD	
City FAIRLAWN	State OH	Zip Code 44333	Check Number

Page Total \$ 463.61



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> MYKEA STEELE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1254 HARDESTY		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> DEBORAH LONZER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 851 ULE AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44305	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> TRACY HODOH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1096 DOVER		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> 40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> CEDRIC B COLVIN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 479 SUNSET VIEW DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> SHIRLEY POWELL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5479 LEASURE ST		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> RAVENNA		<b>State</b> OH	<b>Zip Code</b> 44266	<b>Form (Cash, Check, Etc)</b> CASH

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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

Total Expenditures This Event

Page Total \$ 280.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> CAROL MOORE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1061 ERIN DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> KENT		<b>State</b> OH	<b>Zip Code</b> 44240	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> PAMELA FITZGERALD			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 835 JASON AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44314	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> SHAREN BELL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 772 GLENDORA AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> NATALIE SCOTT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2886 REVERE DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> CUYAHOGA FALLS		<b>State</b> OH	<b>Zip Code</b> 44223	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> MARYE BROWN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1250 WINTON AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH

\* 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

Total Expenditures This Event

Page Total \$ 200.00





**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> PAT WILLIAMS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 703 STORER AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$80.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> LINDA BROWN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1079 HARTFORD AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$80.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> CAM PICKETT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2017 WILMICH DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> GLYNIS MILLER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1049 STROMEN		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44306	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> ASHTEN WALKER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 691 MALLISON AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44307	<b>Form (Cash, Check, Etc)</b> CASH	

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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

Total Expenditures This Event

Page Total \$ 280.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> JAYMEE GIBBS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2017 WILMICH DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> JERICA ROBERTS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 726 ORLANDO AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> JORDAN EPPS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 541 PARK APT #3		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> KENT		<b>State</b> OH	<b>Zip Code</b> 44240	<b>Amount</b> \$80.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> CHARLES COBBS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5427 CONDOTTI DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> NEW ALBANY		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> DELESHIA FITZGERALD			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1210 CRESTVIEW		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$80.00
<b>Form (Cash, Check, Etc)</b> CASH				

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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

Total Expenditures This Event

Page Total \$ 280.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> SHELIA SMITH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 696 GREENWOOD AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> CATHERINE COTRUFO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 9 GUISE DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> CUYAHOGA FALLS		<b>State</b> OH	<b>Zip Code</b> 44262	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> KIM COVINGTON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 356 SMITH AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> CANTON		<b>State</b> OH	<b>Zip Code</b> 44708	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> ASHLEY MINGO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 782 KIRKWALL DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> COPLEY		<b>State</b> OH	<b>Zip Code</b> 44321	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> TANISHA BICKLEY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 346 LOOKOUT		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44316	<b>Form (Cash, Check, Etc)</b> CASH

\* 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

Total Expenditures This Event

Page Total \$ 240.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> SUSAN BAKER ROSS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 333 N PORTAGE PATH UNIT 22		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44303	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> VALERY EDGERSON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 985 CELINE AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44302	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> DANA LEWIS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 611 POLK AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44314	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> GEORGE VINSON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 880PEERLESS AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> ROGER COBBS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 579 WINSLOW AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44313	<b>Form (Cash, Check, Etc)</b> CASH

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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

Total Expenditures This Event

Page Total \$ 280.00



**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> PEOPLES CONVENTION PAC				
Full Name of Contributor GAIL MCCRANNEY			Registration Number, if PAC	
Street Address 808 MINOTA	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/14/2018	Amount \$40.00
City AKRON	State OH	Zip Code 44306	Form (Cash, Check, Etc) CASH	
Full Name of Contributor PAT MONDAY			Registration Number, if PAC	
Street Address 559 GARNETTE RD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/14/2018	Amount \$80.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor DEBRA WILSON			Registration Number, if PAC	
Street Address 6542 WALES CROSSING NW	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/14/2018	Amount \$40.00
City NORTH CANTON	State OH	Zip Code 44720	Form (Cash, Check, Etc) CASH	
Full Name of Contributor VERNON & BARBARA SYKES			Registration Number, if PAC	
Street Address 133 FURNACE RUN	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/14/2018	Amount \$80.00
City AKRON	State OH	Zip Code 44307	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor DAVE LOMBARDI			Registration Number, if PAC	
Street Address 194 KENILWORTH DR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/14/2018	Amount \$80.00
City AKRON	State OH	Zip Code 44313	Form (Cash, Check, Etc) CHECK	

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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

