Ohio Campaign Finance Report

| | | | Prescribed by S | Secretary of State | : 3/05 | | | | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------|--------------|---------------|----------|-------------|-------------|----------------------------------|
| Full Name of Committee | · | | | | | | Registra | ation Nun | nber, if P | AC |
| Williams for A | Akron Commit | ttee | | | | | 1 | | | |
| Full Name of Candidate | | | | | | | | | | |
| Michael D Wil | lliams | | | | | | | | | |
| Street Address | | | | | Office Sough | 1 | | | District | |
| 1263 Country C | lub Road | | | | Mayor | | | | Ak | ron |
| City | | | | | ,, | | State | Zip Cod | | |
| Akron | | | | | | ОН | 1 | 443 | 313 | |
| | T v T | | | | | | | | | Annual Year |
| Type of Report | X Pre-Primary | · | Post-Primary | | Pre-General | | Post-Ge | eneral | | |
| (place X to the left of report | July | | August | | September | | | | | Semiannual |
| type) | Monthly | | Monthly | | Monthly | | Termina | ation | | 2015 |
| Amended Report? | Re | port Electronical | ly filed? | | | | М | ī | D | Y |
| Yes [| ✓ No | ☐ Ye | s 🔽 No | Date of | Election | 0 | 9 | 0 | 8 | 1 |
| | 2. Total monetary contributions (From Form No. 31-A) 3. Total other income (From Food, FI-LCIAL COPY | | | \$ | | 23,5 2 | 0.00 | | | |
| | 4. Total funds available (sum SiLVINIT COUNT | | | Y \$ | | 36,63 | 2.02 | 20 | . 80 | |
| | 5. Total monetary exp | BOAR | D.OF.BE | <u>LECTI</u> | ONS | | 23,69 | 3.62 | IS AU | AKI AKI |
| | 6. Balance on hand (li | ine 4 minus line : | 5) | | 12,938.40 | | | 8.40 | 2015 AUG 27 | 20 S |
| | 7. Value of in-kind co | ontributions recei | ved (From Form N | o. 31-J-1) | \$ | | | | AH II: | OARD OF ELECTIONS AKRON, OHIO |
| | 8. Value of in-kind co | entributions made | (From Form No. 3 | 31-J-2) | \$ | | | | 11: 34 | SHOLL |
| | 9. Outstanding loans of | owed by committ | tee (From Form No |). 31-C) | \$ | | 91,38 | 1.90 | | |
| | 10. Outstanding debts | owed by commi | ittee (From Form N | o. 31-N) | \$ | | | | | |
| | 11. Outstanding loans | owed to commit | ttee (From Form No | o. 31-K) | \$ \$ | | | | | |
| | 12. Value of independ | lent expenditures | made (From Form | No. 31-U) | 3 | | | SAMOO SAMOO | | |
| | 13. For Electronic Fil | ling Entities only | | | \$ | | | | | |
| | Sum of lines 2, 7 and | amount of any ne | ew loans received t | his period | | | | 1 | | |
| THE INFORMATION CON | | | | | | IFICATIO | N. WHO | EVER | 70) | |
| Paul A Stalllings Print Name and Title (Treasure | s - Treasurer | | Signature | aly Sh | ly | | | | <u> </u> | <u>5/2015</u> |
| Contribution | and Deputy Fredstree | Expenditure | Signature | <i>"</i> — | Other | | | To | tal | Date |
| name 2 P | | angranutus c | 2 | | 1 t | | | 10 | (d) | |

| , age |
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Prescribed by Secretary of State 3/05

| Name of Committee in Full | Wester Can Marian | | | | · | | | |
|---------------------------------------------------------|--------------------------|-----------------------------------------|-----------|--------------|--------------------------|--------------------------------|--|--|
| Committee to Elect Michael D W Full Name of Contributor | Illiams for Mayor | | Registr | ation Nu | mber, if | PAC | | |
| Street Address | Employer/Occ | upation/Labor Organiza | tion* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | | |
| Street Address | Employer/Occ | upation/Labor Organiza | tion* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| Full Name of Contributor | , | | Registra | ation Nu | mber, if | PAC | | |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor Geraldine M Carter | | | Registra | ation Nu | mber, if | PAC | | |
| Street Address 254 S Rose Blvd | Employer/Occi Retired | pation/Labor Organiza | tion* | | | Form (Cash, Check, etc.) Check | | |
| Gity Akron | State O H | Zip Code 44313 | 0 7 | D 0 6 | Y 1 5 | Amount 750.00 | | |
| Full Name of Contributor Linda L Beaty | | · | | | mber, if | | | |
| Street Address 2047 Wyndham Road | Employer/Occi Homeal | upation/Labor Organiza | tion* | | | Form (Cash, Check, etc.) Check | | |
| City Akron | State O H | Zip Code 44313 | M | D 0 6 | Y 1 5 | Amount 100.00 | | |
| Full Name of Contributor | | 1 11010 | | | mber, if | | | |
| M Motague Buckner Street Address 632 Orlando Ave | Employer/Occi Retired | pation/Labor Organiza | tion* | | | Form (Cash, Check, etc.) | | |
| City Akron | State O H | Zip Code 44320 | M 0 7 | 0 6 | Y 1 5 | Amount 100.00 | | |
| Full Name of Contributor Richard L Williger | | | Registra | tion Nu | | PAC | | |
| Street Address 4461 Pembrooke Court | Employer/Occa Attorne | pation/Labor Organizat V | tion* | | | Form (Cash, Check, etc.) Check | | |
| City Stow | State O H | Zip Code 44224 | | D 0 6 | Y 1 5 | Amount 50.00 | | |
| Full Name of Contributor Marian Kea | | | Registra | ition Nu | mber, if I | PAC | | |
| Street Address 80 N Portage Path Apt. 8A1 | Employer/Occa Retired | pation/Labor Organizat | tion* | | | Form (Cash, Check, etc.) Check | | |
| City Akron | State | Zip Code 44303 | M 0.17 | D 0 ! 6 | 1 5 | Amount 25.00 | | |

Page Total \$ 1,025.00

^{*} 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)]

| Page 2 | |
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| | |

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | 44 | | |
|-------------------------------------|------------------|----------------------------|---------|-----------|------------|-----------------|--------------|
| Committee to Elect Michael D Will | iams for Mayor | | | | | | |
| Full Name of Contributor | | | Regist | ration Nu | mber, if | PAC | |
| Ms. Patricia L Longville | | | " | | ., | | |
| Street Address | Employer/Oca | pation/Labor Organization* | | | | Form (Cash, C | Check, etc.) |
| 540 Stanton Ave | Retired | • | | | | Check | |
| City State of Five | State | Zip Code | T M | ΤD | ΙY | Amount | |
| Akron | ОН | 44301 | 0.17 | 1 - | 1 5 | | 50.00 |
| Full Name of Contributor | 0 | TROUI | | | mber, if | PAC | 30.00 |
| Timothy A Lilley | | | | | | | |
| Street Address | Employer/Occ. | pation/Lebor Organization* | | | | Form (Cash, C | heck, etc.) |
| 540 Stanton Ave | | l Publishing | | | | Check | , |
| City | State | Zip Code | М | D | ΙΥ | Amount | |
| Akron | O I H | 44301 | 0.7 | | 1 5 | | 50.00 |
| Full Name of Contributor | 0:11 | 17501 | | | mber, if | PAC | 30.00 |
| Florita Montgomery | | | g.sc | 20011110 | | 1710 | |
| Street Address | Employer/Occ | pation/Labor Organization* | | | | Form (Cash, C | hack etc.) |
| | | peder case organization | | | | ` ' | Aleck, etc.) |
| 1227 Kings Road | Retired State | Zip Code | М | D | Ιγ. | Check Amount | |
| | w V | 1 ' | 0 7 | | | Afficult | 200.00 |
| Morgantown Full Name of Contributor | I VV : V | 26508 | | | | 74.5 | 200.00 |
| | | | uegisu | auon nu | mber, if | PAG | |
| Sharon Berg Street Address | Ic-it-i | | | | | | |
| | 1 ' ' | pation/Labor Organization* | | | | Form (Cash, C | neck, etc.) |
| 600 Canton Road | Attorne | | | | | Check | |
| aty | State | Zip Code | M | D | Y | Amount | |
| Akron | O H | 44312 | 0.7 | | | | 100.00 |
| Full Name of Contributor | | | Registr | ation Nu | mber, if i | PAC | |
| Anthony Brown | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, C | heck, etc.) |
| 1527 Diagonal Road | ACME | | | | | Check | |
| aty | State | Zip Code | М | D | Y | Amount | (C+1) 2 C+ |
| Akron | O H | 44320 | 0 7 | 2 5 | 1 5 | L | 50.00 |
| Full Name of Contributor | | | Registr | ation Nu | mber, if I | PAC | |
| Judge Carla D Moore | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, C | heck, etc.) |
| 1048 Rolling Meadows Road | ludge | | | | | Check | |
| aty | State | Zip Code | М | D | Y | Amount | |
| Akron | O H | 44333 | 0.7 | 2 5 | 1 5 | | 50.00 |
| Full Name of Contributor | 100 | | | | mber, if I | PAC | |
| Judge Carla D Moore | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, C | heck, etc.) |
| 1048 Rolling Meadows Road | ludge | | | | | Check | , |
| City | State | Zip Code | М | D | ΙY | Amount | |
| Akron | OH | 44333 | 0 7 | | 1 5 | - Intounc | 100.00 |
| Full Name of Contributor | O i ii | 44333 | | | mber, if F | ZAC | 100.00 |
| | | | nego u | uuon mu | | nc . | |
| James L Brooks Street Address | Employee/Occur | pation/Labor Organization* | Щ. | | | Form (Cook C | had see |
| | I | _ | | | | Form (Cash, C | neux, etc.) |
| 286 Hollywood Ave | Self emp | | 1 ** | | | Check | |
| City | State | Zip Code | I M | 0 | | Amount | |
| Akron | O H | 44313 | 0 7 | 2 6 | 1 5 | L | 750.00 |

| Page 1 | Total | \$ 1,350.00 |
|--------|-------|----------------|
| | | |

^{*} 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)]

| Pa | ge <u>3</u> | |
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Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | |
|-----------------------------------------|----------------|-------------------------|------------------|----------------------|---------|
| Committee to Elect Michael D Willia | ams for Mayor | | | | |
| Full Name of Contributor | | | Registration Nun | nber, if PAC | |
| Gary L Wyatt | | | | | |
| Street Address | 1 ' ' | upation/Labor Organiza | ition* | Form (Cash, Check, | , etc.) |
| 854 Emory Ave | | al Service | | Check | |
| City | State | Zip Code | M D | Y Amount | 0.2.705 |
| Akron | OH | 44310 | 0 8 0 4 | 1 5 | 50.00 |
| Full Name of Contributor | | | Registration Nun | iber, if PAC | |
| Marva Samples Street Address | Ir-ulayar/Org | upation/Labor Organizat | | To do de de de | - \ |
| | | pation/Labor Organizar | ition* | Form (Cash, Check, | , etc.) |
| 1401 Crestview Drive | Retired | | | Check | |
| Alexan | State | Zip Code | M D | Y Amount | -00.00 |
| Akron Full Name of Contributor | OH | 44320 | 0 8 0 4 | | 100.00 |
| | | | Registration Num | iber, if PAC | |
| Norman Edwards Street Address | Ir | | | To do do do | |
| | | ipation/Labor Organizat | | Form (Cash, Check, | , etc) |
| 3715 Warrensville Center Road | | | pendent Contra | | |
| Chulum Lininkto | State | Zip Code | M D | Y Amount | |
| Shaker Heights Full Name of Contributor | O H | 44122 | | | 750.00 |
| | | | Registration Num | iber, if PAC | |
| Jonathan Sinn Street Address | 1= | | | | |
| | 1 ' ' | ipation/Labor Organizat | tion* | Form (Cash, Check, | , etc.) |
| 137 South Main Suite 360 | Attorney | | | Check | |
| aty | State | Zip Code | M D | Y Amount | |
| Akron | OH | 44308 | 0 8 0 4 | | 750.00 |
| Full Name of Contributor | | | Registration Num | iber, if PAC | |
| Paul Barnett | | | | | |
| Street Address | | pation/Labor Organizat | tion* | Form (Cash, Check, | , et⊂) |
| 2474 Londonberry Drive | | Cleveland | | Check | |
| City | State | Zip Code | M D | Y Amount | |
| Akron | O H | 44333 | 0 8 0 4 | | 100.00 |
| Full Name of Contributor | | | Registration Num | ber, if PAC | |
| Stacey L McGowan | | | | | |
| Street Address | Employer/Occur | pation/Labor Organizat | cion* | Form (Cash, Check, | etc.) |
| 670 Crossings Circle | Attorney | | | Check | |
| City | State | Zip Code | M D | Y Amount | |
| Tallmadge | O H | 44278 | 0 8 0 4 | | 50.00 |
| Full Name of Contributor | | | Registration Num | ber, if PAC | |
| Kevin Waler | | | | | |
| Street Address | Employer/Occur | pation/Labor Organizat | cion* | Form (Cash, Check, | etc.) |
| 25 West Bank Street | Student | | | Check | |
| City | State | Zip Code | M D | Y Amount | |
| Akron | O H | | | 1 5 | 5.00 |
| Full Name of Contributor | | | Registration Num | ber, if PAC | |
| John V Lund Jr | | | | | |
| Street Address | Employer/Occur | pation/Labor Organizati | don* | Form (Cash, Check, o | etc) |
| hampton Ridge Drive | Attorney | | | Check | |
| City | | Zip Code | M D | Y Amount | |
| Akron | ОН | 44313 | 0.818 | 115 | 500.00 |

