

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Williams for Akron Committee							Registration Number, if PAC		
Full Name of Candidate Michael D Williams									
Street Address 1263 Country Club Road					Office Sought Mayor			District Akron	
City Akron					State OH		Zip Code 44313		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual 2015
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 0	D 9	Y 0 8 1 5

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

1. Amount brought forward from last report	\$	13,111.77
2. Total monetary contributions (From Form No. 31-A)	\$	23,520.25
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, and 3)	\$	36,632.02
5. Total monetary expenditures (From Form No. 31-B)	\$	23,693.62
6. Balance on hand (line 4 minus line 5)	\$	12,938.40
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	91,381.90
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

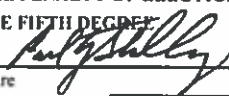
2015 AUG 27 AM 11:34
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 #10080 DR

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

Paul A Stallings - Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



08/25/2015

Date

Contribution pages 28

Expenditure pages 3

Other pages 21

Total pages 52

Statement of Contributions Received

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 Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Geraldine M Carter				Registration Number, if PAC			
Street Address 254 S Rose Blvd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44313	M 0 7	D 0 6	Y 1 5	Amount 750.00	
Full Name of Contributor Linda L Beaty				Registration Number, if PAC			
Street Address 2047 Wyndham Road		Employer/Occupation/Labor Organization* Homeaker			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44313	M 0 7	D 0 6	Y 1 5	Amount 100.00	
Full Name of Contributor M Motague Buckner				Registration Number, if PAC			
Street Address 632 Orlando Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44320	M 0 7	D 0 6	Y 1 5	Amount 100.00	
Full Name of Contributor Richard L Williger				Registration Number, if PAC			
Street Address 4461 Pembroke Court		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Stow	State O H	Zip Code 44224	M 0 7	D 0 6	Y 1 5	Amount 50.00	
Full Name of Contributor Marian Kea				Registration Number, if PAC			
Street Address 80 N Portage Path Apt. 8A1		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44303	M 0 7	D 0 6	Y 1 5	Amount 25.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Ms. Patricia L Longville				Registration Number, if PAC		
Street Address 540 Stanton Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44301	M 0 7	D 0 6	Y 1 5	Amount 50.00
Full Name of Contributor Timothy A Lilley				Registration Number, if PAC		
Street Address 540 Stanton Ave		Employer/Occupation/Labor Organization* Big Trail Publishing			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44301	M 0 7	D 0 6	Y 1 5	Amount 50.00
Full Name of Contributor Florita Montgomery				Registration Number, if PAC		
Street Address 1227 Kings Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Morgantown	State W V	Zip Code 26508	M 0 7	D 2 5	Y 1 5	Amount 200.00
Full Name of Contributor Sharon Berg				Registration Number, if PAC		
Street Address 600 Canton Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44312	M 0 7	D 2 5	Y 1 5	Amount 100.00
Full Name of Contributor Anthony Brown				Registration Number, if PAC		
Street Address 1527 Diagonal Road		Employer/Occupation/Labor Organization* ACME			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 7	D 2 5	Y 1 5	Amount 50.00
Full Name of Contributor Judge Carla D Moore				Registration Number, if PAC		
Street Address 1048 Rolling Meadows Road		Employer/Occupation/Labor Organization* Judge			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44333	M 0 7	D 2 5	Y 1 5	Amount 50.00
Full Name of Contributor Judge Carla D Moore				Registration Number, if PAC		
Street Address 1048 Rolling Meadows Road		Employer/Occupation/Labor Organization* Judge			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44333	M 0 7	D 2 5	Y 1 5	Amount 100.00
Full Name of Contributor James L Brooks				Registration Number, if PAC		
Street Address 286 Hollywood Ave		Employer/Occupation/Labor Organization* Self employed			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44313	M 0 7	D 2 6	Y 1 5	Amount 750.00

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Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Gary L Wyatt				Registration Number, if PAC		
Street Address 854 Emory Ave		Employer/Occupation/Labor Organization* US Postal Service			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44310	M 0 8	D 0 4	Y 1 5	Amount 50.00
Full Name of Contributor Marva Samples				Registration Number, if PAC		
Street Address 1401 Crestview Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 8	D 0 4	Y 1 5	Amount 100.00
Full Name of Contributor Norman Edwards				Registration Number, if PAC		
Street Address 3715 Warrensville Center Road		Employer/Occupation/Labor Organization* Self-employed - Independent Contractor			Form (Cash, Check, etc.) Check	
City Shaker Heights	State O H	Zip Code 44122	M 0 8	D 0 4	Y 1 5	Amount 750.00
Full Name of Contributor Jonathan Sinn				Registration Number, if PAC		
Street Address 137 South Main Suite 360		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44308	M 0 8	D 0 4	Y 1 5	Amount 750.00
Full Name of Contributor Paul Barnett				Registration Number, if PAC		
Street Address 2474 Londonberry Drive		Employer/Occupation/Labor Organization* City of Cleveland			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44333	M 0 8	D 0 4	Y 1 5	Amount 100.00
Full Name of Contributor Stacey L McGowan				Registration Number, if PAC		
Street Address 670 Crossings Circle		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Tallmadge	State O H	Zip Code 44278	M 0 8	D 0 4	Y 1 5	Amount 50.00
Full Name of Contributor Kevin Waler				Registration Number, if PAC		
Street Address 25 West Bank Street		Employer/Occupation/Labor Organization* Student			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code	M 0 8	D 0 4	Y 1 5	Amount 5.00
Full Name of Contributor John V Lund Jr				Registration Number, if PAC		
Street Address hampton Ridge Drive		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44313	M 0 8	D 1 8	Y 1 5	Amount 500.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Ed Smith				Registration Number, if PAC		
Street Address 577 Madison		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 8	D 1 8	Y 1 5	Amount 250.00
Full Name of Contributor Mary King				Registration Number, if PAC		
Street Address 590 Weber Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44303	M 0 8	D 1 8	Y 1 5	Amount 50.00
Full Name of Contributor Jeffery Smith				Registration Number, if PAC		
Street Address 696 Greenwood Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 8	D 1 8	Y 1 5	Amount 50.00
Full Name of Contributor Crystal Jones				Registration Number, if PAC		
Street Address 765 Stoner Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 8	D 1 8	Y 1 5	Amount 100.00
Full Name of Contributor Jeffery Smith				Registration Number, if PAC		
Street Address 696 Greenwood Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44320	M 0 8	D 1 8	Y 1 5	Amount 75.00
Full Name of Contributor David M Watson				Registration Number, if PAC		
Street Address 759 Knollwood Drive		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Uniontown	State O H	Zip Code 44685	M 0 8	D 1 8	Y 1 5	Amount 300.00
Full Name of Contributor Proceeds from Fundraiser 7-19				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 7	D 2 7	Y 1 5	Amount 5,559.00
Full Name of Contributor Proceeds from Fundraiser 7-23				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 7	D 2 8	Y 1 5	Amount 2,235.00

