



Committee Name <b>FRIENDS OF LINDA F. R. OMOBIEN</b>		Office Sought <b>AKRON CITY COUNCIL AT-LARGE</b>		District <b>AKRON</b>
Street Address <b>2104 BROOKSHIRE ROAD</b>		City <b>AKRON</b>	State <b>OH</b>	Zip <b>44313</b>
Candidate Name OR PAC Registration Number <b>LINDA F. R. OMOBIEN</b>		Treasurer Name <b>EDWARD O. OMOBIEN</b>		Election Date (MM/DD/YYYY) <b>MAY</b>
<b>Type of Report (choose one):</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <b>2019</b>
Amended Report <input 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.

<b>1. Amount brought forward from last report</b>	2298.26
<b>2. Total monetary contributions</b> (From Forms 31-A and 31-E)	500.00
<b>3. Total other income</b> (From Form 31-A-2)	17,000.00
<b>4. Total funds available</b> (sum of lines 1, 2, 3)	
<b>5. Total monetary expenditures</b> (From Forms 31-B and 31-F)	10,102.83
<b>6. Balance on hand</b> (line 4 minus line 5)	9695.43
<b>7. Value of in-kind contributions received</b> (From Form 31-J-1)	
<b>8. Value of in-kind contributions made</b> (From Form 31-J-2)	
<b>9. Outstanding loans owed by committee</b> (From Form 31-C)	17,000.00
<b>10. Outstanding debts owed by committee</b> (From Form 31-N)	
<b>11. Outstanding loans owed to committee</b> (From Form 31-K)	
<b>12. Value of independent expenditures made</b> (From Form 31-U)	

OFFICIAL COPY  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS

2019 JAN 30 PM 3:14

#2808AUC  
 OFFICE OF ELECTIONS  
 AKRON OHIO 44303

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

Edward Ombien

Signature of Treasurer or Deputy Treasurer

01/30/19

Date (MM/DD/YYYY)

Contribution Pages <b>1</b>	Expenditure Pages <b>1</b>	Other Pages <b>12</b>	Total Pages <b>14</b>
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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> FIRENDS OF LINDA OMOBIEN				
<b>Full Name of Contributor</b> EMILIA SYKES CAMPAIGN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 109 HOWARD ST#A		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Date (MM/DD/YYYY)</b> 12/01/18	<b>Amount</b> 500.00
<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>
<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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF LINDA OMOBIEN				
To Whom Paid LAMAR		Date (MM/DD/YYYY) 12/22/18	Amount 7900.00	
Street Address 12222 PLAZA DRIVE		Purpose BILL BOARDS		
City PARMA	State OH	Zip Code 44130	Check Number 0995-5034560	
To Whom Paid DIGITAL GRAPHICS & SIGNS		Date (MM/DD/YYYY) 01/08/19	Amount 202.83	
Street Address 253 E. TALLMADGE AKRON 44310		Purpose CAR SIGNS		
City AKRON	State OH	Zip Code 44310	Check Number 0996	
To Whom Paid AKRON MAIN POST OFFICE		Date (MM/DD/YYYY) 01/24/19	Amount 2000.00	
Street Address 675 WOLF LEDGES PKWY		Purpose POSTAGE STAMPS		
City AKRON	State OH	Zip Code 44309	Check Number DEBIT CARD	
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 \$ 10, 102.83



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF LINDA OMOBIEN			
Full Name of Contributor LINDA F. R. OMOBIEN		Registration Number, if PAC	
Street Address 2104 BROOKSHIRE ROAD	Type* Loan Payments Received	Date (MM/DD/YYYY) 12/15/19	Form (Cash, Check, etc.) CHECKS
City AKRON	State OH	Zip Code 44313	Amount 17,000.00
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
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 Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF LINDA OMOBIEN					
From Whom Received LINDA F. R. OMOBIEN				Prior Amount 55,555.00	Amt. Incurred this Period 17,000.00
Street Address 2104 BROOKSHIRE ROAD					Outstanding Balance 17,000.00
City AKRON	State OH	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 05/20/11		Date of Loan (MM/DD/YYYY) 12/20/18	Amount 17,000.00	Date of Payment (MM/DD/YYYY) 12/15/18	Amount FORGIVEN
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 LINDA F. R. OMOBIEN				Prior Amount 55,000.00	Amt. Incurred this Period 17,000.00
Street Address 2104 BROOKSHIRE ROAD					Outstanding Balance
City AKRON, OHIO	State OH	Zip Code 44313	<b>Loans Received This Period</b>		<b>Payments This Period</b>
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

\* 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).

Total Prior Amount \$ 55,555.00

Total Received This Period \$ 17,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 55,000.00(FORGIVEN) (also record on Form 31-B)

Total Outstanding Balance \$ 17,000.00 (also record on Form 30-A)



**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF LINDA OMOBIEN				
<b>To Whom Owed</b> LINDA F. R. OMOBIEN			<b>Prior Amount</b> 19,700.56	<b>Amount Incurred this Period</b> 0.00
<b>Street Address</b> 2104 BROOKSHIRE ROAD			<b>Item or Purpose of Debt</b> EXPENSES	<b>Outstanding Balance</b> 0.00
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 05/20/11			Date of Payment (MM/DD/YYYY) 12/15/18	Amount 19,700.56(FORGIVE)
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
<b>To Whom Owed</b>			<b>Prior Amount</b>	<b>Amount Incurred this Period</b>
<b>Street Address</b>			<b>Item or Purpose of Debt</b>	<b>Outstanding Balance</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Payments This Period</b>	
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 \$ 0.00 (also record on cover page)