



Committee Name <i>Committee To Re-Elect Judge Annalisa S. Williams</i>		Office Sought <i>Municipal Court Judge</i>		District <i>Akron</i>
Street Address <i>1137 Altondale Ave.</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44306</i>
Candidate Name OR PAC Registration Number <i>Annalisa S. Williams</i>		Treasurer Name <i>John Golonski</i>		Election Date (MM/DD/YYYY)
Type of Report (choose one): <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				
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.

1. Amount brought forward from last report	<i>2114.95</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>190.00</i>
3. Total other income (From Form 31-A-2)	<i>100.00</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>2404.95</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>2404.95</i>
6. Balance on hand (line 4 minus line 5)	<i>0</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>5</i>
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	<i>2167.83</i>
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)	

2019 JAN 24 PM 12:11

2634 Ave
SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44311

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

[Signature]
Signature of Treasurer or Deputy Treasurer

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

Contribution Pages <i>1</i>	Expenditure Pages <i>2</i>	Other Pages <i>5</i>	Total Pages <i>8</i>
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* Appointed
Counsel

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee To Re-Elect Judge Annalisa 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)]

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data. The second part of the document provides a detailed breakdown of the financial data, including a list of all accounts and their respective balances. It also includes a summary of the total assets and liabilities, which shows that the organization is in a strong financial position. The final part of the document discusses the future outlook and the steps that will be taken to ensure continued growth and success.

The following table provides a detailed overview of the financial data for the period ending 31st December 2023. The table is organized into columns for each account type, including cash, receivables, payables, and equity. The total assets are shown to be equal to the total liabilities and equity, indicating that the accounts are balanced. The data shows a steady increase in cash and receivables over the period, while payables have remained relatively stable. The equity section shows a significant increase in retained earnings, reflecting the successful operations of the organization.

The financial data is presented in the following table:

Account Name	Balance
Cash	100,000
Receivables	200,000
Payables	150,000
Equity	150,000
Total	350,000

The table shows that the total assets are 350,000, which is equal to the total liabilities and equity. This confirms that the accounts are balanced and that the financial data is accurate. The data also shows that the organization has a strong cash position and is able to meet its obligations to creditors.

The financial data is presented in the following table:

Account Name	Balance
Cash	100,000
Receivables	200,000
Payables	150,000
Equity	150,000
Total	350,000

The table shows that the total assets are 350,000, which is equal to the total liabilities and equity. This confirms that the accounts are balanced and that the financial data is accurate. The data also shows that the organization has a strong cash position and is able to meet its obligations to creditors.

The financial data is presented in the following table:

Account Name	Balance
Cash	100,000
Receivables	200,000
Payables	150,000
Equity	150,000
Total	350,000

The table shows that the total assets are 350,000, which is equal to the total liabilities and equity. This confirms that the accounts are balanced and that the financial data is accurate. The data also shows that the organization has a strong cash position and is able to meet its obligations to creditors.



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 Key Bank		Date (MM/DD/YYYY) 12/29/2017	Amount 25
Street Address P.O. Box 93885		Purpose Service Charge	
City Cleveland	State OH	Zip Code 44101	Check Number Debit
To Whom Paid Friends of Tavia Galinski		Date (MM/DD/YYYY) 01/29/2018	Amount 225
Street Address 1137 Allendale Ave		Purpose Donation	
City Akron	State OH	Zip Code 44306	Check Number 1063
To Whom Paid Annalisa Williams		Date (MM/DD/YYYY) 12/12/2017	Amount 2000
Street Address 1263 Country Club Rd		Purpose Loan Repayment	
City Akron	State OH	Zip Code 44313	Check Number 1064
To Whom Paid Key Bank		Date (MM/DD/YYYY) 01/31/2018	Amount 25
Street Address P.O. Box 93885		Purpose Service Charge	
City Cleveland	State OH	Zip Code 44101	Check Number Debit
To Whom Paid Key Bank		Date (MM/DD/YYYY) 02/28/2018	Amount 25
Street Address P.O. Box 93885		Purpose Service Charge	
City Cleveland	State OH	Zip Code 44101	Check Number Debit