Page Total \$ 2,305.00

^{*} 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)]

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Prescribed by Secretary of State 3/05

| Name of Committee | | | | | | | | | |
|------------------------------|-------------------------|--------------------|---------------------------|----------|----------|--------------|--------------------------|--------------|--|
| | ee to Elect Michael D V | Villiams for Mayor | | | | | | | |
| Full Name of Contri | | | | Registr | ation Nu | mber, if | PAC | | |
| Ed Smith | 1 | | | | | | | | |
| Street Address | | Employer/Occu | pation/Labor Organization | on* | | | | | |
| 577 Mad | son | Attorney | | | | | Check | | |
| City | | State | Zip Code | М | D | Y | Amount | | |
| Akron | <u> </u> | OhH | 44320 | 0 8 | 1 8 | 1 5 | | 250.00 | |
| Full Name of Contri | | | | Registr | ation Nu | mber, if | PAC | | |
| Mary Kir | ng | | | | | | | | |
| Street Address | | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, C | Check, etc.) | |
| 590 Webe | er Ave | Retired | | | | | Check | | |
| City | • | State | Zip Code | М | D | Y | Amount | | |
| Akron | | OH | 44303 | 0 8 | 1 8 | 1 5 | l | 50.00 | |
| Full Name of Contri | butor | | | Registr | etion Nu | mber, if I | PAC | | |
| Jeffery St | nith | | | | | | | | |
| Street Address | | Employer/Occu | pation/Labor Organization | n* | | | Form (Cash, Check, etc.) | | |
| 696 Gree | nwood Ave | Retired | Retired | | | | Check | | |
| City | | State | Zip Code | М | D | Y | Amount | | |
| Akron | | O H | 44320 | 0 8 | 1 8 | 1 5 | l . | 50.00 | |
| Full Name of Contri | outor | | 11040 | | | mber, if i | PAC | 50,00 | |
| Crystal Jo | nes | | | ľ | | | | | |
| Street Address | | Employer/Occur | pation/Labor Organizatio | n* | | | Form (Cash, C | heck, etc.) | |
| 765 Stone | or Stroot | Attorney | _ | | | i | Check | , , , , , | |
| City | i otteet | State | Zip Code | Тм | D | T v | Amount | | |
| Akron | | OIH | 44320 | 0 8 | 1 8 | 1 5 | ATTIOUTE. | 100.00 | |
| Full Name of Contril | wtor | U i ii | 44,720 | | | mber, if i | PAC . | 100.00 | |
| | | | | negsu | auon Nu | illuci, il i | TAL | | |
| Jeffery Sr Street Address | IIIII | Empleyer/Occur | pation/Labor Organizatio | | | | 5 (C)- (| N1 | |
| | | ' - | adon/Labor Organizatio | m" | | | Form (Cash, C | neck, etc.) | |
| | nwood Ave | Retired | = . | | | | Check | | |
| City | | State | Zip Code | M | D | Y | Amount | | |
| Akron | | O H | 44320 | | 1 8 | 1 5 | | 75.00 | |
| Full Name of Contril | | | | Registra | ation Nu | mber, if F | PAC | | |
| David M | Walson | | | | | | | | |
| Street Address | | Employer/Occup | ation/Labor Organizatio | п* | | | Form (Cash, C | heck, etc.) | |
| | lwood Drive | Attorney | • | | | | Check | | |
| City | | State | Zip Code | М | D | | Amount | | |
| Uniontov | | O H | 44685 | 0 8 | 1 8 | 1 5 | | 300.00 | |
| Full Name of Contrib | outor | | | Registra | tion Nu | mber, if F | PAC | | |
| Proceeds | from Fundraiser 7-19 | | | - 1 | | | | | |
| Street Address | | Employer/Occup | pation/Labor Organization | n* | | | Form (Cash, C | heck, etc.) | |
| | | | | | | | | | |
| City | | State | Zip Code | М | D | Υ | Amount | | |
| | | | | 0.7 | 2 7 | 1 5 | | 5,559.00 | |
| Full Name of Contrib | outor | 7.7 | | | | nber, if P | PAC | 5,557.00 | |
| Proceeds | from Fundraiser 7-23 | | | | | , | | | |
| Street Address | | Employer/Occur | ation/Labor Organization | n* | | | Form (Cash, C | heck, etc.) | |
| | | | | | | | | ,, | |
| City | | State | Zip Code | М | D | ΓY | Amount | | |
| 1 | | | | 0 1- | a Ha | 7.7 | e n 19 www.fb. | 2 225 00 | |
| į. | | \$30 | | U 197 | 418 | 115 | | 2,235.00 | |

| Page Total | S | 8,619.00 | |
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| | | · · · · · · | |

^{*} 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 payroli deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(8)(4)]

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Prescribed by Secretary of State 3/05

| Name of Committee in Full Committee to Float Michael D Will | liams for Mayo | • | | | | | |
|--------------------------------------------------------------|--------------------|---------------------------|------------------|---------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Committee to Elect Michael D Will Full Name of Contributor | Hallis for Iviayo. | | Register | tion Num | her if PA | ·C | |
| Proceeds of Fundraiser 8-13 | | | Kegisuu | HOR I WAI | oci, it i n | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, C | Theck etc.) |
| Sirect Address | Linproyer/Occup | ation/Lacor Organization | | | | i onii (cusii, c | , men, etc. j |
| City | State | Zip Code | M | D | Y | Amount | |
| Akron | OH | | 0 8 | | 1 5 | | 5,400.00 |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | ıC | |
| Proceeds of Fundraiser 8-9 | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, C | lheck, etc.) |
| City | State | Zip Code | М | D | Y | Amount | |
| | OH | | 0 8 | 1 9 | 1 5 | | 2,123.00 |
| Full Name of Contributor | | | | tion Num | | C | |
| Unidentified credit to account - Fi | rst Merit Bank | | | | | | |
| Street Address | | ation/Labor Organization* | | | | Form (Cash, C | Check, etc.) |
| | | | | | | EFT | |
| City | State | Zip Code | М | D | Y | Amount | |
| | O H | L | 07 | 0 9 | 1 5 | | 48.25 |
| Full Name of Contributor | | | APPENDING STREET | tion Num | | C | |
| Nellie M Jones | | | 1 | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, C | heck, etc.) |
| 500 Clearbrook Drive | Retired | | | Check | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Akron | OH | 44313 | 0 7 | 2 9 | 1 5 | | 100.00 |
| Full Name of Contributor | | | | tion Num | | C | |
| Susan Kathryn Van Buren | | | 1 | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, C | heck, etc.) |
| 320 Ely Road | Retired | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Akron | OH | 44313 | 0 7 | 2 9 | 1 5 | | 750.00 |
| Full Name of Contributor | | | Registra | tion Num | | C | |
| Mary E Kerek | | | 1 | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | _ | | | Form (Cash, C | Theck, etc.) |
| 3376 Dowling Drive | Retired | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Fairlawn | OH | 44333 | 0 7 | 2 9 | 1 5 | | 300.00 |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | C | |
| Dr. Charles Van Vuren | | | 1 | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | _ | | | Form (Cash, C | Theck, etc.) |
| 3515 Pittsburgh Street | Retired | | | Check | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| Houston | $T \mid X$ | 7705 | 0 7 | 2 9 | 1 5 | | 500.00 |
| Full Name of Contributor | | | | tion Num | - | C | |
| Henry McKech | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | _ | | | Form (Cash, C | Theck, etc.) |
| 394 McGowan Street | Attorne | | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Akron | ОН | 44306 | 0 7 | 2 9 | 1 5 | | 250.00 |
| L | | 1 1000 | 0 1 7 | , | 1 4 1 0 | THE RESERVE OF THE PARTY OF THE | |

Page Total \$ 9,471.25

^{*} 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)]

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| | |

Prescribed by Secretary of State 3/05

| Name of Committee in Full | 347111 | | | | | |
|----------------------------------|-------------------|-----------------------------------------|----------|----------|--------------------------|--------------------------|
| Committee to Elect Michael D | Williams for Mayo | or | la la | | 1 100 - | |
| Full Name of Contributor | | | Registra | tion Nun | iber, if PA | i.C |
| William Zavarello Street Address | le | pation/Labor Organization | | | | Form (Cash, Check, etc.) |
| | | - | on* | | | |
| 313 S High Street | Attorne | | 1.77 | | Ιν | Check |
| City | State O H | Zip Code | M | D | Y | Amount |
| Akron | 0 H | | 0 7 | 2 9 | 1 5 | 750.00 |
| Full Name of Contributor | | | Regisira | nou mu | 10el, II PA | ic . |
| Street Address | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount |
| Full Name of Contributor | 0 | | Registra | tion Nun | ber, if PA | AC . |
| Street Address | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, Check, etc.) |
| | | | | | | |
| City | State | Zip Code | М | D | Y | Amount |
| | ОН | | | - 4 | J. | |
| Full Name of Contributor | | - · · · - | Registra | tion Nun | nber, if PA | AC . |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount |
| Full Name of Contributor | | | Registra | tion Nun | nber, if PA | C |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | Ιм | D | Y | Amount |
| | | ' | | | 1 5 | |
| Full Name of Contributor | | | Registra | tion Nun | nber, if PA | AC . |
| Street Address | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount |
| 50 | | | 111 | | 1 5 | |
| Full Name of Contributor | · | • | Registra | tion Nun | nber, if PA | C |
| Street Address | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | М | D | Y 1 5 | Amount |
| Full Name of Contributor | 1 | | Registra | tion Nun | nber, if PA | C C |
| Street Address | Employer/Occu | pation/Labor Organization | on* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M | D | Y | Amount |
| | 30 | 1 | 0 | | 1 5 | |
| T | | | | | | |

* 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)]

