

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Bravo						Registration Number, if PAC						
Full Name of Candidate Patrick L. Bravo												
Street Address 1600 Newcastle Cir						Office Sought Board of Education			District Akron			
City Akron						State OH		Zip Code 44313				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year 2018		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	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			1	M	1	D	0	7
							1		7	1	7	

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 for 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	\$	179	89
2. Total monetary contributions (From Form No. 31-A)	\$	200	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	379	89
5. Total monetary expenditures (From Form No. 31-B)	\$	303	94
6. Balance on hand (line 4 minus line 5)	\$	75	95
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	00
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)	\$	200	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	645	42
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.	\$		

2019 JAN 31 PM 2:46

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

2865 AVR

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.

Michael Wilson, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Wilson
Signature

1-31-19
Date

Contribution pages 1

Expenditure pages 2

Other pages 18

Total pages 21

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Bravo						
Full Name of Contributor Rosemary Bilingsley					Registration Number, if PAC	
Street Address 5215 Glenhill Ave NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canton	State OH	Zip Code 44705	M 0	D 1	Y 1 6 1 8	Amount \$100.00
Full Name of Contributor Samantha Coldwell					Registration Number, if PAC	
Street Address 63 Grand Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Akron	State OH	Zip Code 44313	M 0	D 5	Y 0 3 1 8	Amount \$25.00
Full Name of Contributor Justin Markey					Registration Number, if PAC	
Street Address 7340 Lacosta Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Hudson	State OH	Zip Code 44236	M 0	D 5	Y 0 3 1 8	Amount \$75.00
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
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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Bravo							
To Whom Paid Squarespace.com				M 1	D 2	Y 18	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid NAACP Akron				M 0	D 1	Y 0518	Amount \$75.00
Address 230 W Center St		Purpose Sponsorship					
City Akron		State OH	Zip Code 44302	Check Number 1079			
To Whom Paid Project Grad Akron				M 0	D 1	Y 0918	Amount \$67.00
Address 400 W Market St #1		Purpose Sponsorship					
City Akron		State OH	Zip Code 44303	Check Number 1080			
To Whom Paid Squarespace.com				M 0	D 1	Y 1718	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M 0	D 2	Y 2018	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M 0	D 3	Y 1918	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M 0	D 4	Y 1718	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M 0	D 5	Y 1718	Amount \$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Bravo							
To Whom Paid PayPal				M	D	Y	Amount
				0	5	0318	\$3.51
Address 2211 North First Street		Purpose Fees					
City San Jose		State CA	Zip Code 95131	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				0	6	1818	\$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				0	7	1718	\$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				0	8	1718	\$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				0	9	1718	\$12.00
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				1	0	1718	\$12.81
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				1	1	1918	\$12.81
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			
To Whom Paid Squarespace.com				M	D	Y	Amount
				1	2	1718	\$12.81
Address 225 Varick St, 12th Floor		Purpose Website Hosting Fees					
City New York		State NY	Zip Code 10014	Check Number EFT			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Bravo															
From Whom Received Michael Wilson										Prior Amount 200.00		Amt. Incurred this Period 0.00			
Address 1600 Newcastle Cir												Outstanding Balance 200.00			
City Akron		St ate OH		Zip Code 44313		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	S		M	D	Y	S		
1		0	2	3	1	7									
Registration Number, if PAC										M		D		Y	
Employer/Occupation/Labor Organization*										M		D		Y	
Akron-Canton Reg. Foodbank															
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		St ate		Zip Code		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	S		M	D	Y	S		
Registration Number, if PAC										M		D		Y	
Employer/Occupation/Labor Organization*										M		D		Y	
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		St ate		Zip Code		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	S		M	D	Y	S		
Registration Number, if PAC										M		D		Y	
Employer/Occupation/Labor Organization*										M		D		Y	
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		St ate		Zip Code		Loans Received This Period				Payments This Period					
						Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	S		M	D	Y	S		
Registration Number, if PAC										M		D		Y	
Employer/Occupation/Labor Organization*										M		D		Y	

* 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).

¹ Total prior amount \$ 200.00

² Total received this period \$ 0.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 200.00 (To Form No. 30-A)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Friends of Bravo				
To Whom Owed Michael Wilson			Prior Amount \$645.42	Amount incurred this Period \$0.00
Street Address 1600 Newcastle Cir			Item or Purpose of Debt Postage, Banner	Outstanding Balance \$645.42
City Akron	State OH	Zip Code 44313	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 10/19/2017			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	Payments This Period	
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 \$ 0.00

(also record on Form 31-B)

Total Outstanding Balance \$ 645.42

(also record on cover page)