



Committee Name FRIENDS OF KEN JONES		Office Sought AKRON CITY WARD COUNCIL		District 5
Street Address 189 WINCHESTER RD.		City FAIRLAWN	State OH	Zip 44333
Candidate Name OR PAC Registration Number KEN JONES		Treasurer Name LATOYA JONES		Election Date (MM/DD/YYYY) 11/06/2018

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

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.
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1. Amount brought forward from last report	2773.48
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	2773.48
5. Total monetary expenditures (From Forms 31-B and 31-F)	100.00
6. Balance on hand (line 4 minus line 5)	2673.48
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	2186.06
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 31 PM 12:00

#12769
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**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Latoya Jones, Treasurer
Signature of Treasurer or Deputy Treasurer

01/31/2019
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 4	Total Pages 5
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF KEN JONES			
To Whom Paid OHIO ELECTIONS COMMISSION		Date (MM/DD/YYYY) 11/21/2018	Amount 100.00
Street Address 77 SOUTH HIGH ST., SUITE #1850		Purpose CAMPAIGN FINANCE FINE	
City COLUMBUS	State OH	Zip Code 43215	Check Number 013798577
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
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 100.00



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee FRIENDS OF KEN JONES			
To Whom Owed THE FRIENDS OF JEFF FUSCO		Prior Amount 486.06	Amount Incurred this Period 0.00
Street Address 2117 FOREST OAK DR.		Item or Purpose of Debt MAILER & POSTAGE	Outstanding Balance 486.06
City AKRON	State OH <input type="checkbox"/>	Zip Code 44321	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/06/2013	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 CHRISTOPHER PRUDE		Prior Amount 700.00	Amount Incurred this Period 0.00
Street Address 915 BLOOMFIELD AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 700.00
City AKRON	State OH <input type="checkbox"/>	Zip Code 44302	Payments This Period
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/06/20013	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 \$ 1186.06

(also record on cover page)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee FRIENDS OF KEN JONES				
To Whom Owed LARON SLEDGE BEY		Prior Amount 500.00	Amount Incurred this Period 0.00	
Street Address 50 EDWARD AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 500.00	
City AKRON	State OH <input type="checkbox"/>	Zip Code 44310	Payments This Period	
	Date Debt was Originally Incurred (MM/DD/YYYY) 08/25/2013	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 LARON SLEDGE BEY		Prior Amount 500.00	Amount Incurred this Period 0.00	
Street Address 50 EDWARD AVE.		Item or Purpose of Debt CAMPAIGN SUPPOR	Outstanding Balance 500.00	
City AKRON	State OH <input type="checkbox"/>	Zip Code 44310	Payments This Period	
	Date Debt was Originally Incurred (MM/DD/YYYY) 9/10/2013	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 \$ 1000.00

(also record on cover page)