JON HUSTED
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Committee To Re-Elect Judge Annalisa S. Williams	Municipal Court Judge	Akron

Street Address	City	State	Zip
1137 Allendale Ave.	Akron	OH	44306

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Annalisa S. Williams	John Galonski	

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	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2114.95
2. Total monetary contributions (From Forms 31-A and 31-E)	190.00
3. Total other income (From Form 31-A-2)	100.00
4. Total funds available (sum of lines 1, 2, 3)	2404.95
5. Total monetary expenditures (From Forms 31-B and 31-F)	2404.95
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	5
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	21617.83
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)	

#2634 Arc

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

Date (MM/DD/YYYY): 01/22/2019

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	2	5	8

* Appointed Counsel

JON HUSTED
Ohio Secretary of State

Page 1

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Committee To Re-Elect Judge Annalise S. Williams

Full Name of Contributor Kerry O'Brien *				Registration Number, if PAC	
Street Address 4510 W. Bath Rd.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/22/2017		Amount 150
Full Name of Contributor Angela Robinson				Registration Number, if PAC	
Street Address 360 Black St.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44306	Date (MM/DD/YYYY) 02/05/2018		Amount 40
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
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)]

Page Total 190

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Committee To Re-Elect Judge Annalisa S. Williams

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	12/29/2017	25

Street Address	Purpose
P.O. Box 93885	Service Charge

City	State	Zip Code	Check Number
Cleveland	OH	44101	Debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Friends of Tavia Galonski	01/29/2018	225

Street Address	Purpose
1137 Allendale Ave	Donation

City	State	Zip Code	Check Number
Akron	OH	44306	1063

To Whom Paid	Date (MM/DD/YYYY)	Amount
Annalisa Williams	12/12/2017	2000

Street Address	Purpose
1263 Country Club Rd	Loan Repayment

City	State	Zip Code	Check Number
Akron	OH	44313	1064

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	01/31/2018	25

Street Address	Purpose
P.O. Box 93885	Service Charge

City	State	Zip Code	Check Number
Cleveland	OH	44101	Debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	02/28/2018	25

Street Address	Purpose
P.O. Box 93885	Service Charge

City	State	Zip Code	Check Number
Cleveland	OH	44101	Debit

Page Total $ 2300

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Committee To Re-Elect Judge AnnaLisa S. Williams

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	03/20/2018	2.5

Street Address	Purpose
P.O. Box 93885	Service Charge

City	State	Zip Code	Check Number
Cleveland	OH	44101	Debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
AnnaLisa S. Williams	03/20/2018	79.95

Street Address	Purpose
1263 Country Club Rd.	Loan Repayment

City	State	Zip Code	Check Number
Akron	OH	44313	Withdrawal

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 104.95

JON HUSTED
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Committee to Re-Elect Judge Annalisa S. Williams

From Whom Received	Prior Amount	Amt. Incurred this Period
Annalisa S. Williams		100
Street Address		**Outstanding Balance**
		20.05

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Amount
03/05/18	03/05/18	100	03/20/18	79.95
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

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: 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 $ _____

Total Received This Period $ 100 (also record on Form 31-A-2)

Total Payments Received this Period $ 79.95 (also record on Form 31-B)

Total Outstanding Balance $ 20.05 (also record on Form 30-A)

-C
C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee: Committee to Re-Elect Judge Annalisa S. Williams

From Whom Received	Address	City	State	Zip Code	Date Loan was originally incurred	Registration Number, if PAC	Employer/Occupation/Labor Organization*	Prior Amount	Amt. Incurred this Period	Outstanding Balance
James R. Williams	1733 Brookwood Drive	Akron	OH	44313	M 10 D 29 Y 03			3,000.00	0.00	3,000.00
Annalisa S. Williams	1263 Country Club Drive	Akron	OH	44313	M 10 D 21 Y 03			2,500.00	0.00	2,500.00
James R. Williams	1733 Brookwood Drive	Akron	OH	44313	M 10 D 29 Y 03			10,000.00	0.00	10,000.00