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Statement of Contributions Received

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Name of Committee in Full Committee to Elect Michael D Williams for Mayor									
Full Name of Contributor Proceeds of Fundraiser 8-13							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Akron		State O H		Zip Code		M 0 8	D 1 9	Y 1 5	Amount 5,400.00
Full Name of Contributor Proceeds of Fundraiser 8-9							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State O H		Zip Code		M 0 8	D 1 9	Y 1 5	Amount 2,123.00
Full Name of Contributor Unidentified credit to account - First Merit Bank							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State O H		Zip Code		M 0 7	D 0 9	Y 1 5	Amount 48.25
Full Name of Contributor Nellie M Jones							Registration Number, if PAC		
Street Address 500 Clearbrook Drive				Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Akron		State O H		Zip Code 44313		M 0 7	D 2 9	Y 1 5	Amount 100.00
Full Name of Contributor Susan Kathryn Van Buren							Registration Number, if PAC		
Street Address 320 Ely Road				Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Akron		State O H		Zip Code 44313		M 0 7	D 2 9	Y 1 5	Amount 750.00
Full Name of Contributor Mary E Kerek							Registration Number, if PAC		
Street Address 3376 Dowling Drive				Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Fairlawn		State O H		Zip Code 44333		M 0 7	D 2 9	Y 1 5	Amount 300.00
Full Name of Contributor Dr. Charles Van Vuren							Registration Number, if PAC		
Street Address 3515 Pittsburgh Street				Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Houston		State T X		Zip Code 7705		M 0 7	D 2 9	Y 1 5	Amount 500.00
Full Name of Contributor Henry McKeck							Registration Number, if PAC		
Street Address 394 McGowan Street				Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Akron		State O H		Zip Code 44306		M 0 7	D 2 9	Y 1 5	Amount 250.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor William Zavarello					Registration Number, if PAC		
Street Address 313 S High Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Akron	State OH	Zip Code	M 0	D 7	Y 2	Amount 750.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
OH							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
OH							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
OH							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
					15		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
					15		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
					15		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0		15		

