

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Let Akron Vote</b>							Registration Number, if PAC		
Full Name of Candidate									
Street Address <b>222 South Main St</b>					Office Sought			District	
City <b>Akron</b>					State <b>O H</b>		Zip Code <b>44308</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	<input checked="" type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<b>2019</b> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	
						<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b> <b>1</b> <b>8</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 6,418.89
2. Total monetary contributions (From Form No. 31-A)	\$ 2,040.12
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,459.01
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 8,459.01
7. Value of kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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SUMMIT COUNTY  
BOARD OF ELECTIONS**

2019 JUL 26 P11 2:20

SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44308

#3392Am

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**JOSEPH M. RUSCAN**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

7/23/19

Contribution pages 0

Expenditure pages 1

Other pages 0

Total pages 1

BOARD OF ELECTIONS  
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Let Akron Vote</b>							
Full Name of Contributor <b>Akron Citizens for Safety and Service</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>784 Hampton Ridge</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Direct Deposit</b>	
City <b>Akron</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44313</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>2,040.12</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]