Page Total \$ 750.00

| 31-B | |
|------------|----|
| R.C. 3517. | 10 |

| Page | 7 |
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| rage_ | |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | |
|--------------------------------------|-----------|----------------|--------------------------------------------------------------------|---------------|----------|
| Committee to Re-Elect Williams for C | ouncilman | | | | |
| To Whom Paid Brandon Kovach | | | $\begin{bmatrix} M & 0 & 1 & 1 \\ 0 & 7 & 0 & 1 & 1 \end{bmatrix}$ | Amount 5 | 200.00 |
| Address | Purpose | | 01. | | |
| 1942 Old Farm Trail | Political | consultant | | | |
| City | State | Zip Code | Check Number | T | |
| Austintown | OH | 44515 | 1004 | | |
| To Whom Paid | | | M D Y | Amount | = 404.0= |
| Patriot Signs, Inc | - | | 070915 | 21 | 7,491.07 |
| Address | Purpose | | | | |
| 1001 Second Avenue | Signs | la: c t | Ctt. Nt | | |
| City | State | Zip Code 41074 | Check Number 1005 | 1 | |
| Dayton To Whom Paid | K Y | 410/4 | M D Y | Amount | |
| United States Postal Service | | | | 5 | 122.50 |
| Address | Purpose | | 0 / 1 4 1 3 | 21 | 122.50 |
| 2711 West Market Street | Stamps | | | | |
| City | State | Zip Code | Check Number | T | · - |
| Akron | OH | 44313 | 1007 | 1 | |
| To Whom Paid | | | M D Y | Amount | |
| Icon Ad Agency | | | 0 7 2 4 1 3 | 5 l | 875.00 |
| Address | Purpose | | | | |
| 243 Elizabeth Parkway | Campai | gn Signs | | | |
| City | State | Zıp Code | Check Number | Т | |
| Akron | OH | 44304 | 1008 | | |
| To Whom Paid | | | M D Y | Amount | |
| Sackmann Stamp & Stencil Co., Inc | | | 072715 | <u>51</u> | 312.40 |
| Address | Purpose | . C. | | | |
| 411 W Exchange Street | Magneti | | G 1 1 1 1 | | |
| City | State | Zip Code 44302 | Check Number | 1 | |
| Akron To Whom Paid | ГОГП | 44502 | 1011 M D Y | Amount | |
| Graffitti Print Shop | | | | 5 | 1,780.39 |
| Address | Purpose | | 01/[2/0]1/3 | 21 | 1,/00.33 |
| 739 North Main Street | T Shirts | | | | |
| City | State | Zip Code | Check Number | $\overline{}$ | |
| Akron | ОН | 44310 | 1012 | 1 | |
| To Whom Paid | 1 (7 - 22 | 11010 | M D Y | Amount | |
| F Lee Tax and Accounting Service | | | 0 7 2 7 1 3 | 5 l | 2,000.00 |
| Address | Purpose | | 10 110 110 | _ | , |
| 875 E Market Sreet | GoTV E | xpenses | | | |
| City | State | Zip Code | Check Number | Т | |
| Akron | OH | 44305 | 1010 | | |
| To Whom Paid | | | M D Y | Amount | |
| Saint Phillips Fashion Show | | | 072515 | 5 1 | 50.00 |
| Address Purpose | | | | | |
| 1130 Mercer Ave | Campai | | | | |
| City | State | Zip Code | Check Number | | |
| Akron | I O H | 44320 | 1009 | | |

| 31-B |
|--------------|
| R.C. 3517.10 |

| Page O |
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|--------|

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | .41 | | | | | | |
|---------------------------------------|------------------|-------------------------|----------|-------|-----|----------|----------|
| Committee to Re-Elect Williams for Co | uncuman | | М | D | Y | Amount | |
| Icon Ad Agency | | | | | 1 5 | | 4,960.00 |
| Address | Purpose | | 0.0, | 0_0 | | | _, |
| 243 Elizabeth Parkway | Printing | campaign literature | | | | | |
| City | State | Zíp Code | Check N | | | | |
| Akron | \circ H | 44304 | <u> </u> | 1015 | | | |
| To Whom Paid | | | М | D | Y | Amount | 004.40 |
| Patriot Signage, Inc. | In. | | 0 8 | 0 2 | 1 5 | <u> </u> | 924.48 |
| Address | Purpose | | | | | | |
| 1001 Second Avenue | Campaig State | ZIT SIZITS Zip Code | Check N | umber | | | |
| Dayton | K Y | 41074 | Cilcer | 1014 | | l | |
| To Whom Paid | | 110/1 | М | D | Y | Amount | |
| Icon Ad Agency | | | 0 8 | 0 5 | 1 5 | l | 572.08 |
| Address | Purpose | | | | | | |
| 243 Elizabeth Parkway | Post card | ds | | | | | |
| City | State | Zip Code | Check N | | | | |
| Address | OH | 44304 | | 1018 | | <u> </u> | |
| To Whom Paid | | | М | D - | Y | Amount | 400.00 |
| Kyle Early | In . | | 0 8 | 0 5 | 1 5 | <u> </u> | 100.00 |
| Address 442 Bell Street | Purpose | Conculting | | | | | |
| City | State | Consulting Zip Code | Check N | umber | | _ | |
| Akron | O H | Zip cod | CHECK IV | 1017 | | l | |
| To Whom Paid | () 11 | | М | D | Y | Amount | |
| Metro Regional Transit Authority | | | 0 8 | 0 5 | 1 5 | l | 1,200.00 |
| Address | Purpose | | | | | | |
| 416 Kenmore Blvd | Bus Adv | ertising | | | | | |
| City | State | Zip Code | Check N | | | | |
| Akron | OH | 44301 | | 1016 | | <u> </u> | |
| To Whom Paid | | | М | D | Y | Amount | 0.000.10 |
| US Postmaster | 15 | | 0 8 | 1 0 | 1 5 | | 2,299.13 |
| Address 2711 West Market Street | Purpose | | | | | | |
| City City | Postage State | Zip Code | Check N | umber | | _ | |
| Akron | H | 44313 | CHCCK 14 | 1020 | | l | |
| To Whom Paid | () 11 | 11010 | М | D | Y | Amount | |
| Deanna Rice | | | 0 8 | 1 0 | | | 266.56 |
| Address | Ригрове | | | | | | |
| 3663 Ace Drive | Reimbur | sment for purchase o | f stan | ıps | | | |
| City | State | Zip Code | Check N | | | | |
| Akron | O H | 44319 | | 1022 | | | |
| To Whom Paid | | | М | D | Y | Amount | E0.00 |
| East Akron Neighborhood Dev. Corp | ln. | | 018 | 0 2 | 1 5 | <u> </u> | 50.00 |
| Address Page 1 | Purpose | D d- | | | | | |
| 550 South Arlington Road | | ay Parade Zip Code | Check N | umbar | | | |
| City Akron | State | 44306 | CHECK N | 1013 | | | |
| ARIUI | 1 () 4 4 | 1 11JUU | | TOTO | | | |

| Page_ | 9 |
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Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|---------------------------------------|-----------|-------------|------------|----------|---------------|-----------|--------|
| Committee to Re-Elect Williams for Co | vuncilman | | | | | | |
| To Whom Paid | micmigii | | М | D | Y | Amount | |
| | | | | 1 2 | 1 5 | , timount | 390.01 |
| US Postmaster | Dumass | | 1010 | 1 4 | TO | | 250.01 |
| Address | Purpose | | | | | | |
| 2711 West Market Street | Postage | Tin Code | Check N | lumb | | | |
| City | State | Zip Code | Спеск N | 1021 | | | |
| Akron | OH | 44313 | 1/ | | 32 | A | |
| To Whom Paid | | | M | D 1 1 | 1 5 | Amount | 100.00 |
| Kyle Early | In | | 0 8 | 1 4 | 113 | | 100,00 |
| Address AAA Ball Charact | Purpose | ant Eas | | | | | |
| 442 Bell Street | Consult | | CL 1.11 | . | | | |
| City | State | Zip Code | Check N | | | | |
| Akron | O H | <u> </u> | 2.4 | 1023 | ν | Amaria | |
| To Whom Paid | | | M | D | Y | Amount | |
| | In | | 0 | : 1 | 1 5 | | |
| Address | Purpose | | | | | | |
| | | Tire of the | Total Land | | | | |
| City | State | Zip Code | Check N | umber | | | |
| | | <u> </u> | 4 | | 1. | | |
| To Whom Paid | | | М | D | Y | Amount | |
| | - | | 0 | 77 | 1 5 | | |
| Address | Purpose | | | | | | |
| | | leu e d | lot 1 ··· | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | | <u> </u> | 4 | _ | | | |
| To Whom Paid | | | М | D | l γ la ⊞el | Amount | |
| | | | 0 | - (3) | 1 5 | | |
| Address | Purpose | | | | | | |
| | | To a second | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | | | | | | | |
| To Whom Paid | | | М | D | Y | Amount | |
| | | | 0 | | 1 5 | | |
| Address | Purpose | | | | | | |
| | | | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | | | | | | | |
| To Whom Paid | | | М | D | Υ | Amount | |
| | | | 0 | - 3 | 1 5 | | |
| Address | Purpose | | | | | | |
| | | | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | | | | | | L | |
| To Whom Paid M D Y Amount | | | | | | | |
| | | | 0 | 33 | 1 5 | | |
| Äddress | Purpose | | | | | | |
| | 1 | | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| [[*] | | | | | | | |
| L | | | | | | | |

| Page Total \$ | 490.01 |
|---------------|--------|
| | 47/3/1 |

| | 10 |
|------|----|
| Page | 10 |

Statement of Loans Received

| | | | | Pr | escribed b | y Secret | ary of State3 | 05 | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|------------------------------------|------------|------------|-----------|---------------|------------------|---------------|-------------|--------------------------|-------------------------------|
| Full Name of Committee Committee to Re-Ele | octWilli | ams f | or Co | uncili | man | | | | | | | |
| From Whom Received | CL V V IIII | ans r | OI CO | unicini | Itali | | | | Prior Ar | | | Amt. Incurred this Period |
| Michael D Williams | | | | | | | | | ┦— | 91,3 | 81.90 | 0.00 |
| Address 1263 Country Club I | Road | | | | | | | | | | | Outstanding Balance 91,381.90 |
| City Akron | | Zip Code 44313 | | Los | ans Receiv | ved This | Period | Amount | | Dat | | ents This Period Amount |
| Date Loan was originally Incurred | М | D | Y | М | D | Y | S | | М | Đ | Y | \$ |
| Registration Number, if PAC | | 1 | | М | D | Y | | | М | D | Y | |
| Employer/Occupation/Labor Organization | on* | | | M: | D | Y | | | М | D | Y | |
| From Whom Received | | | | | | | | | Prior Ar | nount | | Amt, Incurred this Period |
| Address | | | <u>.</u> | | | | | | 1 | | | Outstanding Balance |
| City | State | Zip Cod | | Lo | ans Receiv | ved This | s Period | Amount | | Da | | eents This Period Amount |
| Date Loan was originally Incurred | М | D | Ÿ | М | D | Y | S | | М | D | Y | S |
| Registration Number, if PAC | | | | М | D | Y | | | М | D | Y | |
| Employer/Occupation/Labor Organization | on* | | | М | D | Ÿ | | | М | D | Y | |
| From Whom Received | | | | | | | <u>'</u> | | Prior Ar | nount | | Amt, Incurred this Period |
| Address | | | | | | | - | | 1 | | | Outstanding Balance |
| City | State | Zip Code | 2 | l,o | ans Recei | ved This | s Period | Amount | | Da | - | nents This Period Amount |
| Date Loan was originally Incurred | М | D | Y | М | D | Y | s | | М | D | Y | S |
| Registration Number, if PAC | • | | | М | D | Y | | | М | D | Y | |
| Employer/Occupation/Labor Organization | on* | | | М | D | Y | - | | М | D | Y | |
| * Required for contributions over \$100 t if any, rather than employer should be li the employees are members, if any, mus If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in the | isted. If two ost appear, R.G | ormore en C. 3517.10 nding Bala | iployees ()(B)(4) ance* spa | donate via | payroll de | all loans | and exceed | the aggregate of | \$100, the la | bor organ | nization of come (For | which m No. 31-A-2). |

| 1 | Total prior amount \$ | 91,381.90 | |
|---|-------------------------------|-----------|-----------------------------|
| 2 | Total received this period \$ | · ·- | (To Form No. 31-A-2) |
| 3 | Total Payments this Period \$ | 0.00 | _ (also record on Form 31-E |
| 4 | Total Outstanding Balance \$ | 91,381.90 | (To Form No. 30-A) |

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 11 |

| Prescribed by Se | cretary of State 3/05 | | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| | | . | | | |
| <u>/illiams for Mayo</u> | r | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| | | 100 | 100.00 | | |
| | | | 100.00 | | |
| | 1 ' | | | | |
| <u> </u> | 44320 | | | | |
| | | Registration Number, if PAC | | | |
| 1 | 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14 | | | | |
| | pation/Labor Organization* | | 40.00 | | |
| | <u> </u> | | 40.00 | | |
| | 1 . | 1000000 | | | |
| ОН | 44313 | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| 1 1 1 | nation/Labor Organization* | | 20.00 | | |
| | | | 20.00 | | |
| | 1 ' | | | | |
| I O H | 44313 | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| | oation/Labor Organization* | | 25.00 | | |
| | Tell - | | 25.00 | | |
| 7.77 | | | | | |
| OH | 44313 | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| | _ | | 20.00 | | |
| | | | 20.00 | | |
| 1 | 1 ' | 1 1 1 1 1 | | | |
| <u> </u> | 44320 | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| | pation/Labor Organization* | | 45.00 | | |
| | | | 45.00 | | |
| | 1 ' | '' ' ' | | | |
| <u>C A</u> | 90016 | | | | |
| | | Registration Number, if PAC | | | |
| | | | | | |
| I | | | 50.00 | | |
| | | | 20.00 | | |
| State | 1 ' | Form(Cash,Check,etc) | | | |
| l o H | 1 44313 | | | | |
| | Employer/Occup Retired State O H Employer/Occup Self employer/Occup Self employer/Occup Retired State O H Employer/Occup State O H | Employer/Occupation/Labor Organization* Retired State Zip Code O H 44313 Employer/Occupation/Labor Organization* Retired State Zip Code O H 44313 Employer/Occupation/Labor Organization* Retired State Zip Code O H 44313 Employer/Occupation/Labor Organization* Retired State Zip Code O H 44320 Employer/Occupation/Labor Organization* Self employed State Zip Code O H 44320 Employer/Occupation/Labor Organization* Retired State Zip Code O H 90016 | Employer/Occupation/Labor Organization | | |