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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 Councilman												
To Whom Paid						M	D	Y	Amount			
Brandon Kovach						0	7	0	1	1	5	200.00
Address			Purpose									
1942 Old Farm Trail			Political consultant									
City		State	Zip Code		Check Number							
Austintown		O	H	44515		1004						
To Whom Paid						M	D	Y	Amount			
Patriot Signs, Inc						0	7	0	9	1	5	7,491.07
Address			Purpose									
1001 Second Avenue			Signs									
City		State	Zip Code		Check Number							
Dayton		K	Y	41074		1005						
To Whom Paid						M	D	Y	Amount			
United States Postal Service						0	7	1	4	1	5	122.50
Address			Purpose									
2711 West Market Street			Stamps									
City		State	Zip Code		Check Number							
Akron		O	H	44313		1007						
To Whom Paid						M	D	Y	Amount			
Icon Ad Agency						0	7	2	4	1	5	875.00
Address			Purpose									
243 Elizabeth Parkway			Campaign Signs									
City		State	Zip Code		Check Number							
Akron		O	H	44304		1008						
To Whom Paid						M	D	Y	Amount			
Sackmann Stamp & Stencil Co., Inc						0	7	2	7	1	5	312.40
Address			Purpose									
411 W Exchange Street			Magnetic Signs									
City		State	Zip Code		Check Number							
Akron		O	H	44302		1011						
To Whom Paid						M	D	Y	Amount			
Graffiti Print Shop						0	7	2	6	1	5	1,780.39
Address			Purpose									
739 North Main Street			T Shirts									
City		State	Zip Code		Check Number							
Akron		O	H	44310		1012						
To Whom Paid						M	D	Y	Amount			
F Lee Tax and Accounting Service						0	7	2	7	1	5	2,000.00
Address			Purpose									
875 E Market Sreet			GoTV Expenses									
City		State	Zip Code		Check Number							
Akron		O	H	44305		1010						
To Whom Paid						M	D	Y	Amount			
Saint Phillips Fashion Show						0	7	2	5	1	5	50.00
Address			Purpose									
1130 Mercer Ave			Campaign Ad									
City		State	Zip Code		Check Number							
Akron		O	H	44320		1009						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee to Re-Elect Williams for Councilman										
To Whom Paid						M	D	Y	Amount	
Icon Ad Agency						0	8	08	15	4,960.00
Address			Purpose							
243 Elizabeth Parkway			Printing campaign literature							
City		State	Zip Code	Check Number						
Akron		O H	44304	1015						
To Whom Paid						M	D	Y	Amount	
Patriot Signage, Inc.						0	8	02	15	924.48
Address			Purpose							
1001 Second Avenue			Campaign signs							
City		State	Zip Code	Check Number						
Dayton		K Y	41074	1014						
To Whom Paid						M	D	Y	Amount	
Icon Ad Agency						0	8	05	15	572.08
Address			Purpose							
243 Elizabeth Parkway			Post cards							
City		State	Zip Code	Check Number						
Address		O H	44304	1018						
To Whom Paid						M	D	Y	Amount	
Kyle Early						0	8	05	15	100.00
Address			Purpose							
442 Bell Street			Political Consulting							
City		State	Zip Code	Check Number						
Akron		O H		1017						
To Whom Paid						M	D	Y	Amount	
Metro Regional Transit Authority						0	8	05	15	1,200.00
Address			Purpose							
416 Kenmore Blvd			Bus Advertising							
City		State	Zip Code	Check Number						
Akron		O H	44301	1016						
To Whom Paid						M	D	Y	Amount	
US Postmaster						0	8	10	15	2,299.13
Address			Purpose							
2711 West Market Street			Postage							
City		State	Zip Code	Check Number						
Akron		O H	44313	1020						
To Whom Paid						M	D	Y	Amount	
Deanna Rice						0	8	10	15	266.56
Address			Purpose							
3663 Ace Drive			Reimbursement for purchase of stamps							
City		State	Zip Code	Check Number						
Akron		O H	44319	1022						
To Whom Paid						M	D	Y	Amount	
East Akron Neighborhood Dev. Corp						0	8	02	15	50.00
Address			Purpose							
550 South Arlington Road			Labor Day Parade							
City		State	Zip Code	Check Number						
Akron		O H	44306	1013						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Williams for Councilman												
To Whom Paid US Postmaster						M	D	Y	Amount			
						0	8	1	2	1	5	390.01
Address 2711 West Market Street				Purpose Postage								
City Akron		State OH		Zip Code 44313		Check Number 1021						
To Whom Paid Kyle Early						M	D	Y	Amount			
						0	8	1	4	1	5	100.00
Address 442 Bell Street				Purpose Consultant Fee								
City Akron		State OH		Zip Code		Check Number 1023						
To Whom Paid						M	D	Y	Amount			
						0			1	5		
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
						0			1	5		
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
						0			1	5		
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
						0			1	5		
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
						0			1	5		
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
						0			1	5		

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Williams for Councilman													
From Whom Received Michael D Williams										Prior Amount 91,381.90		Amt. Incurred this Period 0.00	
Address 1263 Country Club Road										Outstanding Balance 91,381.90			
City Akron		State OH	Zip Code 44313		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 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-B)
- 4 Total Outstanding Balance \$ 91,381.90 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor				
Full Name of Contributor Russel C Neal			Registration Number, if PAC	
Street Address 476 Moreley Ave	Employer/Occupation/Labor Organization* Self employed		M D Y 0 7 1 9 1 5	Amount 100.00
City Akron	State O H	Zip Code 44320	Form(Cash,Check,etc) Check	
Full Name of Contributor Renatta A Robinson			Registration Number, if PAC	
Street Address 915 Mull Ave Apt 11	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 1 9 1 5	Amount 40.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Sam W Robinson			Registration Number, if PAC	
Street Address 915 Mull Ave Apt 11	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 1 9 1 5	Amount 20.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Loretta Sanders			Registration Number, if PAC	
Street Address 915 Mull Apt 10	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 1 9 1 5	Amount 25.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Blance Waynesboro			Registration Number, if PAC	
Street Address 1102 Diaganol Road	Employer/Occupation/Labor Organization* Self employed		M D Y 0 7 1 9 1 5	Amount 20.00
City Akron	State O H	Zip Code 44320	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gladys Brice			Registration Number, if PAC	
Street Address 1939 Meadowbrook Ave	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 1 9 1 5	Amount 45.00
City Los Angeles	State C A	Zip Code 90016	Form(Cash,Check,etc) Cash	
Full Name of Contributor April Bragg			Registration Number, if PAC	
Street Address 1327 Jefferson Ave	Employer/Occupation/Labor Organization* Teacher - APS		M D Y 0 7 1 9 1 5	Amount 20.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc)	

* 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)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 270.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC		
Charlotte Burrell					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
182 St. Clair Drive	Retired	0	7	19	20.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44307		Check	
Full Name of Contributor			Registration Number, if PAC		
Gwen Pole Chambers					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1071 Cadillac Blvd	YMCA	0	7	19	20.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Cash	
Full Name of Contributor			Registration Number, if PAC		
Savannah Ridgill					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1090 Dover	Retired	0	7	19	50.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	
Full Name of Contributor			Registration Number, if PAC		
Lonnie Hubbard					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
758 Orlando Ave	Retired	0	7	19	25.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	
Full Name of Contributor			Registration Number, if PAC		
Carol F Hubbard					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
758 Orlando Ave	Retired	0	7	19	25.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	
Full Name of Contributor			Registration Number, if PAC		
Ruby Bramlett					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
914 Dover Ave	Retired	0	7	19	20.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	
Full Name of Contributor			Registration Number, if PAC		
Patricia A Lee					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
615 Audubon Spur	Retired	0	7	19	25.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	