Loans Received This Period — Date / Amount

Payments This Period — Date / Amount

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount $ 15,500.00

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

3 Total Payments this Period $ 0.00 (also record on Form 31-B)

4 Total Outstanding Balance $ 15,500.00 (To Form No. 30-A)

I-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee: Committee to Re-Elect Judge Annalisa S. Williams

From Whom Received: Annalisa S. Williams
Address: 1263 Country Club Drive
City: Akron | State: OH | Zip Code: 44313
Date Loan was originally incurred: M 05 D 08 Y 03
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Prior Amount: 5,000.00
Amt. Incurred this Period: 0.00
Outstanding Balance: 5,000.00

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
M D Y		M D Y	

From Whom Received:
Address:
City: | State: | Zip Code:
Date Loan was originally incurred: M D Y
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Prior Amount:
Amt. Incurred this Period:
Outstanding Balance:

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
M D Y		M D Y	

From Whom Received:
Address:
City: | State: | Zip Code:
Date Loan was originally incurred: M D Y
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Prior Amount:
Amt. Incurred this Period:
Outstanding Balance:

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
M D Y		M D Y	

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount $ 5,000.00

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

3 Total Payments this Period $ 0.00 (also record on Form 31-B)

4 Total Outstanding Balance $ 5,000.00 (To Form No. 30-A)

JON HUSTED
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Committee To Re-Elect Judge Annalisa S. Williams

From Whom Received	Prior Amount	Amt. Incurred this Period
Annalisa S. Williams	645.29	

Street Address	Outstanding Balance
1263 Country Club Drive	645.29

City	State	Zip Code
Akron	OH	44313

Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
10/29/2003				
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**

Loans Received This Period / **Payments This Period**

From Whom Received	Prior Amount	Amt. Incurred this Period
Annalisa S. Williams	2452.49	

Street Address	Outstanding Balance
1263 Country Club Drive	452.49

City	State	Zip Code
Akron	OH	44313

Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
			12/12/2017	2000
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**

Loans Received This Period / **Payments This Period**

* 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 $ 3097.78

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

Total Payments Received this Period $ 2000.00 (also record on Form 31-B)

Total Outstanding Balance $ 1097.78 (also record on Form 30-A)

JON HUSTED
Ohio Secretary of State

Page 1

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee: Committ to Re-Elect Judge Annalisa S. Williams

Full Name of Contributor: John Galonski
Employer, Occupation, Labor Organization*:
Registration Number, if PAC:
Street Address: 1137 Allendale Ave
Description of Item or Service: Commission Fee
Date (MM/DD/YYYY): 12/12/2017
Fair Market Value: 5
City: Akron
State: OH
Zip Code: 44306
Received at Fundraising Event? ☐ Yes ☒ No

Full Name of Contributor:
Employer, Occupation, Labor Organization*:
Registration Number, if PAC:
Street Address:
Description of Item or Service:
Date (MM/DD/YYYY):
Fair Market Value:
City:
State:
Zip Code:
Received at Fundraising Event? ☐ Yes ☐ No

Full Name of Contributor:
Employer, Occupation, Labor Organization*:
Registration Number, if PAC:
Street Address:
Description of Item or Service:
Date (MM/DD/YYYY):
Fair Market Value:
City:
State:
Zip Code:
Received at Fundraising Event? ☐ Yes ☐ No

Full Name of Contributor:
Employer, Occupation, Labor Organization*:
Registration Number, if PAC:
Street Address:
Description of Item or Service:
Date (MM/DD/YYYY):
Fair Market Value:
City:
State:
Zip Code:
Received at Fundraising Event? ☐ Yes ☐ No

Full Name of Contributor:
Employer, Occupation, Labor Organization*:
Registration Number, if PAC:
Street Address:
Description of Item or Service:
Date (MM/DD/YYYY):
Fair Market Value:
City:
State:
Zip Code:
Received at Fundraising Event? ☐ Yes ☐ No

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total $ 5