Total Expenditures This Event

Page Total \$ 320.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> DENEICE WILLIS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 507 VINITA AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> BEVERLY HALE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1031 MEADOW RUN		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> COPLEY	<b>State</b> OH	<b>Zip Code</b> 44321	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> DAVID HAMILTON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 780 HARVARD ST		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44311	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> NEAL, HICKMAN, CRUISE & ASSOCIATES INC			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 739 N MAIN ST		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> DORA LEWIS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 507 VINITA AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>Amount</b> \$40.00				
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH	

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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

Total Expenditures This Event

Page Total \$ 200.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> ELIZABETH LITTLE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1064 NOME AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> PAMELA SLAYTON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 113 S FRANK BLVD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44313	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> KECIA WALLACE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1461 KARL DR		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> COPLEY		<b>State</b> OH	<b>Zip Code</b> 44321	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> DEIADRE FEASTER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1217 HARDESTY		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> AUNDREY SOMMERVILLE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 21255 DETROIT RD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> ROCKY RIVER		<b>State</b> OH	<b>Zip Code</b> 44116	<b>Form (Cash, Check, Etc)</b> CASH

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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

Total Expenditures This Event

Page Total \$ 240.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> DELONDIA FEASTER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 883 DAVIES AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44306	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> ELVINA SAMUELS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 62 VESPER ST		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> JOE WARD			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 265 MADISON AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> KELLY MCLAUGHLIN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 213 TUDOR AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$120.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44312	<b>Form (Cash, Check, Etc)</b> CHECK
<b>Full Name of Contributor</b> AUDREY RICHARDSON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3768 FAIRWAY PARK #213		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> COPLEY		<b>State</b> OH	<b>Zip Code</b> 44321	<b>Form (Cash, Check, Etc)</b> CASH

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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

Total Expenditures This Event

Page Total \$ 360.00





**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> YOLONDA SHELTON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 680 E MARKET		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44304	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> VEDA COBBS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 194 KENRIDGE RD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$80.00
<b>City</b> FAIRLAWN		<b>State</b> OH	<b>Zip Code</b> 44333	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> WILLADEAN STRONG			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 697 OCEAN AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> CURLEY WADLEY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 521 WINANS AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$39.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44306	<b>Form (Cash, Check, Etc)</b> CASH
<b>Full Name of Contributor</b> ANN MCLANE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 879 DOVER AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
				<b>Amount</b> \$40.00
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Form (Cash, Check, Etc)</b> CASH

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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

Total Expenditures This Event

Page Total \$ 239.00



**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> PEOPLES CONVENTION PAC				
<b>Full Name of Contributor</b> MARQUITA GARRISON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3920 EASTWAY		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> SOUTH EUCLID		<b>State</b> OH	<b>Zip Code</b> 44118	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> JOHN FULLER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 797 ROSLYN AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CHECK				
<b>Full Name of Contributor</b> ROBERT GILES			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 883 GREENWOOD AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> ROY HODOD SR			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1303 HARDESTY BLVD		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$80.00
<b>Form (Cash, Check, Etc)</b> CASH				
<b>Full Name of Contributor</b> VICTOR DANIEL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1351 S HAWKINS AVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/14/2018
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44320	<b>Amount</b> \$40.00
<b>Form (Cash, Check, Etc)</b> CASH				

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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

Total Expenditures This Event

Page Total \$ 240.00



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

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC				
To Whom Paid PAT CATANS		Date (MM/DD/YYYY) 08/06/2018		Amount \$63.51
Street Address 1886 WEST MARKET ST		Purpose TABLE TOP EASELS		
City AKRON	State OH	Zip Code 44313	Check Number	
To Whom Paid AMAZON		Date (MM/DD/YYYY) 08/06/2018		Amount \$33.16
Street Address AMAZON.COM		Purpose PLASTIC PAINT PALETTES		
City	State	Zip Code	Check Number	
To Whom Paid OFFICEMAX		Date (MM/DD/YYYY) 08/13/2018		Amount \$32.28
Street Address 37 N CLEVELAND MASSILLON RD		Purpose COPIES		
City AKRON	State OH	Zip Code 44333	Check Number	
To Whom Paid MICHAELS		Date (MM/DD/YYYY) 08/13/2018		Amount \$40.94
Street Address 3750 W MARKET ST		Purpose GIFT BAGS		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	
To Whom Paid AMAZON		Date (MM/DD/YYYY) 08/22/2018		Amount \$12.98
Street Address AMAZON.COM		Purpose SILVER CANDY BAR FOIL		
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 \$ **182.87**