* 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)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 185.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor				
Full Name of Contributor Michael D Dancy			Registration Number, if PAC	
Street Address 159 Northwood Lane	Employer/Occupation/Labor Organization* Giant Eagle		M D Y 07 19 15	Amount 25.00
City Akron	State O H	Zip Code 44278	Form(Cash,Check,etc) Check	
Full Name of Contributor Jaeda M Dancy			Registration Number, if PAC	
Street Address 159 Northwood Lane	Employer/Occupation/Labor Organization* Enrollment Coordinator		M D Y 07 19 15	Amount 25.00
City Tallmadge	State O H	Zip Code 44278	Form(Cash,Check,etc) Check	
Full Name of Contributor Joann Harper			Registration Number, if PAC	
Street Address 1075 Magdolyn	Employer/Occupation/Labor Organization* Summit County		M D Y 07 19 15	Amount 20.00
City Akron	State O H	Zip Code 44320	Form(Cash,Check,etc) Cash	
Full Name of Contributor Vernon L Sykes			Registration Number, if PAC	
Street Address 133 Furnace Run Drive	Employer/Occupation/Labor Organization* Kent State University		M D Y 07 19 15	Amount 500.00
City Akron	State O H	Zip Code 44307	Form(Cash,Check,etc) Check	
Full Name of Contributor Emilia Sykes			Registration Number, if PAC	
Street Address 109 N Howard Street	Employer/Occupation/Labor Organization* Ohio House of Representativ		M D Y 07 19 15	Amount 50.00
City Akron	State O H	Zip Code 44308	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert J Snyder			Registration Number, if PAC	
Street Address 538 Llincoln Ave	Employer/Occupation/Labor Organization* Coltene Products LLC		M D Y 07 19 15	Amount 750.00
City Barberton	State O H	Zip Code 44203	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Thorton-Shuler			Registration Number, if PAC	
Street Address 778 Greenwood Ave	Employer/Occupation/Labor Organization* Retired		M D Y 07 19 15	Amount 25.00
City Akron	State O H	Zip Code 44320	Form(Cash,Check,etc) Check	

* 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)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,395.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC		
Lawrence Shuler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
778 Greenwood Ave	Retired		0	7	19	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44320	Check			
Full Name of Contributor				Registration Number, if PAC		
Barbara Sykes						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
133 Furnace Run Drive	Public Administrator		0	7	19	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44307	Check			
Full Name of Contributor				Registration Number, if PAC		
Celeste Merriweather						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2116 Jennifer Street	Retired		0	7	19	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	Check			
Full Name of Contributor				Registration Number, if PAC		
Bradley McClain						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1004 Amelia Ave	Self Employed		0	7	19	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44302	Check			
Full Name of Contributor				Registration Number, if PAC		
Atty Jacqueline Thomsason						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
648 Mineola Ave	Retired		0	7	19	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44320	Check			
Full Name of Contributor				Registration Number, if PAC		
Gwendolyn Bryant						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
776 Frank Blvd	Self Employed		0	7	19	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44320	Check			
Full Name of Contributor				Registration Number, if PAC		
Tanios Debs						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
910 Robinwood Hells Drive	Self Employed		0	7	19	400.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44333	Check			

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,240.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Edward Omobien			Registration Number, if PAC			
Street Address 2104 Brookshire Road	Employer/Occupation/Labor Organization* 247 VOIP Services		M	D	Y	Amount
			0	7	1	750.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Valerie Peavy			Registration Number, if PAC			
Street Address 372 Mackinaw Ave	Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
			0	7	1	50.00
City Fairlawn	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Check			
Full Name of Contributor Edward Gilbert			Registration Number, if PAC			
Street Address 1 Cascade Plaza Ste 825	Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
			0	7	1	750.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Check			
Full Name of Contributor Mrs. Debra Hardy			Registration Number, if PAC			
Street Address 6580 Burdett Road	Employer/Occupation/Labor Organization* Chemist		M	D	Y	Amount
			0	7	1	50.00
City Wadsworth	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44281	Form(Cash,Check,etc) Check			
Full Name of Contributor Ruth Benson Scott			Registration Number, if PAC			
Street Address 924 Longview Ave	Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
			0	7	1	100.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44307	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard W Reed			Registration Number, if PAC			
Street Address 2590 Myersville Road	Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
			0	7	1	20.00
City Uniontown	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	Form(Cash,Check,etc) Check			
Full Name of Contributor Anita Brown			Registration Number, if PAC			
Street Address 1858 McTaggart Drive	Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
			0	7	1	40.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44320	Form(Cash,Check,etc) Check			

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,760.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor JV Lund			Registration Number, if PAC				
Street Address Hampton Ridge Drive		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	7	19	20.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Michael DuBoise			Registration Number, if PAC				
Street Address 983 Roslyn Ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44320	0	7	19	20.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Anita L Goins			Registration Number, if PAC				
Street Address 1127 1st Ave		Employer/Occupation/Labor Organization* Union Process Inc.		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44306	0	7	19	40.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Marian Key			Registration Number, if PAC				
Street Address 80 North Portage Path Apt 8A1		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44303	0	7	19	20.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Judge James R Williams			Registration Number, if PAC				
Street Address 1733 Brookwood Drive		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	7	19	200.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Lee Hunter			Registration Number, if PAC				
Street Address 3916 Arlinton Road		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Uniontown		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	0	7	19	50.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Heather Green			Registration Number, if PAC				
Street Address 1030 Eagle Drive #407		Employer/Occupation/Labor Organization* Self employed		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44312	0	7	19	25.00
Form(Cash,Check,etc) Cash							