Fill in the boxes below only on the last page for this event

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 270.00 |
| | | | |

^{*} 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)]

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 12 |

| | Prescribed by Sec | retary of State 3/05 | | | | |
|--------------------------------|-------------------|-------------------------------|-------------------------------------|-------|--|--|
| Name of Committee in Full | | · | | | | |
| Committee to Elect Michael D | Williams for Mayo | r | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Charlotte Burrell | | | | | | |
| Street Address | 360 | ation/Labor Organization* | M D Y Amount | | | |
| 182 St. Clair Drive | Retired | | 0 7 1 9 1 5 | 20.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | ОН | 44307 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Gwen Pole Chambers | | | | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | 20.00 | | |
| 1071 Cadillac Blvd | YMCA_ | Tell | 071915 | 20.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | ОН | 44320 | Cash | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Savannah Ridgill | ter a co | | | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | F0 00 | | |
| 1090 Dover | Retired | leu e . | 071915 | 50.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | ОН | 44320 | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Lonnie Hubbard | Ten con con | | | | | |
| Street Address | 10000 | ation/Labor Organization* | M D Y Amount | 25.00 | | |
| 758 Orlando Ave | Retired | Ta: 0.1 | 071915 | 25.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | ОН | 44320 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Carol F Hubbard | le v o | 2 1 1 0 2 2 3 | N D V A | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | 25.00 | | |
| 758 Orlando Ave | Retired | In a l | 071915 | 25.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron Full Name of Contributor | ОН | 44320 | Check | | | |
| | | | Registration Number, if PAC | | | |
| Ruby Bramlett Street Address | In 1 in | 1 .7 .10 | M D W Amount | | | |
| | 1 1 1/1 1 | ation/Labor Organization* | M D Y Amount | 20.00 | | |
| 914 Dover Ave | Retired | 121 0 1 | 071915 | 20.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron Full Name of Contributor | ОН | 44320 | Check | | | |
| | | | Registration Number, if PAC | | | |
| Patricia A Lee Street Address | Jr | and and the Owner land at the | M D V | | | |
| | 1 1 1 1 | ation/Labor Organization* | M D Y Amount 0 7 1 9 1 5 | 25.00 | | |
| 615 Audubon Spur | Retired | 2 - C-1- | 0 7 1 9 1 5 Form(Cash,Check,etc) | 25.00 | | |
| City | State | Zip Code | 1 1 1 1 1 1 | | | |
| Akron | ОН | 44320 | <u>Check</u> | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$185.00_ |
| | | <u> </u> |

^{*} 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)]

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 13 |

| | Prescribed by Sec | retary of State 3/05 | | | | | |
|-----------------------------------------------|-------------------|----------------------------|----------------------|-------------|------------|----------|--------|
| Name of Committee in Full | | | | | | | |
| Committee to Elect Michael D W | illiams for Mayor | | | | | | |
| Full Name of Contributor | | | Registra | tion Nu | mber, if | PAC | |
| Michael D Dancy | | | | | | | |
| Street Address | | pation/Labor Organization* | M _ | D | Y | Amount | |
| 159 Northwood Lane | Giant Ea | | | | 1 5 | | 25.00 |
| City | State | Zip Code | Form(Ca | | | | |
| Akron Full Name of Contributor | OH | 44278 | | Chec | | | |
| W. 173311 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | Registra | tion Nu | mber, If | PAÇ | |
| Jaeda M Dancy Street Address | Francis (Octoor | | 1 1 | | | | |
| | 1 1 1 | pation/Labor Organization* | M T | D 0 | Y | Amount | 05.00 |
| 159 Northwood Lane | Enrollm State | ent Coordinator IZip Code | 0 7 Form(Ca | | 1 5 | <u> </u> | 25.00 |
| - | . % | E II | , , | | | | |
| Tallmadge Full Name of Contributor | OH | 44278 | Registra | Checl | | DAC | |
| | | | Registra | tion ivu | niber, ii | PAL | |
| Joann Harper Street Address | Employer/Occur | pation/Labor Organization* | M | D | ΙΥ | Amount | |
| | | · | 12% | | 1 5 | Muonir | 20.00 |
| 1075 Magdolyn | Summit State | Zip Code | Form(Ca | | | I | 20.00 |
| Akron | OH | 44320 | | Cash | | | |
| Full Name of Contributor | 10 111 | 14320 | Registra | | | DAC | |
| Vernon L Sykes | | | (veglada) | LLOW I THUS | iibei, ii | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| 133 Furnace Run Drive | | te University | 0 7 | | 1 5 | | 500.00 |
| City | State | Zip Code | Form(Ca | | | | 500.00 |
| Akron | ОН | 44307 | 1 ' | Checl | | | |
| Full Name of Contributor | 10: | 22007 | Registrat | | | PAC | |
| Emilia Sykes | | | 1 | | • | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Υ | Amount | |
| 109 N Howard Street | Ohio Ho | use of Representativ | 0 7 | 1 9 | 1 5 | | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | |
| Akron | ОН | 44308 | | Check | ζ | | |
| Full Name of Contributor | | | Registrat | tion Nu | nber, if i | PAC | |
| Robert J Snyder | | | | | | | |
| Street Address | Employer/Occu | pation/Lebor Organization* | M | D | Υ | Amount | |
| 538 Llincoln Ave | Coltene | Products LLC | 0 7 | 1 9 | 1 5 | | 750.00 |
| City | State | Zip Code | Form(Ca | sh,Ched | k,etc) | | |
| Barberton | O H | 44203 | | Check | (| | |
| Full Name of Contributor | | | Registrat | tion Nur | nber, if I | PAC | |
| Mary Thorton-Shuler | | | I | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| 778 Greenwood Ave | Retired | | 0 7 | 19 | 1 5 | | 25.00 |
| City | State | Zip Code | Form(Ca | sh,Chec | k,etc) | | |
| Akron | ОН | 44320 | 1 (| Check | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| | | Page Total \$ 1,395.00 |
| | | |

required for contributors 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)]

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 14 |

| | Prescribed by Sec | retary of State 3/03 | | | | | <u> </u> |
|-----------------------------------------------------------------|-------------------|----------------------------|-----------|-----------|-------------|-----------|----------|
| Name of Committee in Full Committee to Floot Michael D William | no for Maria | or | | | | | |
| Committee to Elect Michael D William | is for iviayo | Γ | Daniel | ion Mari | ber, if PA | ·C | |
| | | | regisira | HOH MITTH | oer, ii PF | 10 | |
| Lawrence Shuler | Ir | ation/Labor Organization* | 14 | D | ΙΥ | Amount | <u> </u> |
| Street Address | 1 - 1 - 1 | ation/Labor Organization" | M O 7 | D | | Amount | 25.00 |
| 778 Greenwood Ave | Retired | Ta: O I | | 1 9 | | <u> </u> | 25.00 |
| City | State | Zip Code | | sh,Check | | | |
| Akron | OH | 44320 | | Checl | | _ | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | AC . | |
| Barbara Sykes | | | | | | | |
| Street Address | | ation/Labor Organization* | М | D | Y | Amount | |
| 133 Furnace Run Drive | Public A | dministrator | 0 7 | | | <u> </u> | 500.00 |
| City | State | Zip Code | | ish,Check | | | |
| Akron | OH | 44307 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | \C | |
| Celeste Merriweather | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 2116 Jennifer Street | Retired | | 0 7 | 1 9 | 1 5 | | 20.00 |
| City | State | Zip Code | | sh,Checl | | | |
| Akron | lo H | 44313 | | Checl | k | | |
| Full Name of Contributor | 1 () | | | | ber, if PA | AC . | |
| Bradley McClain | | | - | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 1004 Amelia Ave | Self Em | _ | 0.7 | 1 9 | 1 5 | | 200.00 |
| City | State | Zip Code | | sh,Checl | | | |
| Akron | ОН | 44302 | | Chec | 100 | | |
| Full Name of Contributor | 1 () 11 | 11002 | | | ber, if P | AC. | |
| Atty Jacqueline Thomsason | | | 1,100,000 | | | | |
| Street Address | Employer/Occur | pation/Labor Organization* | М | D | Y | Amount | |
| | Retired | ALIGH EUDOL OLGUNIZATION | | | 1 5 | | 20.00 |
| 648 Mineola Ave | State | Zip Code | | sh,Checl | | | 20.00 |
| A I | O H | 44320 | , | Chec | | | |
| Akron | () <u>П</u> | 44320 | | | ber, if P/ | · · | |
| Full Name of Contributor | | | Registra | tion isum | ibei, ii F7 | 10 | |
| Gwendolyn Bryant | Je 1 10 | | | l 6 | 1 1/ | Taimenne. | |
| Street Address | | nation/Labor Organization* | M | D | Y | Amount | PF 00 |
| 776 Frank Blvd | Self Em | | | | 1 5 | | 75.00 |
| City | State | Zip Code | , | ish,Checl | | | |
| Akron | O H | 44320 | | Chec | | | =: |
| Full Name of Contributor | | | Registra | tion Num | ber, if Pa | AC | |
| Tanios Debs | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 910 Robinwood Hells Drive | Self Em | ployed | | | 1 5 | | 400.00 |
| City | State | Zip Code | | ash,Checl | | | |
| Akron | OH | 44333 | | Chec! | <u>k</u> | | |
| | | | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | <u> </u> |
|--------------------------------|-------------------------------|------------------------|
| | | Page Total \$1.240.00_ |
| | | |

^{*} 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)]

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 15 |

| | Prescribed by Sec | retary of State 3/05 | | | | | |
|--------------------------------|-------------------|----------------------------|----------|----------|----------|----------|--------|
| Name of Committee in Full | | | - | | | | |
| Committee to Elect Michael D W | illiams for Mayor | | | | | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| Edward Omobien | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 2104 Brookshire Road | | P Services | 0 7 | | 1 5 | <u> </u> | 750.00 |
| City | State | Zip Code | 1 ' | ash,Che | | | |
| Akron | OH | 44313 | | Chec | | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| Valerie Peavy | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M | D | Y | Amount | |
| 372 Mackinaw Ave | Reitred | | 0 7 | 1 9 | 1 5 | | 50.00 |
| City | State | Zip Code | | ash,Che | | | |
| Fairlawn | OH | 44333 | | Chec | | | |
| Full Name of Contributor | | | Registra | stion Nu | mber, if | PAC | |
| Edward Gilbert | | | | | | | |
| Street Address | 1 ' ' | pation/Labor Organization* | М | D | Υ | Amount | |
| 1 Cascade Plaza Ste 825 | Self Em | | | 1 9 | | | 750.00 |
| City | State | Zip Code | | ash,Che | | | |
| Akron | OH | 44308 | | Chec | | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| Mrs. Debra Hardy | | | | | | | |
| Street Address | Employer/Occu | pation/Lebor Organization* | М | D | Υ | Amount | |
| 6580 Burdett Road | Chemist | | 0.7 | 1 9 | 1 5 | | 50.00 |
| City | State | Zip Code | Form(C | | | | |
| Wadsworth | OH | 44281 | | Checl | k | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, if | PAC | |
| Ruth Benson Scott | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М., | D | Y | Amount | |
| 924 Longview Ave | Retired | | 0 7 | 1 9 | 1 5 | | 100.00 |
| City | State | Zip Code | Form(C | ash,Che | ck,etc) | | |
| Akron | OH | 44307 | | Checl | C | | |
| Full Name of Contributor | | | Registra | tion Nu | mber, if | PAC | |
| Richard W Reed | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Υ | Amount | |
| 2590 Myersville Road | Retired | | 0 7 | 1.9 | 1 5 | | 20.00 |
| City | State | Zip Code | Form(Ca | ash,Ched | k,etc) | | |
| Uniontown | O H | 44685 | | Checl | C | | |
| Full Name of Contributor | | • | Registra | ition Nu | nber, if | PAC | |
| Anita Brown | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| 1858 McTaggart Drive | Retired | | 0 7 | 1 9 | 1 5 | | 40.00 |
| City | State | Zip Code | Form(Ca | sh,Chec | k,etc) | | |
| | ОН | 44320 | 1 4 | Checl | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | | | |
|--------------------------------|-------------------------------|---|---------------|----------|
| | |] | Page Total \$ | 1,760.00 |
| | | l | l | |

