



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):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2019

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input checked="" 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.
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1. Amount brought forward from last report	1714.59
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)	1714.59
5. Total monetary expenditures (From Forms 31-B and 31-F)	
6. Balance on hand (line 4 minus line 5)	1714.59
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)	
10. Outstanding debts owed by committee (From Form 31-N)	0.00
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**

2019 JUL 31 PM 1:22

52370
SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44301

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

Pamela Estes, treasurer
Signature of Treasurer or Deputy Treasurer

07/30/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
		1	2



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 FORGIVEN	
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 \$ FORGIVEN (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on Form 30-A)

Date	Description	Debit	Credit	Balance	Total
1950-01-01	Balance				
1950-01-05	...				
1950-01-10	...				
1950-01-15	...				
1950-01-20	...				
1950-01-25	...				
1950-01-30	...				
1950-02-05	...				
1950-02-10	...				
1950-02-15	...				
1950-02-20	...				
1950-02-25	...				
1950-02-30	...				
1950-03-05	...				
1950-03-10	...				
1950-03-15	...				
1950-03-20	...				
1950-03-25	...				
1950-03-30	...				
1950-04-05	...				
1950-04-10	...				
1950-04-15	...				
1950-04-20	...				
1950-04-25	...				
1950-04-30	...				
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1950-07-05	...				
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1950-07-15	...				
1950-07-20	...				
1950-07-25	...				
1950-07-30	...				
1950-08-05	...				
1950-08-10	...				
1950-08-15	...				
1950-08-20	...				
1950-08-25	...				
1950-08-30	...				
1950-09-05	...				
1950-09-10	...				
1950-09-15	...				
1950-09-20	...				
1950-09-25	...				
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1950-11-20	...				
1950-11-25	...				
1950-11-30	...				
1950-12-05	...				
1950-12-10	...				
1950-12-15	...				
1950-12-20	...				
1950-12-25	...				
1950-12-30	...				
1950-12-31	...				