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 375.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor								
Full Name of Contributor Adolph Harper Jr				Registration Number, if PAC				
Street Address 1075 Magdalyn Drive		Employer/Occupation/Labor Organization* Self employed		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44320	0	7	1915	20.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Hobson R Hamilton JR				Registration Number, if PAC				
Street Address 992 Emma Ave		Employer/Occupation/Labor Organization* Kent State University		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44302	0	7	1915	20.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Christine Bannerman				Registration Number, if PAC				
Street Address 1370 St. Michaels Ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44320	0	7	1915	25.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Marvie T Gladden				Registration Number, if PAC				
Street Address 636 Rhodes Ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44307	0	7	1915	35.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Judith Williams				Registration Number, if PAC				
Street Address 541 Ely Road		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44313	0	7	1915	50.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Lula Pittman				Registration Number, if PAC				
Street Address 610 Mineola Ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44320	0	7	1915	25.00
				Form(Cash,Check,etc) Check				
Full Name of Contributor Paul Green				Registration Number, if PAC				
Street Address 1030 Eagle Drive #407		Employer/Occupation/Labor Organization* Signature Controls		M	D	Y	Amount	
City Akron		State O	H	Zip Code 44312	0	7	1915	29.00
				Form(Cash,Check,etc) Cash				

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 204.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor									
Full Name of Contributor Jaeda M Dancy			Registration Number, if PAC						
Street Address 159 Northwood Lane		Employer/Occupation/Labor Organization* Enrollment Coordinator		M	D	Y	Amount		
City Tallmadge		State O	H	Zip Code 44278	0	7	19	15	20.00
Form(Cash,Check,etc) Check			Registration Number, if PAC						
Full Name of Contributor David Rodgers			Registration Number, if PAC						
Street Address 80 North Portage Path		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount		
City Akron		State O	H	Zip Code 44303	0	7	19	15	50.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC						
Full Name of Contributor William E Calhoun			Registration Number, if PAC						
Street Address 3740 Tamarisk Drive		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount		
City Akron		State O	H	Zip Code 44333	0	7	19	15	100.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC						
Full Name of Contributor			Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	H	Zip Code	0	7	19	15	
Form(Cash,Check,etc)			Registration Number, if PAC						
Full Name of Contributor			Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	H	Zip Code	0	7	19	15	
Form(Cash,Check,etc)			Registration Number, if PAC						
Full Name of Contributor			Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	H	Zip Code	0	7	19	15	
Form(Cash,Check,etc)			Registration Number, if PAC						
Full Name of Contributor			Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	H	Zip Code	0	7	19	15	
Form(Cash,Check,etc)			Registration Number, if PAC						

* 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)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 170.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC	
Peter J Kalgreen					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1260 Country Club Drive	Akron Bearings	0	7	23	15
					100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44313		Check	
Full Name of Contributor				Registration Number, if PAC	
Deanna M Rice					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3663 Ace Drive	Self Employed	0	7	23	15
					50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44319		Check	
Full Name of Contributor				Registration Number, if PAC	
Annette L Powers					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1190 Jefferson Ave	Attorney	0	7	23	15
					50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44313		Check	
Full Name of Contributor				Registration Number, if PAC	
Sharen D Bell					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
772 Glendora	City of Akron	0	7	23	15
					50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44320		Check	
Full Name of Contributor				Registration Number, if PAC	
Annmarie Ford					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
135 Furncae Run Drive	Retired	0	7	23	15
					100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44307		Check	
Full Name of Contributor				Registration Number, if PAC	
Renee Baylor					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1511 South Hawkins Ave	Self Employed	0	7	23	15
					30.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44320		Cash	
Full Name of Contributor				Registration Number, if PAC	
Dennis Baylor					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1511 South Hawkins Ave	Self Employed	0	7	23	15
					30.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	O H	44320		Cash	

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 410.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor Todd Culver			Registration Number, if PAC				
Street Address 2228 5th Street SW		Employer/Occupation/Labor Organization* Student		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	50.00
Zip Code 44314		Form(Cash,Check,etc) Cash					
Full Name of Contributor Betty Williams			Registration Number, if PAC				
Street Address 1129 Roslyn		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	50.00
Zip Code 44320		Form(Cash,Check,etc) Check					
Full Name of Contributor Sarah M Hulburt			Registration Number, if PAC				
Street Address 2200 Ravenna St.		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
City Hudson		State <input type="radio"/> O <input type="radio"/> H		0	7	23	125.00
Zip Code 44236		Form(Cash,Check,etc) Check					
Full Name of Contributor Montrella S Jackson			Registration Number, if PAC				
Street Address 833 Kennebec Ave		Employer/Occupation/Labor Organization* Akron Municipal Court		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	300.00
Zip Code 44305		Form(Cash,Check,etc) Check					
Full Name of Contributor Michelle Boasten			Registration Number, if PAC				
Street Address 947 Morningstar Drive		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	50.00
Zip Code 44307		Form(Cash,Check,etc) Cash					
Full Name of Contributor Linda Omobien			Registration Number, if PAC				
Street Address 2104 Brookshire Road		Employer/Occupation/Labor Organization* City of Akron/CSS		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	50.00
Zip Code 44313		Form(Cash,Check,etc) Check					
Full Name of Contributor Vernon L Sykes			Registration Number, if PAC				
Street Address 133 Funrace Run Drive		Employer/Occupation/Labor Organization* Kent State University		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H		0	7	23	100.00
Zip Code 44307		Form(Cash,Check,etc) Check					

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Total contributions this event