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)]

| Event | Date | 7-19-2015 |
|-------|------|-----------|
| Page | | 16 |

| | Prescribed by Sec | retary of State 3/05 | <u> </u> | | | |
|-------------------------------------|-------------------|----------------------------|--------------|-------------------------|----------|--------|
| Name of Committee in Full | | | | | | |
| Committee to Elect Michael D Willia | ms for Mayor | <u> </u> | | | | |
| Full Name of Contributor | | | Registrati | ion Number, if | PAC | |
| JV Lund | Ir | | | 5 1 0 | 10 | |
| Street Address | 1 '. | pation/Labor Organization* | M . | DY | Amount | |
| Hampton Ridge Drive | Attorne | <u> </u> | | 1 9 1 5 | <u> </u> | 20.00 |
| City | State | Zip Code | 1 ' | h,Check,etc) | | |
| Akron Full Name of Contributor | OH | 44313 | | heck | DAC | |
| | | | Registrati | ion Number, it | PAC | |
| Michael DuBoise Street Address | Employer/Occu | pation/Labor Organization* | М | DY | Amount | |
| 983 Roslyn Ave | Retired | pation capor organization | | 1 9 1 5 | 1 | 20.00 |
| City | State | Zip Code | | 1 9 1 3 h,Check,etc) | <u> </u> | 20.00 |
| Akron | ОН | 44320 | | Cash | | |
| Full Name of Contributor | 10 11 | 14320 | | on Number, if | PAC | |
| Anita L Goins | | | I. Cgiodad | on rumber, it | 170 | |
| Street Address | Employer/Occu | pation/Labor Organization* | м | D Y | Amount | |
| 1127 1st Ave | | rocess Inc. | 1.5 | 1 9 1 5 | | 40.00 |
| City | State | Zip Code | | h,Check,etc) | <u> </u> | 40.00 |
| Akron | ОН | 44306 | 1 | heck | | |
| Full Name of Contributor | 0 1 11 | 11000 | _ | on Number, if | PAC | |
| Marian Key | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D Y | Amount | |
| 80 North Portage Path Apt 8A1 | Retired | | 0 7 | 1 9 1 5 | | 20.00 |
| City | State | Zip Code | | h,Check,etc) | | |
| Akron | ОН | 44303 | | Cash | | |
| Full Name of Contributor | | | | on Number, if | PAC | *** |
| Judge James R Williams | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D Y | Amount | |
| 1733 Brookwood Drive | Retired | | 0 7 | 1 9 1 5 | | 200.00 |
| City | State | Zip Code | Form(Cas | h,Check,etc) | | |
| Akron | ОН | 44313 | | heck | | |
| Full Name of Contributor | | | Registrati | on Number, if | PAC | |
| Lee Hunter | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D Y | Amount | |
| 3916 Arlinton Road | Retired | | | 1 9 1 5 | | 50.00 |
| City | State | Zip Code | Form(Casi | h,Chedk,etc) | | |
| Uniontown | OH | 44685 | | heck | | |
| Full Name of Contributor | | | Registration | on Number, if | PAC | |
| Heather Green | | | | | | |
| Street Address | 1 ' " | pation/Labor Organization* | M | D Y | Amount | |
| 1030 Eagle Drive #407 | Self emp | | | 1 9 1 5 | | 25.00 |
| City | State | Zip Code | 1 . | h,Check,etc) | | |
| Akron | OH | 44312 | | Cash | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 375.00 |
| | | | |

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)]

| Event Date | 7-19-2015 |
|------------|-----------|
| Page | 17 |

| | Prescribed by Sec | retary of State 3/05 | | |
|---------------------------------------|-----------------------------|---------------------------|-----------------------------|-------|
| Name of Committee in Full | 4 | | | |
| Committee to Elect Michael D William | s for Mayo | <u>r</u> | | |
| Full Name of Contributor | Registration Number, if PAC | | | |
| Adolph Harper Jr | | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | |
| 1075 Magdalyn Drive | Self emp | | 0 7 1 9 1 5 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | $O \mid H$ | 44320 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Hobson R Hamilton JR | | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | |
| 992 Emma Ave | | te University | 071915 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,ete) | |
| Akron | OH | 44302 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Christine Bannerman | | | <u> </u> | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| 1370 St. Michaels Ave | Retired | | 0 7 1 9 1 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | O H | 44320 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Marvie T Gladden | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| 636 Rhodes Ave | Retired | | 0 7 1 9 1 5 | 35.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | OH | 44307 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Judith Williams | | | | |
| Street Address | | ation/Labor Organization* | M D Y Amount | |
| 541 Ely Road | Retired | | 0 7 1 9 1 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | OH | 44313 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Lula Pittman | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| 610 Mineola Ave | Retired | | 0 7 1 9 1 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | OH | 44320 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Paul Green | | | <u> </u> | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| 1030 Eagle Drive #407 | Signatu | re Controls | 0 7 1 9 1 5 | 29.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | OH | 44312 | Cash | |
| · · · · · · · · · · · · · · · · · · · | | • | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|---------------|
| | | Page Total \$ |
| | | |

^{*} 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)]

| Event Date | ² 7-19-2015 |
|------------|------------------------|
| Page | 18 |

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|---------------------|---------------------|
| Committee to Elect Michael D | Williams for Mayor | | | | |
| Full Name of Contributor | | | Registration N | umber, if PAC | |
| Jaaeda M Dancy | | | | | |
| Street Address | | pation/Labor Organization | | Y Amount | |
| 159 Northwood Lane | | ent Coordinator | 0 7 1 9 | | 20.00 |
| City | State | Zip Code | Form(Cash,Che | • • | |
| Tallmadge Full Name of Contributor | OH | 44278 | Chec | | |
| David Rodgers | | | Registration N | Imber, If PAC | |
| Street Address | Employer/Occu | pation/Labor Organization | MD | Y Amount | |
| 80 North Portage Path | Retired | bacou rana Asamentar | 0 7 1 9 | | 50.00 |
| City | State | Zip Code | Form(Cash,Che | | |
| Akron | ОН | 44303 | Casl | - • | |
| Full Name of Contributor | | 11000 | Registration No | | * |
| William E Calhoun | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | M D | Y Amount | |
| 3740 Tamarisk Drive | Self Emi | Self Employed | | 1 5 | 100.00 |
| City | State | Zip Code | 0 7 1 9 Form(Cash,Che | | |
| Akron | OH | 44333 | Casl | ı | |
| Full Name of Contributor | | | Registration No | imber, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Y Amount | |
| | | | 0 7 1 9 | | |
| City | State | Zip Code | Form(Cash,Che | ck,etc) | |
| Full Name of Contributor | | | Registration Nu | ember, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D 0 7 1 9 | Y Amount | |
| City | State | Zip Code | Form(Cash,Che | | |
| Full Name of Contributor | 8 | | Registration Nu | mber, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| | | | 0 7 1 9 | 1 5 | |
| City | State | Zip Code | Form(Cash,Che | ck,etc) | |
| Full Name of Contributor | | | Registration Nu | mber, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| | | | 0 7 1 9 | 1 5 | |
| City | State | Zip Code | Form(Cash,Che | ck,etc) | |
| quired for contributions from individuals over \$100 | | | | | |
| idual's business, if any, rather than employer should nization of which the employees are members, if an | | | I deduction and e | ceed the aggregate | of \$100, the labo |
| Fill in the boxes below only on the last page for this | event | | | | |
| Fransfer the Total contributions for this event to for | | of Contributor state *Contr | ihutione from f | No. 21-E* and E-+ + | the date of the |
| n the date column. | vo. o i za onosi ruli name | or continuent state conti | waders from form | THU, 31-E RNO BSET | ure vale of the evi |
| Total contributions this event | Total expenditures t | his event | | | |
| | The second secon | | | Page Total \$ | 170.00 |

| Event Date | 7-23-2015 |
|------------|-----------|
| Page | 19 |
| | |

| Prescribed by Sec | cretary of State 3/05 | | | | | |
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| | | | | | | |
| <u>illiams for Mayo</u> | r | | | | | |
| | | Registra | tion Num | ber, if P | AC | |
| | | | | | | |
| | | | | | | |
| Akron B | | | | | | 100.00 |
| State | 1 ' | | | . 100 | | |
| O H 44313 | | | | | | |
| | | Registra | tion Num | ber, if P | AC | |
| | | | | | | |
| | | | | | | |
| Self Em | | | | | | 50.00 |
| State | 1 ' | , | | 2000 | | |
| OH | 44319 | | | | | |
| | | Registra | tion Nun | ber, if P | AC | |
| | | | | | | |
| Employer/Occup | ation/Labor Organization* | М | D | 1 . | Amount | |
| Attorne | , | 1 | | | 5 | 50.00 |
| State | | | | | | |
| OH | 44313 | | _ | | | |
| | | Registra | tion Num | ber, if P | AC | |
| | | | | | | |
| 1 1 1 01 1 | - | М | | | Amount | |
| City of A | Akron | | | | 5 | 50.00 |
| State | Zip Code | | | | | |
| O H | 44320 | | | | | |
| | | Registra | tion Nun | ber, if P | AC | |
| | | | | | | |
| Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| Retired | | | | | | 100.00 |
| State | 1 ' | | | . , | | |
| O H | 44307 | | | | | |
| | | Registra | tion Nun | ber, if P | AC | |
| | | | | | | |
| | _ | М | D | Y | Amount | |
| Self Em | ployed | | | | i | 30.00 |
| State | 1 ' | Form(C | | | | |
| ОН | 44320 | | Cash | l | | |
| | | Registra | tion Nur | ber, if P | AC | |
| | | | | | | |
| | | М | D | Y | Amount | |
| Self Em | ployed | | | | i | 30.00 |
| State | Zip Code | Form(C | | | | |
| ОН | 44320 | | Cash | | | |
| | Employer/Occup State O H Employer/Occup State O H Employer/Occup Attorne State O H Employer/Occup City of A State O H Employer/Occup City of A State O H Employer/Occup Retired State O H | Employer Occupation/Labor Organization* Self Employed State Zip Code O H 44319 Employer/Occupation/Labor Organization* Attorney State Zip Code O H 44313 Employer/Occupation/Labor Organization* City of Akron State Zip Code O H 44320 Employer/Occupation/Labor Organization* Retired State Zip Code O H 44307 Employer/Occupation/Labor Organization* Self Employed State Zip Code O H 44320 Employer/Occupation/Labor Organization* Self Employed State Zip Code O H 44320 | Employer Occupation/Labor Organization* Akron Bearings State Zip Code Form(Color Color Color | Employer/Occupation/Labor Organization* | Employer/Occupation/Labor Organization* | Registration Number, if PAC |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$ 410.00 |
| | | |

^{*} 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)]

Name of Committee in Full

| Event Date | 7-23-2015 |
|------------|-----------|
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Registration Number, if PAC |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 7 2 3 1 5 50.0 |
| 0 7 2 3 1 5 50.0 |
| Form(Cash,Check,etc) Cash Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 50.0 Form(Cash,Check,etc) Check Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| Cash Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 50.0 Form(Cash,Check,etc) Check Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| Registration Number, if PAC |
| M D Y Amount 0 7 2 3 1 5 50.0 Form(Cash,Check,etc) |
| 0 7 2 3 1 5 50.0 Form(Cash,Check,etc) Check Registration Number, If PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| 0 7 2 3 1 5 50.0 Form(Cash,Check,etc) Check Registration Number, If PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| Form(Cash,Check,etc) Check Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| Form(Cash,Check,etc) Check Registration Number, if PAC M D Y Amount 0 7 2 3 1 5 125.0 |
| Registration Number, if PAC |
| M D Y Amount 125.0 |
| 0 7 2 3 1 5 125.0 |
| 0 7 2 3 1 5 125.0 |
| |
| |
| |
| Check |
| Registration Number, if PAC |
| |
| M D Y Amount |
| 0 7 2 3 1 5 300.0 |
| Form(Cash,Check,etc) |
| Check |
| Registration Number, if PAC |
| Registration number, a PAC |
| |
| M D Y Amount |
| 0 7 2 3 1 5 50.0 |
| Form(Cash,Check,etc) |
| Cash |
| Registration Number, if PAC |
| |
| M D Y Amount |
| 0 7 2 3 1 5 50.0 |
| Form(Cash,Check,etc) |
| Check |
| Registration Number, if PAC |
| 1 · · · · · · · · · · · · · · · · · · · |
| |
| M D Y Amount |
| M D Y Amount |
| M D Y Amount |
| |

Fill in the boxes below only on the last page for this event,

| Total contributions this event | Total e | xpenditures this event | | | |
|--------------------------------|---------|------------------------|---|---------------|--------|
| | | | | Page Total \$ | 725.00 |
| L | L | | l | | |

