



#3110 Avr

OHIO SECRETARY OF STATE  
BOARD OF ELECTIONS  
AKRON OHIO 44304

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2019 APR 25 PM 2:37

Committee Name Porter For The People Of Akron		Office Sought Akron City Council At-Large		District #4
Street Address 1232 Belleflower Rd		City Akron	State OH	Zip 44307
Candidate Name OR PAC Registration Number LaMont R. Porter		Treasurer Name Bradley Furguson		Election Date (MM/DD/YYYY) 05/07/2019
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" 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				
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	100
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	100
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	100
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)	0
10. Outstanding debts owed by committee (From Form 31-N)	2010.00
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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

*Kimberly D. Taverner*  
Signature of Treasurer or Deputy Treasurer

05/25/2019  
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 0	Other Pages 2	Total Pages 3
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Porter For The People Of Akron				
Full Name of Contributor LaMont Robert Porter			Registration Number, if PAC	
Street Address 1232 Belleflower Rd.		Employer/Occupation/Labor Organization* Cement Mason / Local #109		Form (Cash, Check, etc.) Cash
City Akron	State OH	Zip Code 44307	Date (MM/DD/YYYY) 04/01/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	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	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	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	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 Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> Porter For The People Of Akron			
To Whom Owed Lamont R. Porter		Prior Amount 0	Amount Incurred this Period \$2010.00
Street Address 1232 Belleflower Rd.		Item or Purpose of Debt Printing / Fuel	Outstanding Balance \$2010.00
City Akron	State OH	Zip Code 44307	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 04/01/2019		Date of Payment (MM/DD/YYYY)	Amount 0
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		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	<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 Debt was Originally Incurred (MM/DD/YYYY)		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 (also record on Form 31-B)

Total Outstanding Balance \$ 2010.00 (also record on cover page)