Total expenditures this event

Page Total \$ 725.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Jaclyn Palumbo			Registration Number, if PAC			
Street Address 879 North Point Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Cedric B Colvin			Registration Number, if PAC			
Street Address 479 Sunset View Dr	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44320	Form(Cash,Check,etc) Check			
Full Name of Contributor John A Mogen			Registration Number, if PAC			
Street Address 942 Genesee Road	Employer/Occupation/Labor Organization* Self Employed		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44303	Form(Cash,Check,etc) Check			
Full Name of Contributor Anita Brown			Registration Number, if PAC			
Street Address 1858 McTaggart Drive	Employer/Occupation/Labor Organization* Retired		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44320	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald R Hicks			Registration Number, if PAC			
Street Address 159 South Main Street #423	Employer/Occupation/Labor Organization* Self Employed		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Check			
Full Name of Contributor Justin Barnhart			Registration Number, if PAC			
Street Address 18 River Ridge Lane	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Munroe Falls	State OH	Zip Code 44262	Form(Cash,Check,etc) Check			
Full Name of Contributor Nowai Katirji			Registration Number, if PAC			
Street Address 215 E Waterloo Road Ste 11	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44319	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor					
Full Name of Contributor Jessica Benedetti			Registration Number, if PAC		
Street Address 209 South Main Street	Employer/Occupation/Labor Organization* Law Office of Paul Grant	M 0	D 7	Y 2315	Amount 50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Cash		
Full Name of Contributor Paul Grant			Registration Number, if PAC		
Street Address 209 South Main Street	Employer/Occupation/Labor Organization* Attorney	M 0	D 7	Y 2315	Amount 50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Cash		
Full Name of Contributor Kristen Kowalski			Registration Number, if PAC		
Street Address 333 South Main Street Suite 401	Employer/Occupation/Labor Organization* Attorney	M 0	D 7	Y 2315	Amount 50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Check		
Full Name of Contributor Gregory Hill			Registration Number, if PAC		
Street Address 4450 Greensfield Circle	Employer/Occupation/Labor Organization* Physician	M 0	D 7	Y 2315	Amount 500.00
City Copley	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44321	Form(Cash,Check,etc) Check		
Full Name of Contributor Wayne Douglas			Registration Number, if PAC		
Street Address 1843 Breezewood Drive	Employer/Occupation/Labor Organization* Attorney	M 0	D 7	Y 2315	Amount 100.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		

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Total contributions this event

Total expenditures this event

Page Total \$ 750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor						
Full Name of Contributor Jessica Benedetti				Registration Number, if PAC		
Street Address 209 South Main Street	Employer/Occupation/Labor Organization* Law Office of Paul Grant		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Cash			
Full Name of Contributor Paul Grant				Registration Number, if PAC		
Street Address 209 South Main Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Cash			
Full Name of Contributor Kristen Kowalski				Registration Number, if PAC		
Street Address 333 South Main Street Suite 401	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 50.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory Hill				Registration Number, if PAC		
Street Address 4450 Greensfield Circle	Employer/Occupation/Labor Organization* Self Employed		M 0	D 7	Y 2015	Amount 500.00
City Copley	State OH	Zip Code 44321	Form(Cash,Check,etc) Check			
Full Name of Contributor Wayne Douglas				Registration Number, if PAC		
Street Address 1843 Breezewood Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2015	Amount 100.00
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	0	7	2015	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	0	7	2015	

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Total contributions this event