Page Total \$ 2300



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 Key Bank		Date (MM/DD/YYYY) 03/20/2018	Amount 25
Street Address P.O. Box 93825		Purpose Service Charge	
City Cleveland	State OH	Zip Code 44101	Check Number Debit
To Whom Paid Annalisa S. Williams		Date (MM/DD/YYYY) 03/20/2018	Amount 79.95
Street Address 1263 Country Club Rd.		Purpose Loan Repayment	
City Akron	State OH	Zip Code 44313	Check Number Withdrawal
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 \$ 104.95



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 Annalisa S. Williams				Prior Amount	Amt. Incurred this Period 100
Street Address					Outstanding Balance 20.05
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 03/05/18		Date of Loan (MM/DD/YYYY) 03/05/18	Amount 100	Date of Payment (MM/DD/YYYY) 03/20/18	Amount 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	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 \$ _____

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)

Date	Description	Amount
1912	Jan 1	100.00
1913	Jan 1	100.00
1914	Jan 1	100.00
1915	Jan 1	100.00
1916	Jan 1	100.00
1917	Jan 1	100.00
1918	Jan 1	100.00
1919	Jan 1	100.00
1920	Jan 1	100.00
1921	Jan 1	100.00
1922	Jan 1	100.00
1923	Jan 1	100.00
1924	Jan 1	100.00
1925	Jan 1	100.00
1926	Jan 1	100.00
1927	Jan 1	100.00
1928	Jan 1	100.00

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams													
From Whom Received James R. Williams						Prior Amount 3,000.00		Amt. Incurred this Period 0.00					
Address 1733 Brookwood Drive						Outstanding Balance 3,000.00							
City Akron		State OH	Zip Code 44313			Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 9 0 3													
Registration Number, if PAC						M		D	Y	M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y
From Whom Received Annalisa S. Williams						Prior Amount 2,500.00		Amt. Incurred this Period 0.00					
Address 1263 Country Club Drive						Outstanding Balance 2,500.00							
City Akron		State OH	Zip Code 44313			Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 1 0 3													
Registration Number, if PAC						M		D	Y	M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y
From Whom Received James R. Williams						Prior Amount 10,000.00		Amt. Incurred this Period 0.00					
Address 1733 Brookwood Drive						Outstanding Balance 10,000.00							
City Akron		State OH	Zip Code 44313			Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 2 9 0 3													
Registration Number, if PAC						M		D	Y	M		D	Y
Employer/Occupation/Labor Organization*						M		D	Y	M		D	Y

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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)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Judge Annalisa S. Williams												
From Whom Received Annalisa S. Williams						Prior Amount 5,000.00		Amt. Incurred this Period 0.00				
Address 1263 Country Club Drive						Outstanding Balance 5,000.00						
City Akron		State OH	Zip Code 44313		Loans Received This Period			Payments This Period				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC												
Employer/Occupation/Labor Organization*												
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address						Outstanding Balance						
City		State	Zip Code		Loans Received This Period			Payments This Period				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC												
Employer/Occupation/Labor Organization*												
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address						Outstanding Balance						
City		State	Zip Code		Loans Received This Period			Payments This Period				
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC												
Employer/Occupation/Labor Organization*												

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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)



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 Annalisa S. Williams				Prior Amount 645.29	Amt. Incurred this Period
Street Address 1263 Country Club Drive				Outstanding Balance 645.29	
City Akron	State OH	Zip Code 44313	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 10/29/2003		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
From Whom Received Annalisa S. Williams				Prior Amount 2452.49	Amt. Incurred this Period
Street Address 1263 Country Club Drive				Outstanding Balance 452.49	
City Akron	State OH	Zip Code 44313	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) 12/2/2007	Amount 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

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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)



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee				
Committee to Re-Elect Judge Annalisa S. Williams				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
John Galonski				
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
1137 Alkendale Ave	Commission Fee		12/12/2017	5
City	State	Zip Code	Received at Fundraising Event?	
Akron	OH	44306	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	
			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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