



3188 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2019 JUN 14 PM 12:58

Committee Name THE PEOPLE FOR ZACK MILKOVICH		Office Sought CITY COUNCIL		District 10
Street Address 2055 CRAMER AVE		City AKRON	State OH	Zip 44312
Candidate Name OR PAC Registration Number ZACK MILKOVICH		Treasurer Name PAMELA ESTES		Election Date (MM/DD/YYYY) 05/07/2019
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" 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.

Year
2019

1. Amount brought forward from last report	3562.47
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	3562.47
5. Total monetary expenditures (From Forms 31-B and 31-F)	1882.88
6. Balance on hand (line 4 minus line 5)	1679.59
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	130637.99
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)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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

Pamela Estes
Signature of Treasurer or Deputy Treasurer

06/12/2019
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
1

Other Pages
2

Total Pages
3



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH					
From Whom Received ZACK MILKOVICH				Prior Amount 130637.99	Amt. Incurred this Period
Street Address 2055 CRAMER AVE					Outstanding Balance 130637.99
City AKRON	State OH	Zip Code 44312	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
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 \$ 130637.99

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 \$ 130637.99 (also record on Form 30-A)



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee THE PEOPLE FOR ZACK MILKOVICH			
To Whom Paid RAPID MAILING SERVICES		Date (MM/DD/YYYY) 04/26/2019	Amount 1372.88
Street Address 3424 STATE RD.		Purpose CAMPAIGN MAILERS	
City CUYAHOGA FALLS	State OH	Zip Code 44223	Check Number 1012
To Whom Paid BRANDEN SPINKS		Date (MM/DD/YYYY) 04/27/2019	Amount 250.00
Street Address 4860 SOUTH BLVD NW		Purpose CAMPAIGN	
City CANTON	State OH	Zip Code 44718	Check Number 1013
To Whom Paid BRANDEN SPINKS		Date (MM/DD/YYYY) 05/05/2019	Amount 260.00
Street Address 4860 SOUTH BLVD NW		Purpose CAMPAIGN	
City CANTON	State OH	Zip Code 44718	Check Number 1014
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 \$ 1882.88