Total expenditures this event

Page Total \$ 750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor Jacqueline A Silas-Butler				Registration Number, if PAC			
Street Address 2081 Larchmont Road		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	8	0	25.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Gloria Rookard						Registration Number, if PAC	
Street Address 483 Augusta Drive		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	8	0	25.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Cash			
Full Name of Contributor Aria Campbell						Registration Number, if PAC	
Street Address 4251 Debbie Lane		Employer/Occupation/Labor Organization* Akron Public Schools		M	D	Y	Amount
				0	8	0	25.00
City Norton		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Cathy Hedrick						Registration Number, if PAC	
Street Address 882 Kenney Street		Employer/Occupation/Labor Organization* Centrex Revenue Solutions		M	D	Y	Amount
				0	8	0	20.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Barbara Sykes						Registration Number, if PAC	
Street Address 133 Furnace Run Drive		Employer/Occupation/Labor Organization* United Way		M	D	Y	Amount
				0	8	0	50.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44307	Form(Cash,Check,etc)			
Full Name of Contributor Veronica Sims						Registration Number, if PAC	
Street Address 133 Furnace Run Drive		Employer/Occupation/Labor Organization* Akron Public Schools		M	D	Y	Amount
				0	9	0	50.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44307	Form(Cash,Check,etc)			
Full Name of Contributor Delphena Gilbert						Registration Number, if PAC	
Street Address 740 Pine Point Drive		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
				0	8	0	750.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 945.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor				
Full Name of Contributor Ikemesit Samson-Akpan			Registration Number, if PAC	
Street Address 3267 Bankroft Road	Employer/Occupation/Labor Organization* Self Employed		M D Y 0 8 0 9 1 5	Amount 750.00
City Fairlawn	State O H	Zip Code 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Wendy Walker			Registration Number, if PAC	
Street Address 8300 Whitewood Road	Employer/Occupation/Labor Organization* Retired		M D Y 0 8 0 9 1 5	Amount 50.00
City Brecksville	State O H	Zip Code 44141	Form(Cash,Check,etc) Check	
Full Name of Contributor Rosie A Chatman			Registration Number, if PAC	
Street Address 2628 Martin Road	Employer/Occupation/Labor Organization* Retired		M D Y 0 8 0 9 1 5	Amount 50.00
City Mogadore	State O H	Zip Code 44260	Form(Cash,Check,etc)	
Full Name of Contributor Francine Terry			Registration Number, if PAC	
Street Address 275 N Portage Path	Employer/Occupation/Labor Organization* Retired		M D Y 0 8 0 9 1 5	Amount 18.00
City Akron	State O H	Zip Code 44303	Form(Cash,Check,etc) Cash	
Full Name of Contributor Crystal Burnett			Registration Number, if PAC	
Street Address 209 South High St. #2	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 0 9 1 5	Amount 20.00
City Akron	State O H	Zip Code 44308	Form(Cash,Check,etc) Cash	
Full Name of Contributor Marian Kea			Registration Number, if PAC	
Street Address 80 North Portage Apt 81A	Employer/Occupation/Labor Organization* Retired		M D Y 0 8 0 9 1 5	Amount 20.00
City Akron	State O H	Zip Code 44303	Form(Cash,Check,etc) Cash	
Full Name of Contributor Deanna Rice			Registration Number, if PAC	
Street Address 3663 Ace Drive	Employer/Occupation/Labor Organization* Self Employed		M D Y 0 8 0 9 1 5	Amount 10.00
City Akron	State O H	Zip Code 44319	Form(Cash,Check,etc) Cash	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 918.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC		
Florita Montgomery					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1227 Kings Road	Retired	0	8	09	50.00
City	State	Zip Code	Form (Cash, Check, etc)		
Morgantown	W V	26508	Check		
Full Name of Contributor			Registration Number, if PAC		
Renatta A Robinson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1220 W Plainview	Akron Head Start	0	8	09	20.00
City	State	Zip Code	Form (Cash, Check, etc)		
Copley	O H	44321	Check		
Full Name of Contributor			Registration Number, if PAC		
Lillie R Jackson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
428 Iroquois Ave	Ohio Dept of Rehabilitation	0	8	09	50.00
City	State	Zip Code	Form (Cash, Check, etc)		
Akron	O H	44305	Check		
Full Name of Contributor			Registration Number, if PAC		
Janie Foshee					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
100 Rhodes Ave	Retired	0	8	09	20.00
City	State	Zip Code	Form (Cash, Check, etc)		
Akron	O H	44302	Check		
Full Name of Contributor			Registration Number, if PAC		
Sharon Hairston Dennis					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
565 Inverness Road	Summit County	0	8	09	20.00
City	State	Zip Code	Form (Cash, Check, etc)		
Akron	O H	44313	Check		
Full Name of Contributor			Registration Number, if PAC		
Morgan C Greene					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
298 Storer Ave	Akron Head Start	0	8	09	20.00
City	State	Zip Code	Form (Cash, Check, etc)		
Akron	O H	44320	Cash		
Full Name of Contributor			Registration Number, if PAC		
Janice Skeen					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1188 Medina Road	Self Employed	0	8	09	20.00
City	State	Zip Code	Form (Cash, Check, etc)		
Medina	O H	44256	Cash		

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor				
Full Name of Contributor Renea Baylor			Registration Number, if PAC	
Street Address 8550 Pleasantwood Ave NW	Employer/Occupation/Labor Organization* OFG Advisors LLC		M D Y 0 8 09 15	Amount 20.00
City North Canton	State O H	Zip Code 44720	Form(Cash,Check,etc) Check	
Full Name of Contributor Jessica Jackson			Registration Number, if PAC	
Street Address 452 Grace Ave	Employer/Occupation/Labor Organization* Associated Materials		M D Y 0 8 09 15	Amount 20.00
City Akron	State O H	Zip Code 44320	Form(Cash,Check,etc) Cash	
Full Name of Contributor Rebecca Delaney			Registration Number, if PAC	
Street Address 1188 Medina Road	Employer/Occupation/Labor Organization* Self Employed		M D Y 0 8 09 15	Amount 20.00
City Medina	State O H	Zip Code 44256	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 15	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 15	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 15	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 15	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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Total contributions this event

Total expenditures this event

Page Total \$ 60.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor Rebecca J Sremack			Registration Number, if PAC				
Street Address 3433E Tuscarawas Ext	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	50.00
City Barberton	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	Form(Cash,Check,etc) Check				
Full Name of Contributor Justin Barnhart			Registration Number, if PAC				
Street Address 18 River Ridge Lane	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	50.00
City Munroe Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44262	Form(Cash,Check,etc) Check				
Full Name of Contributor William M Sremack			Registration Number, if PAC				
Street Address 2745 South Arlington Road	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44312	Form(Cash,Check,etc) Check				
Full Name of Contributor Nowar Katirji			Registration Number, if PAC				
Street Address 524 Ghentwood Drive	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	Form(Cash,Check,etc) Check				
Full Name of Contributor Annette L Powers			Registration Number, if PAC				
Street Address 1190 Jefferson Ave	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	50.00
City Akron	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check				
Full Name of Contributor Brian J Williams			Registration Number, if PAC				
Street Address 141 Broad Blvd Suite 206	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	100.00
City Cuyahoga Falls	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44221	Form(Cash,Check,etc) Check				
Full Name of Contributor Christina Londrico			Registration Number, if PAC				
Street Address 2109 Stoney Run Circle	Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
			0	8	13	15	25.00
City Broadview Hts	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44147	Form(Cash,Check,etc) Cash				

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Total contributions this event
5,250.00