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

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC				
To Whom Paid AMAZON		Date (MM/DD/YYYY) 08/23/2018		Amount \$142.62
Street Address AMAZON.COM		Purpose ACRYLIC PAINT AND PAINT BRUSHES		
City	State OH	Zip Code	Check Number	
To Whom Paid PAT CATANS		Date (MM/DD/YYYY) 08/29/2018		Amount \$259.40
Street Address 186 W MARKET ST		Purpose TABLE TOP EASELS		
City AKRON	State OH	Zip Code 44313	Check Number	
To Whom Paid AMAZON		Date (MM/DD/YYYY) 08/31/2018		Amount \$19.91
Street Address AMAZON.COM		Purpose ACRYLIC PAINT		
City	State OH	Zip Code	Check Number	
To Whom Paid SAMS CLUB		Date (MM/DD/YYYY) 08/31/2018		Amount \$59.94
Street Address 3750 W MARKET ST		Purpose CANDY BARS		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	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 \$ 481.87



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

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC				
To Whom Paid OFFICEMAX		Date (MM/DD/YYYY) 09/04/2018		Amount \$112.06
Street Address 37 N CLEVELAND MASSILLON RD		Purpose INK CARTRIDGES		
City AKRON	State OH	Zip Code 44333	Check Number	
To Whom Paid HOME BUYS		Date (MM/DD/YYYY) 09/04/2018		Amount \$263.42
Street Address 5651 WHIPPLE AVE		Purpose BEVERAGES AND TABLEWARE		
City NORTH CANTON	State OH	Zip Code 44720	Check Number	
To Whom Paid MARCS		Date (MM/DD/YYYY) 09/11/2018		Amount \$14.34
Street Address 360 E WATERLII RD		Purpose FRUIT		
City AKRON	State OH	Zip Code 44319	Check Number	
To Whom Paid GFS		Date (MM/DD/YYYY) 09/12/2018		Amount \$92.10
Street Address 620 WEST AVE		Purpose FOOD AND BEVERAGES		
City TALLMADGE	State OH	Zip Code 44278	Check Number	
To Whom Paid ALDI		Date (MM/DD/YYYY) 09/12/2018		Amount \$40.99
Street Address 1620 BRITTAIN RD		Purpose VEGATABLES AND MEETS		
City AKRON	State OH	Zip Code 44310	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 \$ 522.91



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

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC				
To Whom Paid SAMS CLUB		Date (MM/DD/YYYY) 09/12/2018		Amount \$40.82
Street Address 3750 W MARKET ST		Purpose PLATES AND CUPS		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	
To Whom Paid SAMS CLUB		Date (MM/DD/YYYY) 09/17/2018		Amount \$79.52
Street Address 3750 W MARKET ST		Purpose CUPCAKES		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	
To Whom Paid HOBBY LOBBY		Date (MM/DD/YYYY) 09/17/2018		Amount \$23.37
Street Address 3737 W MARKET		Purpose BAGS		
City FAIRLAWN	State OH	Zip Code 44333	Check Number	
To Whom Paid DAVE'S SUPERMARKET		Date (MM/DD/YYYY) 09/17/2018		Amount \$225.15
Street Address 871 E EXCHANGE ST		Purpose HOT FOODS		
City AKRON	State OH	Zip Code 44306	Check Number	
To Whom Paid MARTELLE GRAHAM		Date (MM/DD/YYYY) 09/17/2018		Amount \$200.00
Street Address 2807 BEDFORD AVE		Purpose PAINT INSTRUCTOR		
City PITTSBURGH	State PA	Zip Code 15106	Check Number 1016	

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 \$ **568.86**



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> PEOPLES CONVENTION PAC			
To Whom Paid ACME		Date (MM/DD/YYYY) 12/10/2018	Amount \$122.66
Street Address 3979 MEDINA RD		Purpose WINE, JUICE & WATER	
City FAIRLAWN	State OH	Zip Code 44333	Check Number
To Whom Paid HOBBY LOBBY		Date (MM/DD/YYYY) 12/03/2018	Amount \$21.30
Street Address 3737 W MARKET ST		Purpose GIFT BOXES	
City FAIRLAWN	State OH	Zip Code 44333	Check Number
To Whom Paid (TRANSFER FROM FORMS 31-F)		Date (MM/DD/YYYY)	Amount \$1,756.51
Street Address		Purpose PAINT & SIP FUNDRAISER	
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 \$ 1,900.47