^{*} R Ind

| Event Date | 7-23-2015 |
|------------|-----------|
| Page | 21 |

| | Prescribed by Sec | retary of State 3/05 | | | | | |
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| Name of Committee in Full | | | | | | | |
| Committee to Elect Michael D Wi | lliams for Mayor | | | | | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, if | PAC | |
| Jaclyn Palumbo | | | | | | | |
| Street Address | Employer/Occi. | pation/Labor Organization* | М | D | Υ | Amount | |
| 879 North Point Drive | Attorne | <u>y</u> | 0 7 | 2 3 | 1 5 | | 50.00 |
| City | State | Zip Code | Form(Ca | ash,Che | ck,etc) | | · · · · · · · |
| Akron | OH | 44313 | | Chec | k | | |
| Full Name of Contributor | | | Registra | rtion Nu | mber, if | PAC | |
| Cedric B Colvin | | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Υ | Amount | |
| 479 Sunset View Dr | Attorne | 4 | | | 1 5 | | 50.00 |
| City | State | Zip Code | Form(Ca | , | | | |
| Akron | OH | 44320 | _ | Checl | | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, if | PAC | |
| John A Mogen | | | | | | | |
| Street Address | I | pation/Labor Organization* | M | D | Υ | Amount | |
| 942 Genesee Road | Self Em | The second secon | 0 7 | | 1 5 | <u> </u> | 50.00 |
| City | State | Zip Code | Form(Ca | | | | |
| Akron | OH | 44303 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Nu | nber, if | PAC | _ |
| Anita Brown | | · | | | | | |
| Street Address | | pation/Labor Organization* | M | D | Y | Amount | |
| 1858 McTaggart Drive | Retired | | 0 7 | | | <u> </u> | 50.00 |
| City | State | Zip Code | Form(Ca | , | | | |
| Akron | OH | 44320 | | Checl | | *** | |
| Full Name of Contributor | | | Registra | tion Nu | nber, if | PAC | |
| Donald R Hicks Street Address | | | | | | | |
| | 1 ' ' | pation/Labor Organization* | M | D | Y | Amount | _ |
| 159 South Main Street #423 | Self Emp | | 0 7 | | | <u> </u> | 50.00 |
| City | State | Zip Code | Form(Ca | | | | |
| Akron Full Name of Contributor | OH | 44308 | | Check | | | |
| | | | Registra | tion Nur | nber, if | PAC | |
| Justin Barnhart Street Address | 10 10 10 | | | | | | |
| | | pation/Labor Organization* | M | D | Y | Amount | |
| 18 River Ridge Lane | Attorney | | 0 7 | | 1 5 | | 50.00 |
| l * | State | Zip Code | Form(Ca | | | | |
| Munroe Falls Full Name of Contributor | ОН | 44262 | | Check | | | |
| | | | Registrat | tion Nur | nber, if I | PAC | |
| Nowai Katirji Street Address | | | 1 | | | | |
| | I . | pation/Labor Organization* | M | D | Y - ا | Amount | |
| 215 E Waterloo Road Ste 11 | Attorney | | 0 7 | | | | 50.00 |
| _ · | State | Zip Code | Form(Ca | | | | |
| Akron | I O H | 44319 | 1 (| Check | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 350.00 |
| | | | |

^{*} 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 fisted. 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)]

| Event Date | 7-23-2015 |
|------------|-----------|
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| | Prescribed by Sec | retary of State 3/05 | | | |
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| Name of Committee in Full | | | | | |
| Committee to Elect Michael D Willia | ms for Mayor | | | | |
| Full Name of Contributor | • | | Registration No | ımber, if PAC | |
| Jessica Benedetti | | ·· | | | |
| Street Address | 1 ' - | pation/Labor Organization* | M D | Y Amount | |
| 209 South Main Street | | ffice of Paul Grant | | 1 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Che | - * | |
| Akron | ОН | 44308 | Casl | * | |
| Full Name of Contributor | | | Registration No | mber, if PAC | |
| Paul Grant Street Address | F 1 10 | | | | |
| 1 | 1 ' ' | ipation/Labor Organization* | MD | Y Amount | E0.00 |
| 209 South Main Street | Attorne | | | 1 5 | 50.00 |
| Akron | State | Zip Code | Form(Cash,Che | | |
| Full Name of Contributor | OH | 44308 | Cash Registration No. | | |
| Kristen Kowalski | | | Registration No | imber, ii PAC | |
| Street Address | Employer/Occi | pation/Labor Organization* | М D | Y Amount | |
| 333 South Main Street Suite 401 | Attorne | * | 0 7 2 3 | | 50.00 |
| City | State | Zip Code | Form(Cash,Che | | 50.00 |
| Akron | ОН | 44308 | Chec | | |
| Full Name of Contributor | 0 11 | 11500 | Registration Nu | | <u> </u> |
| Gregory Hill | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| 4450 Greensfield Circle | Physicia | เท | 0 7 2 3 | 1 5 | 500.00 |
| City | State | Zip Code | Form(Cash,Che | | 500,00 |
| Copley | OH | 44321 | Chec | k | |
| Full Name of Contributor | | | Registration Nu | mber, if PAC | |
| Wayne Douglas | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| 1843 Breezewood Drive | Attorne | у | 0 7 2 3 | 1 5 | 100.00 |
| City | State | Zip Code | Form(Cash,Che | ck,etc) | |
| Akron | OH | 44313 | Chec | | |
| Full Name of Contributor | | | Registration Nu | mber, if PAC | |
| | | | ļ | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| | | | 0 7 2 3 | | |
| City | State | Zip Code | Form(Cash,Che | dk,etc) | |
| Full State of Council and Coun | | <u> </u> | | | |
| Full Name of Contributor | | | Registration Nu | mber, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| | | | 0 7 2 3 | 1 5 | |
| City | State | Zip Code | Form(Cash,Che | | |
| | 100 | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|---------------------|
| | | Page Total \$750.00 |
| | | ļ |

^{*} 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 fisted. 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)]

| Event Date | 7-23-2015 |
|------------|-------------|
| Page | 22 |
| — | |

| | Prescribed by Se | ecretary of State 3/05 | | |
|-----------------------------------------------------------------------|------------------|----------------------------|----------------------------------|--------------|
| Name of Committee in Full | | | | . – |
| Committee to Elect Michael D Willia | ams for Mayo | or | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Jessica Benedetti | | | | |
| Street Address | | pation/Labor Organization* | M D Y Amount | E0.00 |
| 209 South Main Street | | ffice of Paul Grant | 072315 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron Full Name of Contributor | O H | 44308 | Cash Registration Number, if PAC | |
| Paul Grant | | | Registration Number, it FAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 209 South Main Street | Attorne | | 0 7 2 3 1 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 50.00 |
| Akron | ОТН | 44308 | Cash | |
| Full Name of Contributor | () 11 | 11000 | Registration Number, if PAC | |
| Kristen Kowalski | | | - | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 333 South Main Street Suite 401 | Attorne | v | 0 7 2 3 1 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | ОН | 44308 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Gregory Hill | | | | |
| Street Address | | pation/Labor Organization* | M D Y Amount | |
| 4450 Greensfield Circle | Self Em | ployed | 0 7 2 3 1 5 | 500.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Copley | OH | 44321 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Wayne Douglas | | • | | |
| Street Address | 1 1 1 | pation/Labor Organization* | M D Y Amount | 100.00 |
| 1843 Breezewood Drive | Attorne | | 0 7 2 3 1 5 | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Akron | ОН | 44313 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| Sittle Finances | Linpioyenoecu | penda babbi organization | 0 7 2 3 1 5 | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| | | Lary Code | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount 0 7 2 3 1 5 | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| equired for contributions from individuals over \$100 to statewide an | | | | - |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$ 750.00 |
| | | |

^{*} 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)]

| Event Date | 8-9-2015 |
|------------|----------|
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Prescribed by Secretary of State 3/05

| Committee to Elect Michael D Wi | lliams for Mayor | | | |
|-----------------------------------------|------------------|----------------------------|-------------------------------------|--------------|
| all Name of Contributor | • | | Registration Number, if PAC | |
| Jacqueline A Silas-Butler treet Address | [F1/D | | 4 | |
| 2081 Larchmont Road | Attorney | pation/Labor Organization* | M D Y Amount 0 8 0 9 1 5 | 25.00 |
| ity | State | Zip Code | Form(Cash,Check,etc) | 25.00 |
| Akron | ОН | 44313 | Check | |
| ulf Name of Contributor | | | Registration Number, If PAC | |
| Gloria Rookard | | | | |
| treet Address | `_ ` . ` | pation/Labor Organization* | M D Y Amount | 25.00 |
| 483 Augusta Drive | Retired State | Zip Code | 0 8 0 9 1 5 Form(Cash,Check,etc) | 25.00 |
| Akron | ОН | 44333 | Cash | |
| Ill Name of Contributor | | 11000 | Registration Number, if PAC | |
| Aria Campbell | | | | |
| treet Address | 1 | pation/Labor Organization* | M D Y Amount | |
| 4251 Debbie Lane | **** | ublic Schools | 080915 | 25.00 |
| Norton Norton | State O H | Zip Code 44310 | Form(Cash,Check,etc) | |
| ull Name of Contributor | OH | 44510 | Check Registration Number, if PAC | |
| Cathy Hedrick | | | Togothadat Fallsag II Tro | |
| treet Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| 882 Kenney Street | Centrex 1 | Revenue Solutions | 0 8 0 9 1 5 | 20.00 |
| ity | 1.1 | Zip Code | Form(Cash,Check,etc) | |
| Akron Il Name of Contributor | O H | 44310 | Check | |
| Barbara Sykes | | | Registration Number, if PAC | |
| treet Address | Employer/Occup | pation/Labor Organization* | M D Y Amount | |
| 133 Furnace Run Drive | United W | • | 080915 | 50.00 |
| ty | State | Zip Code | Form(Cash,Check,etc) | 00.00 |
| Akron | ОН | 44307 | | |
| Il Name of Contributor | ··· | • | Registration Number, if PAC | |
| Veronica Sims | ls 1 10 | | | |
| 133 Furnace Run Drive | 1 1 1 1 | sation/Labor Organization* | M D Y Amount | F0 00 |
| ty | | 1blic Schools Zip Code | 0 9 0 8 1 5 Form(Cash,Check,etc) | 50.00 |
| Akron | ОН | 44307 | · sin(saintones, etc.) | |
| ull Name of Contributor | | | Registration Number, if PAC | |
| Delphena Gilbert | | | | |
| treet Address | 1 ' " ' | ation/Labor Organization* | M D Y Amount | |
| 740 Pine Point Drive | Self Emp | | 080915 | 750.00 |
| Akron | 100 a a | Zip Code | Form(Cash,Check,etc) | |
| ANIUII | O H | 44333 | Check | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$ 945.00 |
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^{*} R indi org

| Event Date | 8-9-2015 |
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| | Prescribed by Secr | etary of State 3/05 | | | | | |
|-----------------------------------------------------------|-----------------------------------------|-----------------------------|--------------------------------------------------|-----------------|------------|----------|--------|
| Name of Committee in Full | | | | | | | |
| Committee to Elect Michael D Wil | liams for Mayor | | | | | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| Ikemesit Samson-Akpan | | | | | | | |
| Street Address | 1 ' ' | pation/Labor Organization* | М | D | Y | Amount | |
| 3267 Bankroft Road | Self Emp | | | | 1 5 | | 750.00 |
| City | State | Zip Code | 1 ' | ash,Che | | | |
| Fairlawn | OH | 44333 | _ | Checl | | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, If | PAC | |
| Wendy Walker | I | | | | 1 | | |
| Street Address | `_ * | pation/Labor Organization* | M | D | Y | Amount | ===== |
| 8300 Whitewood Road | Retired | Im a : | | | 1 5 | 1 | 50.00 |
| City | State | Zip Code | 1 ' | ash,Chei | . , | | |
| Brecksville Full Name of Contributor | OH | 44141 | | Checl | | D1.0 | |
| | | | Registra | ition Nu | mber, if | PAC | |
| Rosie A Chatman | Jr1 | | 1 | | | | |
| | | pation/Labor Organization* | M | D | 4 F | Amount | 50.00 |
| 2628 Martin Road | Retired | Iw. a.v. | | 0 9 ash,Chec | | <u> </u> | 50.00 |
| City | State | Zip Code | Form(C | asn, uned | ck,etc) | | |
| Mogadore Full Name of Contributor | OH | 44260 | Desintes | stiam bha | mber, if | DAC | |
| 1 | | | Registra | ILIOIT IYUI | mber, ir | PAC | |
| Francine Terry Street Address | Employer/Occur | nation / shor Organization? | М | D | Y | Amount | |
| | Employer/Occupation/Labor Organization* | | | 0 9 | | 10 | 10.00 |
| 275 N Portage Path | Retired State | Zip Code | Form(C | | | | 18.00 |
| Akron | OH | 44303 | II WIII(C | Cash | | | |
| Full Name of Contributor | 1.0 : 11 | 11303 | Registra | | mber, if | PAC | |
| Crystal Burnett | | | l'icgiour. | 10011100 | moeij ii | i ne | |
| Street Address | Employer/Occur | pation/Labor Organization* | М | D | ΙΥ | Amount | |
| 209 South High St. #2 | Attorney | | 100 | | 1 5 | - unounc | 20.00 |
| City | State | Zip Code | Form(Ca | | | | 20.00 |
| Akron | ОН | 44308 | | Cash | | | |
| Full Name of Contributor | 1 0 7 41 | 13500 | Registra | | mber, if I | PAC | |
| Marian Kea | | | " | | | | |
| Street Address | Employer/Occus | pation/Labor Organization* | М | D | Y | Amount | |
| 80 North Portage Apt 81A | Retired | | 100 | - | 1 5 | | 20.00 |
| City | State | Zip Code | | sh,Chec | | | 20.00 |
| Akron | ОН | 44303 | | Cash | . , | | |
| Full Name of Contributor | | | Registra | | nber, if I | PAC | |
| Deanna Rice | | | - | | • | | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | Đ | Y | Amount | |
| 3663 Ace Drive | Self Emp | 5.11 | 0 8 | 0 9 | 1 5 | | 10.00 |
| City | State | Zip Code | Form(Ca | | | | 20.00 |
| Akron | ОН | 44319 | | Cash | | | |
| | | | • | | | • | |
| andred for analytical on from bull-likely area \$100 to a | | | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$ 918.00 |
| | | |