Total expenditures this event

Page Total \$ 375.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC	
Linda Londrico					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3145 Route 303	Homeaker	0	8	13	25.00
City	State	Zip Code		Form(Cash,Check,etc)	
Richfield	<input type="radio"/> O <input type="radio"/> H	44286		Cash	
Full Name of Contributor				Registration Number, if PAC	
Brittany Zaehringer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
631 Ridgeline Drive	Attorney	0	8	13	75.00
City	State	Zip Code		Form(Cash,Check,etc)	
Cuyahoga Falls	<input type="radio"/> O <input type="radio"/> H	44223		Check	
Full Name of Contributor				Registration Number, if PAC	
Sharen D Bell					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
772 Glendora	City of Akron	0	8	13	25.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44320		Check	
Full Name of Contributor				Registration Number, if PAC	
Michael E George					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1296 Lisa Ann Drive	Attorney	0	8	13	25.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44313		Cash	
Full Name of Contributor				Registration Number, if PAC	
Laura George					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1296 Lisa Ann Drive	Admin Asst. Fairlawn	0	8	13	25.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44313		Cash	
Full Name of Contributor				Registration Number, if PAC	
Sidney Glick					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
181 Brook Bend Drive	Attorney	0	8	13	50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44333		Check	
Full Name of Contributor				Registration Number, if PAC	
Jacqueline A Silas-Butler					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2081 Larchmont Road	Attorney	0	8	13	50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Akron	<input type="radio"/> O <input type="radio"/> H	44313		Check	

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor George Hanna			Registration Number, if PAC				
Street Address 563 Edinburg Court		Employer/Occupation/Labor Organization* City of Akron		M	D	Y	Amount
				0	8	13	750.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44319	Form(Cash,Check,etc) Check			
Full Name of Contributor Rama Hana						Registration Number, if PAC	
Street Address 563 Edinburg Court		Employer/Occupation/Labor Organization* Homeaker		M	D	Y	Amount
				0	8	13	750.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44319	Form(Cash,Check,etc) Check			
Full Name of Contributor Wanda Hanna						Registration Number, if PAC	
Street Address 563 Edinburg Court		Employer/Occupation/Labor Organization* Macys		M	D	Y	Amount
				0	8	13	750.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44319	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Grant						Registration Number, if PAC	
Street Address 209 South Main Street		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	8	13	100.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44309	Form(Cash,Check,etc) Check			
Full Name of Contributor Anita Davis						Registration Number, if PAC	
Street Address 1555 Hampton Knoll Drive		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	8	13	50.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Jason D Wallace						Registration Number, if PAC	
Street Address 19540 Riverview Ave		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	8	13	100.00
City Rocky River		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44116	Form(Cash,Check,etc) Check			
Full Name of Contributor Crystal Neloms						Registration Number, if PAC	
Street Address 106 Silver Valley Blvd		Employer/Occupation/Labor Organization* Akron Metropolitan Housing		M	D	Y	Amount
				0	8	13	50.00
City Munroe Falls		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44262	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 2,550.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor Adam C Doxsey			Registration Number, if PAC				
Street Address 270 Sand Run Road		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	8	13	100.00
Form(Cash,Check,etc) Check			Registration Number, if PAC				
Full Name of Contributor Britney Mendenhall							
Street Address 176 Henry Street		Employer/Occupation/Labor Organization* Teacher		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44305	0	8	13	25.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC				
Full Name of Contributor David Mendenhall							
Street Address 977 Portage Street		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
City North Canton		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44720	0	8	13	25.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC				
Full Name of Contributor Joseph Todd							
Street Address 311 Alden Avenue		Employer/Occupation/Labor Organization* 1st Energy		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	8	13	50.00
Form(Cash,Check,etc) Check			Registration Number, if PAC				
Full Name of Contributor Ms Patricia Longville							
Street Address 540 Stanton Ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44301	0	8	13	200.00
Form(Cash,Check,etc) Check			Registration Number, if PAC				
Full Name of Contributor Annett Lucarelli							
Street Address 461 Letchworth Drive		Employer/Occupation/Labor Organization* Summit County CSB		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44303	0	8	13	25.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC				
Full Name of Contributor Kenneth C Martin							
Street Address 1 Cascade Plaza Suite 1000		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	0	8	13	25.00
Form(Cash,Check,etc) Cash			Registration Number, if PAC				

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Total contributions this event

Total expenditures this event

Page Total \$ 450.00

Statement of Contributions Received at a Social or Fundraising Event

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 Number, if PAC	
Daniel Bache					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
90 Devon Lane #101	Attorney	0	8	13	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44313		Check	
Full Name of Contributor				Registration Number, if PAC	
Jeffrey Smith					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
696 Greenwood Ave	Retired	0	8	13	250.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44320		Check	
Full Name of Contributor				Registration Number, if PAC	
Sarah M Hulbert					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2200 Ravenna Street	Attorney	0	8	13	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
Hudson	O H	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 Services	0	8	13	50.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44320		Check	
Full Name of Contributor				Registration Number, if PAC	
Ronald A Higgins					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
56 B North Rose Blvd	Self Employed	0	8	13	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44302		Check	
Full Name of Contributor				Registration Number, if PAC	
Kelly Mendenhall					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
190 N Union Street	Homeaker	0	8	13	750.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44304		Check	
Full Name of Contributor				Registration Number, if PAC	
Cara Kennerly Ford					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
424 Merriman Road	Attorney	0	8	13	250.00
City	State	Zip Code		Form(Cash, Check, etc)	
Akron	O H	44303		Check	

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Total contributions this event

Total expenditures this event

Page Total \$ 1,600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael D Williams for Mayor							
Full Name of Contributor James L Burnett				Registration Number, if PAC			
Street Address 685 Ardleigh Drive		Employer/Occupation/Labor Organization* Self Employed		M	D	Y	Amount
				0	8	1	100.00
City Akron		State O	H	Zip Code 44303		Form(Cash,Check,etc) Check	
Full Name of Contributor David P Drew				Registration Number, if PAC			
Street Address 5397 Park Vista Court		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	8	1	50.00
City Stow		State O	H	Zip Code 44224		Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	

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Total contributions this event

Total expenditures this event

Page Total \$ 150.00