



Committee Name Committee To Elect Veronica Sims		Office Sought Akron City Council -At- Large		District
Street Address 396 Briarwood Drive		City Akron	State OH	Zip 44320
Candidate Name OR PAC Registration Number Veronica Sims		Treasurer Name Veronica Sims		Election Date (MM/DD/YYYY) 01/31/2019

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

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	207.38
2. Total monetary contributions (From Forms 31-A and 31-E)	3400.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	3607.38
5. Total monetary expenditures (From Forms 31-E and 31-F)	101.13
6. Balance on hand (line 4 minus line 5)	3506.25
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	3710.75
10. Outstanding debts owed by committee (From Form 31-N)	42.70
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 30 PM 2:20

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311
#27610

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

Veronica R Sims, Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

01/30/2019
Date (MM/DD/YYYY)

Contribution Pages 3	Expenditure Pages 1	Other Pages 26	Total Pages 30
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee To Elect Veronica Sims			
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 01/02/2018	Amount 5.00
Street Address 656 W. Market Street		Purpose Dormant Account Fee	
City Akron	State OH	Zip Code 44303	Check Number Electronic Transfer
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 02/12/2018	Amount .05
Street Address 656 W. Market Street		Purpose Service Fee	
City Akron	State OH	Zip Code 44303	Check Number Electronic Transfer
To Whom Paid Sydney Ryan Uniforms		Date (MM/DD/YYYY) 12/17/2018	Amount 96.08
Street Address 396 E. Waterloo Road		Purpose Embroidered Hats	
City Akron	State OH	Zip Code 44319	Check Number 1116
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 101.13



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee To Elect Veronica Sims				
Full Name of Contributor Vernon Sykes			Registration Number, if PAC	
Street Address 133 Furnace Run Road		Employer/Occupation/Labor Organization* Elected Official		Form (Cash, Check, etc.) Cash
City Akron	State OH	Zip Code 44307	Date (MM/DD/YYYY) 01/10/2018	Amount 20.00
Full Name of Contributor Stacey Hodoh			Registration Number, if PAC	
Street Address 1303 Hardesty Blvd		Employer/Occupation/Labor Organization* Wallmart Executive		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 11/02/2018	Amount 750.00
Full Name of Contributor Emilia Sykes Campaign			Registration Number, if PAC	
Street Address 109 N. Howard Street #A		Employer/Occupation/Labor Organization* Campaign Committee		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 12/07/2018	Amount 500.00
Full Name of Contributor Carla Moore			Registration Number, if PAC	
Street Address 1048 Rolling Meadows Road		Employer/Occupation/Labor Organization* Retired Judge		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/07/2018	Amount 250.00
Full Name of Contributor Vicky L Shaw			Registration Number, if PAC	
Street Address 1372 Hammel Street		Employer/Occupation/Labor Organization* Retired Counselor		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44306	Date (MM/DD/YYYY) 12/20/2018	Amount 100.00

*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 Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee To Elect Veronica Sims				
Full Name of Contributor Carla Moore			Registration Number, if PAC	
Street Address 1048 Rolling Meadows		Employer/Occupation/Labor Organization* Retired Judge		Form (Cash, Check, etc.) Checks
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/20/2018	Amount 250.00
Full Name of Contributor Theodore D. Sims			Registration Number, if PAC	
Street Address 898 Fried Street		Employer/Occupation/Labor Organization* Warehouse Assistant		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 12/26/2018	Amount 30.00
Full Name of Contributor Bernette Williams			Registration Number, if PAC	
Street Address 3074 Forrest Ridge Court		Employer/Occupation/Labor Organization* Hospital Executive		Form (Cash, Check, etc.) Check
City Fairlawn	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/26/2018	Amount 150.00
Full Name of Contributor Vernon Sykes			Registration Number, if PAC	
Street Address 133 Furnace Run Road		Employer/Occupation/Labor Organization* Professor		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44307	Date (MM/DD/YYYY) 12/31/2018	Amount 550.00
Full Name of Contributor Malcolm J. Costa			Registration Number, if PAC	
Street Address P.O. Box 251		Employer/Occupation/Labor Organization* President/CEO		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44309	Date (MM/DD/YYYY) 12/31/2018	Amount 250.00

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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee To Elect Veronica Sims				
Full Name of Contributor Sykes for Office			Registration Number, if PAC	
Street Address 133 Furnace Run Drive		Employer/Occupation/Labor Organization* Campaign Committee		Form (Cash, Check, etc.) Checks
City Akron	State OH	Zip Code 44307	Date (MM/DD/YYYY) 12/31/2018	Amount 550.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address 3074 Forrest Ridge Court		Employer/Occupation/Labor Organization* Hospital Executive		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (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)]



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Committee To Elect Veronica Sims						
From Whom Received Quintin & Veronica Sims					Prior Amount 3710.75	Amt. Incurred this Period 0
Street Address 396 Briarwood Drive						Outstanding Balance 3710.75
City Akron	State OH	Zip Code 44320	Loans Received This Period		Payments This Period	
	Date Loan was Originally Incurred (MM/DD/YYYY) 08/29/2016		Date of Loan (MM/DD/YYYY)	Amount 0	Date of Payment (MM/DD/YYYY)	Amount 0
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					Prior Amount	Amt. Incurred this Period
Street Address						Outstanding Balance
City	State	Zip Code	Loans Received This Period		Payments This Period	
	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 \$ 3710.75

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 3710.75 (also record on Form 30-A)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Committee To Elect Veronica Sims				
To Whom Owed Graffiti Print Shop			Prior Amount 42.70	Amount Incurred this Period 0
Street Address 739 N. Main Street			Item or Purpose of Debt Yard Signs	Outstanding Balance 42.70
City Akron	State OH	Zip Code 44310	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 07/21/2015			Date of Payment (MM/DD/YYYY)	Amount 0
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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ _____ (also record on cover page)