^{*} 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)]

| Event Date | 8-9-2015 |
|------------|----------|
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| | Prescribed by Sec | cretary of State 3/05 | | | | | | |
|--------------------------------------|-------------------|----------------------------------------------|--------------|-----------------------------|------------|----------|-------|--|
| Name of Committee in Full | - () (| | | | | | | |
| Committee to Elect Michael D William | s for Mayo | <u>r </u> | In the | | | | | |
| | | | | Registration Number, if PAC | | | | |
| Florita Montgomery | T | | | · | | | | |
| Street Address | 100 | ation/Labor Organization* | M | D | Y | Amount | | |
| 1227 Kings Road | Retired | | | 0 9 | | | 50.00 | |
| City | State | Zip Code | , , | sh Check | 120 | | | |
| Morgantown | W V | 26508 | | <u>Checl</u> | | | | |
| Full Name of Contributor | | • | Registra | tion Num | ber, if Pa | AC | | |
| Renatta A Robinson | | | | | | | | |
| Street Address | | ation/Labor Organization* | М | D | Y | Amount | | |
| 1220 W Plainview | Akron E | Iead Start | 0 8 | 0 9 | 1 5 | l . | 20.00 | |
| City | State | Zip Code | Form(Ca | ish.Check | etc) | | | |
| Copley | OH | 44321 | 22.00 | Checl | < | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if Pa | AC | | |
| Lillie R Jackson | | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | М | D | Y | Amount | | |
| 428 Iroquois Ave | Ohio De | pt of Rehabilitation | 0 8 | 0 9 | 1 5 | l . | 50.00 | |
| City | State | Zip Code | | sh,Check | | | 40.00 | |
| Akron | OH | 44305 | 1000 | Checl | | | | |
| Full Name of Contributor | () | 11000 | | tion Num | | AC | | |
| Ianie Foshee | | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | м | D | Y | Amount | | |
| 100 Rhodes Ave | Retired | | | 0 9 | | | 20.00 | |
| City | State | Zip Code | | sh.Check | | | 20.00 | |
| Akron | ОТН | 44302 | | Checl | , | | | |
| Full Name of Contributor | 1 () 11 | 1302 | | tion Num | | AC | | |
| Sharon Hairston Dennis | | | I TOP BISH W | | 001, 11 17 | 10 | | |
| Street Address | Employer Occup | ation/Labor Organization* | M | D | Y | Amount | | |
| 565 Inverness Road | Summit | | | 0 9 | | | 20.00 | |
| City | State | Zip Code | | sh,Check | | <u> </u> | 20.00 | |
| Akron | OH | 44313 | | | | | | |
| Full Name of Contributor | () (FI | 44313 | | Check | | v.C. | | |
| 10.50 | | | Registra | 11011 140111 | ber, it is | 10 | | |
| Morgan C Greene Street Address | I | and the second second | | | | D . | | |
| | | ation/Labor Organization* | М | D | Y | Amount | 00.00 | |
| 298 Storer Ave | | lead Start | | 0 9 | 1 5 | | 20.00 | |
| City | State | Zip Code | Form(Ca | sh,Check | | | | |
| Akron | OH | 44320 | | Cash | | | | |
| Full Name of Contributor | | | Registra | ion Num | ber, if PA | AC | | |
| Janice Skeen | | | | | | | | |
| Street Address | | ntion Labor Organization* | М | D | Y | Amount | | |
| 1188 Medina Road | Self Emp | oloyed | | 0 9 | | | 20.00 | |
| City | State | Zip Code | Form(Ca | sh Check | ,cic) | | | |
| Medina | O H | 44256 | | Cash | | | | |
| 18 | | 5- 5- 92 | | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
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| - | | Page Total \$ 200 00 |
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^{*} 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)]

| Event Date | 8-9-2015 |
|------------|----------|
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| | Prescribed by Se | ecretary of State 3/05 | | |
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| Name of Committee in Full | | | | |
| Committee to Elect Michael D Will | liams for Mayo | or | Registration Number, if PAC | |
| Renea Baylor | | | Registration Number, it FAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 8550 Pleasantwood Ave NW | | dvisors LLC | 080915 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| North Canton | OH | 44720 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Jessica Jackson | In 1 10 | | | |
| Street Address | | pation/Labor Organization* | M D Y Amount 0 8 0 9 1 5 | 20.00 |
| 452 Grace Ave | ASSOCIA | ted Materials Zip Code | 0 8 0 9 1 5 Form(Cash,Check,etc) | 20.00 |
| Akron | OH | 1 ' | Cash | |
| Full Name of Contributor | () 11 | 11020 | Registration Number, if PAC | |
| Rebecca Delaney | | | - N | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1188 Medina Road | Self Em | | | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Medina | O H | 44256 | In the death of the second | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| Silver Murea | Employ en cook | patient adder or gastrasiron | 0 1 5 | |
| City | State | Zīp Code | Form(Cash,Check,etc) | |
| 020 | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| Pia. | | Zip Code | 0 1 5 Form(Cash,Check,etc) | |
| City | State | Zip Code | rom(casi,check,etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| | | | 0 1 5 | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer Occu | pation/Labor Organization* | M D Y Amount | |
| Sirver rightss | Employer Occo | partition organization | 0 1 5 | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| The state of the s | 1 | | | |
| <u> </u> | | · · · · · · · · · · · · · · · · · · · | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|--------------|-------|
| | | Page Total S | 60.00 |
| | | | |

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)]

| Event Date | 8-13-2015 |
|------------|-----------|
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| | |

| | Prescribed by Secr | etary of State 3/05 | | | | | |
|--------------------------------------|-----------------------------------------|----------------------------|-----------------------------|-----------------|------------|---------------|--------|
| Name of Committee in Full | | | | | | | |
| Committee to Elect Michael D William | ns for Mayor | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Rebecca J Sremack | | | | | | | |
| Street Address | | pation/Labor Organization* | M | D | Y | Amount | |
| 3433E Tuscarawas Ext | Attorney | | | 1 3 | | <u> </u> | 50.00 |
| City | State | Zip Code | | ash,Che | | | |
| Barberton Full Name of Contributor | OH | 44203 | | Checl | | 240 | |
| | | | Kegistr | ation Nui | mber, if I | PAC | |
| Justin Barnhart Street Address | I Completion (Occurs | pation/Labor Organization* | M | D | ΙΥ | Amount | |
| | 1 ' ' | | 200.0 | 1 3 | | Adilogni | 50.00 |
| 18 River Ridge Lane | Attorney State | Zip Code | | ash,Che | | <u> </u> | 50.00 |
| Munroe Falls | OH | 44262 | | Checl | | | |
| Full Name of Contributor | I O a H | 44202 | | | mber, if I | PAC | |
| William M Sremack | | | Incgiau I | 20011140 | moer, ii i | | |
| Street Address | Employer/Occur | pation/Labor Organization* | l m | D | Ý | Amount | |
| 2745 South Arlington Road | Attorney | • | 1770 | 1 3 | 76. | | 50.00 |
| City | State | Zip Code | | ash,Chec | | | 50.00 |
| Akron | ОН | 44312 | 1 ' | Checl | | | |
| Full Name of Contributor | | 1.072 | | | mber, if I | PAC | |
| Nowar Katirji | | | | | • | | |
| Street Address | Employer/Occur | pation/Labor Organization* | M | Ð | Υ | Amount | |
| 524 Ghentwood Drive | Attorney | , | 0 8 | 1 3 | 1 5 | | 50.00 |
| City | State | Zip Code | Form(C | ash,Ched | k,etc) | | |
| Akron | ОН | 44333 | 1 | Checl | k | | |
| Full Name of Contributor | | | Registr | ation Nu | mber, if I | PAC | |
| Annette L Powers | | |] | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | D | Υ | Amount | |
| 1190 Jefferson Ave | Attorney | 1 | 0 8 | 1 3 | 1 5 | | 50.00 |
| City | State | Zip Code | | ash,Che | | | |
| Akron | OH | 44313 | | Checl | - | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if i | PAC | |
| Brian J Williams | | | | | | | |
| Street Address | | pation/Labor Organization* | M | D | Y | Amount | |
| 141 Broad Blvd Suite 206 | Attorney | | | 1 3 | | | 100.00 |
| City | State | Zip Code | 1 ' | ash,Ched | - , | | |
| Cuyahoga Falls | O H 44221 | | | Checl | _ | | |
| | | | Registra | TUON NUI | mber, if I | PAC | |
| Christina Londrico Street Address | - In | | | | I w " | A description | |
| | Employer/Occupation/Labor Organization* | | M | D d a | Y | Amount | ar 00 |
| 2109 Stoney Run Circle | Attorney | | | 1 3 ash,Chec | 1 5 | | 25.00 |
| | | | | ersm. i "MPC | A . P? L C | | |
| City Broadview Hts | State H | Zip Code 44147 | 1 3111(0 | Cash | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| 5,250,00 | | Page Total \$ 375.00 |

^{*} 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)]

| Event Date | 8-13-2015 |
|------------|-----------|
| Page | 28 |

| | Prescribed by Secr | etary of State 3/05 | | | | | |
|------------------------------|---------------------------|--------------------------|-----------------------------|------------|-----------|--------|-------|
| Name of Committee in Full | | | | | | | |
| Committee to Elect Michael D | <u>Williams for Mayor</u> | • | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Linda Londrico | | | | | | | |
| Street Address | | tion/Labor Organization* | М | D | Y | Amount | |
| 3145 Route 303 | Homeake | er | 0 8 | 1 3 | 1 5 | | 25.00 |
| City | | Zip Code | Form(Ca | ish,Checl | | | |
| Richfield | OH | 44286 | | Cash | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Brittany Zaehringer | | | | | | | |
| Street Address | 57 ' 41 ' | tion Labor Organization* | М | D | Y | Amount | |
| 631 Ridgeline Drive | Attorney | | 0 8 | | | | 75.00 |
| City | | Zip Code | | ish,Checl | . , | | |
| Cuyahoga Falls | OH | 44223 | | Chec | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Sharen D Bell | <u> </u> | | | | | | |
| Street Address | | tion Labor Organization* | М | D | Y | Amount | |
| 772 Glendora | City of A | | | 1 3 | | | 25.00 |
| City | | Zip Code | | ıslı,Checl | | | |
| Akron | OH | 44320 | | Chec | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Michael E George | | | | | | | |
| Street Address | 102 22 | tion/Labor Organization* | М | D | Y | Amount | |
| 1296 Lisa Ann Drive | Attorney | | | 1 3 | | | 25.00 |
| City | | Zip Code | Form(Ca | ish,Checl | . , | | |
| Akron | ОН | 44313 | | Cash | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Laura George | | 10,2 | | | | | |
| Street Address | | tion/Labor Organization* | M | D | Y | Amount | |
| 1296 Lisa Ann Drive | | sst. Fairlawn | | 1 3 | | | 25.00 |
| City | | Zip Code | Form(Ca | ish,Checl | | | |
| Akron | ОН | 44313 | Cash | | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Sidney Glick | | | | , | , | | |
| Street Address | 1 1 1 1 1 1 1 | tion/Labor Organization* | M | D | Y | Amount | |
| 181 Brook Bend Drive | Attorney | | 0 8 | | 1 5 | | 50.00 |
| City | State | Zip Code | 1 ' | ish,Checl | | | |
| Akron | OH | 44333 | _ | Chec! | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if P | AC | |
| Jacqueline A Silas-Butler | | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | M | D | Y | Amount | |
| 2081 Larchmont Road | Attorney | | | 1 3 | | | 50.00 |
| City | State | Zip Code | | ish,Checl | | | |
| Akron | l o l H l | 44313 | | Chec | k | | |

Fill in the boxes below only on the last page for this event.

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|--------------------------------|------------------------------------------|--------------|--------|
| Total contributions this event | Total expenditures this event | | |
| | | Page Total S | 275.00 |
| | | _ | |
| | | | |

^{*} 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)]

| Event Date | 8-13-2015 |
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| Page | 29 |

Prescribed by Secretary of State 3/05

| the same of the sa | Prescribed by Sec | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------|---------------|-----------|----------|--------|
| Name of Committee in Full | 1: 6 16 | | | | | | |
| Committee to Elect Michael D Wil | liams for Mayor | | 15: | | | | |
| | | | Registr | ation Nu | ımber, if | PAC | |
| George Hanna Street Address | F 10 | | | - | Т | | |
| | | pation/Labor Organization* | M | D O | Y | Amount | |
| 563 Edinburg Court | City of A | | | | 1 5 | | 750.00 |
| | State | Zip Code | Form(C | ash,Che | | | |
| Akron Full Name of Contributor | OH | 44319 | Check Registration Number, if PAC | | | | |
| | | | Registr | ation Nu | mber, if | PAC | |
| Rama Hana Street Address | [5 | | | | | 15 . | |
| | | ipation/Labor Organization* | M | P | Y _ | Amount | |
| 563 Edinburg Court | Homeal | | | 1 3 | | 1 | 750.00 |
| | State | Zip Code | 1 | ash,Che | | | |
| Akron Full Name of Contributor | OH | 44319 | | Chec | | | |
| | | | Registra | ation Nu | mber, if | PAC | |
| Wanda Hanna | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 563 Edinburg Court | Macys | | | 1 3 | | | 750.00 |
| City | State | Zip Code | 1 . | ash,Che | | | |
| Akron | O H 44319 | | Check | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Paul Grant | | <u></u> | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| 209 South Main Street | Attorne | | | | 1 5 | | 100.00 |
| City | State | Zip Code | | ash,Che | | | |
| Akron | ОН | 44309 | | Chec | | | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| Anita Davis | | | <u></u> | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 1555 Hampton Knoll Drive | Attorne | | | | 1 5 | <u> </u> | 50.00 |
| City | State | Zip Code | | ash,Che | . , | | |
| Akron | OH | 44313 | | Chec | | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, if | PAC | |
| Jason D Wallace | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 19540 Riverview Ave | Attorney | | 0 8 | | | | 100.00 |
| City | State | Zip Code | Form(Ca | ash,Che | k,etc) | | |
| Rocky River | OH | 44116 | 4 | Checl | ς | | |
| Full Name of Contributor | | | Registra | ition Nu | nber, if | PAC | |
| Crystal Neloms | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | - |
| 106 Silver Valley Blvd | Akron M | letropolitan Housing | 0 8 | 1 3 | 1 5 | | 50.00 |
| City | State | Zip Code | Form(Ca | sh,Ched | k,etc) | | |
| Munroe Falls | OH | 44262 | | Check | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| | | Page Total \$ 2,550.00 |
| | <u>L</u> | |

^{*} 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)]

| Event Date 8_ | 13-2015 |
|---------------|---------|
| Page | 30 |

| | Prescribed by Secr | etary of State 3/05 | | | | | |
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| Name of Committee in Full | | | · | | | | |
| Committee to Elect Michael D Wil | lliams for Mayor | | | | | | |
| Full Name of Contributor | | | Registra | tion Numl | ber, if PAC | | |
| Adam C Doxsey | ¥- | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Y Amou | | |
| 270 Sand Run Road | Attorne | | - 1 | 1 3 | - 11- 1 | 100.00 | |
| City | State | Zip Code | , | ish,Check, Check | etc) | | |
| Akron | OH | 44313 | _ | | | | |
| Full Name of Contributor | | | Registra | tion Numb | per, if PAC | | |
| Britney Mendenhall | | | - | - 1 | | | |
| Street Address | 1 1 1 | pation/Labor Organization* | M | D | Y Amou | | |
| 176 Henry Street | Teacher | | | 1 3 | | 25.00 | |
| City | State | Zip Code | , | sh,Check, | etc) | | |
| Akron | OH | 44305 | | Cash | | | |
| Full Name of Contributor | | | Registra | tion Numb | oer, if PAC | | |
| David Mendenhall | | | 1 | | | | |
| Street Address | 1 ' ' | pation/Labor Organization* | M | D | Y Amou | | |
| 977 Portage Street | Self Emp | | | A U | 1 5 | 25.00 | |
| City | State | Zip Code | 1 ' | sh,Check, | etc) | | |
| North Canton | OH | 44720 | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Joseph Todd | | | M | | | · · · · · · · · · · · · · · · · · · · | |
| Street Address | 1 ' " | Employer/Occupation/Labor Organization* | | D | Y Amou | | |
| 311 Alden Avenue | | 1st Energy | | 1 3 | | 50.00 | |
| City | The state of the s | State Zip Code | | Form(Cash,Check,etc) | | | |
| Akron | OH | 44313 | Check Registration Number, If PAC | | | | |
| Full Name of Contributor | | | Registra | tion Numb | er, If PAC | | |
| Ms Patricia Longville | - Ia | | 1 | - 1 | | | |
| Street Address | | pation/Labor Organization* | M | D | Y Amou | | |
| 540 Stanton Ave | Retired | In a | | 1 3 | | 200.00 | |
| City | State | Zip Code | 1 ' | sh,Check, | etc) | | |
| Akron | OH | 44301 | | Check | | | |
| Full Name of Contributor | | | Registra | tion Numb | oer, if PAC | | |
| Annett Lucarelli | <u> </u> | | | - 1 | | | |
| Street Address | ' " | pation/Labor Organization* | M. | D | Y Amou | | |
| 461 Letchworth Drive | | Summit County CSB | | 1 3 | | 25.00 | |
| City | State | Zip Code | | sh,Check, | etc) | | |
| Akron | ОН | 44303 | <u> </u> | Cash | | | |
| Full Name of Contributor | | | Registra | tion Numb | er, if PAC | | |
| Kenneth C Martin | | | ļ | | | | |
| Street Address | | pation/Labor Organization* | M | D | Y Amou | | |
| 1 Cascade Plaza Suite 1000 | Attorney | | | 1 3 | | 25.00 | |
| City | State | Zip Code | 1 ' | sh,Check, | etc) | | |
| Akron | OH | 44308 | 1 | Cash | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | | Total expenditures this event | | |
|--------------------------------|---|-------------------------------|---------------|--------|
| | , | | Page Total \$ | 450.00 |
| | | | | |

^{*} 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 payroil 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)]

| Event Date | 8-13-2015 |
|------------|-----------|
| Page | 31 |

| | Prescribed by Sec | cretary of State 3/05 | | | | |
|--------------------------------------|-----------------------------------------|---------------------------|-----------------------------|---------------|--|--|
| Name of Committee in Full | | | | | | |
| Committee to Elect Michael D William | ıs for Mayo | r | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Daniel Bache | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | | | |
| 90 Devon Lane #101 | Attorney | у | 0 8 1 3 1 5 10 | 00.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | OH | 44313 | Check | | | |
| Full Name of Contributor | | • " | Registration Number, if PAC | | | |
| Jeffrey Smith | | | <u> </u> | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | | | |
| 696 Greenwood Ave | Retired | | 0 8 1 3 1 5 25 | 50.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | $O \mid H$ | 44320 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Sarah M Hulbert | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | | | |
| 2200 Ravenna Street | Attorney | 7 | 0 8 1 3 1 5 10 | 00.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Hudson | OH | 44236 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| _ Sheila Smith | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount | | | |
| 696 Greenwood Ave | Social Se | rvices | 0 8 1 3 1 5 5 | 50.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | OH | 44320 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Ronald A Higgins | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | | | |
| 56 B North Rose Blvd | Self Emp | oloyed | [0 8 1 3 1 5] 10 | 00.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | OH | 44302 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Kelly Mendenhall | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | | | |
| 190 N Union Street | Homeaker | | 0 8 1 3 1 5 75 | 50.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | OH | 44304 | Check | | | |
| Full Name of Contributor | | · | Registration Number, if PAC | | | |
| Cara Kennerly Ford | | | 222 | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M D Y Amount | $\overline{}$ | | |
| 424 Merriman Road | Attorney | 7 | 0 8 1 3 1 5 25 | 50.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| Akron | OH | 44303 | Check | | | |
| | | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| | Total experiences this even | Page Total \$ 1,600.00 |
| | | |

^{*} 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)]

| Event Date | 7-23-2015 |
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| Page | 32 |

| ut u ooc | 01 1 0 | and disting | LIVE. | | | | |
|---------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|----------------------|------------|-------------|----------------------------------------------|--------|
| | Prescribed by So | ecretary of State 3/05 | | | | | |
| Name of Committee in Full | 6 36 | | | | | | |
| Committee to Elect Michael D Willia Full Name of Contributor | ams for Mayo | or | In | et in Mini | .t :Ch | 4.0 | |
| James L Burnett | | | Registra | tion Nun | iber, if P | AC | |
| Street Address | Employer/Occur | pation/Labor Organization* | М | D | Y | Amount | |
| 685 Ardleigh Drive | Self Em | | | 1 3 | | | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | |
| Akron | ОН | 44303 | | Chec | | | |
| Full Name of Contributor | | | | | iber, if P. | AC | |
| David P Drew | | | | | | | |
| Street Address | | pation/Labor Organization* | М | D | Y | Amount | |
| 5397 Park Vista Court | Attorne | | | 1 3 | | <u> </u> | 50.00 |
| City | State | Zip Code | | ash,Chec | - | | |
| Stow | ОН | 44224 | | Chec | | | |
| Full Name of Contributor | | | Registra | tion Nun | iber, if Pa | AC | |
| Street Address | Employer/Occur | pation/Labor Organization* | H _M | D | Y | Amount | |
| Succi Addices | Employer/Occu | pation/Labor Organization | IVI | | 1 | Amount | |
| City | State | Zip Code | Form(C | ash,Chec | k etc) | | |
| 1 | | Lap Code | 1 01(01 | 2511,01100 | r.,210 j | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | | |
| | | | 1 | | | | |
| Street Address | treet Address Employer/Occupation/Labor Organization* | | М | D | Y | Amount | |
| | | | [] J [4] | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | · | | |
| Full Name of Contributor | | <u></u> | D a silates | elan Man | ber, if Pa | 4.C | |
| Fur Name of Controllor | | | Registra | tion tann | iber, it ra | AC | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | D | Y | Amount | |
| | | <u>-</u> | 1 1 | | | | |
| City | State | Zip Code | Form(Ca | ash Chec | k,etc) | | |
| | 5) | | | | | | |
| Full Name of Contributor | | • | Registra | tion Nun | iber, if Pa | AC | |
| Street Address | [E O | pation/Labor Organization* | - 14 | T 5 | 1 1/ | Amount | |
| Street Address | Employer/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| City | State | Zip Code | Form(C) | sh,Chec | k etc) | <u>. </u> | |
| | 37006 | zap code | I osmice. | 2511, CHCC | к,сто ј | | |
| Full Name of Contributor | | <u> </u> | Registra | tion Nurr | ber, if P | AC | |
| | | | " | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | D | Y | Amount | |
| | | | 100 | 1 | | | |
| City | State | Zip Code | Form(C: | ish,Chec | k,etc) | | |
| | | | | | | | |
| | | 60 1 40 | | | | | |
| equired for contributions from individuals over \$100 to statewide and | | | | • | | | |
| ividual's business, if any, rather than employer should be listed. If two | 111 | ontribute via payroll deduction | and exceed | the aggre | gate of \$ | 100, the labor | |
| anization of which the employees are members, if any, must appear. | R.C. 3517.10(B)(4)] | | | | | | |
| | | | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$150.00_ |
| | | |

^{*} R indi