

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT EDDIE SIPPLEN					Registration Number, if PAC		
Full Name of Candidate EDDIE M. SIPPLEN							
Street Address 1700 WEST MARKET STREET, STE 307				Office Sought MAYOR OF AKRON		District	
City AKRON				State OH		Zip Code 44313	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 ^M 9 0 ^D 8 1 ^Y 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 for 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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,880.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$3,880.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$391.17
6. Balance on hand (line 4 minus line 5)	\$	\$3,488.83
7. Value of in-kind contributions received (From Form No. 31-C)	\$	\$250.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-G)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$1,002.40
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2015 AUG 27 PM 12: 25
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 # 10,285 Ave

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.

Charles Tyler, Sr., Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Charles Tyler, Sr.
Signature

8/27/15
Date

Contribution pages 5

Expenditure pages 2

Other pages 2

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT EDDIE SIPPLEN						
Full Name of Contributor FUNDRAISING EVENT AT EYE OPENER					Registration Number, if PAC	
Street Address 1688 WEST MARKET STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECKS/CASH	
City AKRON	State OH	Zip Code 44313	M 0	D 7	Y 1 5	Amount \$2,350.00
Full Name of Contributor STEVE ALBRECHT					Registration Number, if PAC	
Street Address 208 OVERWOOD ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 7	Y 1 5	Amount \$750.00
Full Name of Contributor SOPHIE ALBRECHT					Registration Number, if PAC	
Street Address 208 OVERWOOD ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State OH	Zip Code 44313	M 0	D 7	Y 1 5	Amount \$750.00
Full Name of Contributor NATHANIEL MALONE					Registration Number, if PAC	
Street Address 3525 COUNTRY SQUIRE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL	
City CARROLLTON	State TX	Zip Code 75006	M 0	D 7	Y 1 5	Amount \$30.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
COMMITTEE TO ELECT EDDIE SIPPLEN							
To Whom Paid				M	D	Y	Amount
AKRON URBAN LEAGUE				0	8	1 8 1 5	\$250.00
Address		Purpose					
440 VERNON ODOM BLVD		URBAN LEAGUE FUNDRAISING DINNER					
City	State	Zip Code	Check Number				
AKRON	OH	44307	1001				
To Whom Paid				M	D	Y	Amount
COUNCIL OF NEGRO WOMEN				0	8	1 8 1 5	\$80.00
Address		Purpose					
200 N. Wheaton Road		Scholarship Fundraising Luncheon					
City	State	Zip Code	Check Number				
Akron	OH	44313	1002				
To Whom Paid				M	D	Y	Amount
ALAN FORTNOFF				0	7	2 2 1 5	\$50.00
Address		Purpose					
87 GREENCREST TERR		CHECK RETURNED FOR NSF					
City	State	Zip Code	Check Number				
AKRON	OH	44313	1397				
To Whom Paid				M	D	Y	Amount
FIRST MERIT BANK				0	7	2 2 1 5	\$10.00
Address		Purpose					
2700 WEST MARK STREET		NSF ON CHECK 1397 FROM ALAN FORTNOFF					
City	State	Zip Code	Check Number				
FAIRLAWN	OH	44313	1397				
To Whom Paid				M	D	Y	Amount
PAYPAL, INC.				0	8	1 5 1 5	\$1.17
Address		Purpose					
2221 NORTH FIRST STREET		PROCESSING FEE					
City	State	Zip Code	Check Number				
SAN JOSE	CA	95131	NO CHECK NUMBER				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO ELECT EDDIE SIPPLEN							
Full Name of Contributor				Registration Number, if PAC			
EDWARD MATZULES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
826 DELAWARE AVENUE				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor				Registration Number, if PAC			
JOHN W. COOPER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
486 LOCKWOOD STREET				0	7	15	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44314	CHECK			
Full Name of Contributor				Registration Number, if PAC			
GREGORY B. HARRISON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2553 ROMIG ROAD, APT. 39				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44320	CHECK			
Full Name of Contributor				Registration Number, if PAC			
WILLIAM VASILOU							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. BOX 22513				0	7	15	\$300.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44302	CHECK			
Full Name of Contributor				Registration Number, if PAC			
GERALD C. GARMAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
754 WREN WALK, APT. A				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44306	CHECK			
Full Name of Contributor				Registration Number, if PAC			
BRYAN C. WILLIAMS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2834 ORCHARD GROVE COURT				0	7	15	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
FAIRLAWN		OH	44333	CHECK			
Full Name of Contributor				Registration Number, if PAC			
ALAN D. FORTNOFF							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
87 GREENCREST TERRACE				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	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
\$ 2,350.00

Total expenditures this event.
\$0.00

Page Total \$ \$675.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO ELECT EDDIE SIPPLEN							
Full Name of Contributor			Registration Number, if PAC				
JOSH SINES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
851 RANNEY STREET				0	7	15	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44310	CHECK			
Full Name of Contributor			Registration Number, if PAC				
JOSHUA R. VAUGHAN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3041 HILLTOP DRIVE				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
PARMA		OH	44134	CHECK			
Full Name of Contributor			Registration Number, if PAC				
JESSICA A. WRIGHT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3973 BAILEY ROAD				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44221	CHECK			
Full Name of Contributor			Registration Number, if PAC				
LANCE E. REED							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3784 FAIRWAY PARK DRIVE				0	7	15	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
COPLEY		OH	44321	CHECK			
Full Name of Contributor			Registration Number, if PAC				
DEBBIE WALSH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
38 KUDER AVENUE				0	7	15	\$75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44303	CHECK			
Full Name of Contributor			Registration Number, if PAC				
ANNETTE POWERS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1190 JEFFERSON AVENUE				0	7	15	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor			Registration Number, if PAC				
NOAH C. MUNYER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
135 PORTAGE TRAIL				0	7	15	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44221	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
\$2,350.00

Total expenditures this event.
\$0.00

Page Total \$ 975.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO ELECT EDDIE SIPPLEN							
Full Name of Contributor				Registration Number, if PAC			
GEORGE E. KEITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. BOX 374				0	7	15	\$500.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44222	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CHARLES TYLER, SR.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
210 LOWNSDALE AVE				0	7	15	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CHECK			
Full Name of Contributor				Registration Number, if PAC			
CHRISTINA BARRY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2021 FOREST EDGE DRIVE				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44223	CHECK			
Full Name of Contributor				Registration Number, if PAC			
LORI SPRINGSTON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4912 FAIRLAND ROAD				0	7	15	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
NORTON		OH	44203	CHECK			
Full Name of Contributor				Registration Number, if PAC			
KATARINA COOK							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
201 HAMPSHIRE ROAD				0	7	15	
City		State	Zip Code	Form (Cash, Check, etc.)			
AKRON		OH	44313	CASH			
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.)			
		OH					
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.)			
		OH					

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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

\$2,350.00

Total expenditures this event.

\$0.00

Page Total \$ 700.00

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
COMMITTEE TO ELECT EDDIE SIPPLEN			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
ELIZABETH ARN			
Street Address	Description of Item or Service	M D Y	Fair Market Value
900 KINGSWOOD DRIVE	FOOD, BEVERAGES, ROOM	0 7 1 5 1 5	\$250.00
City	State	Zip Code	Received at Fundraising Event?
AKRON	OH	44313	<input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee COMMITTEE TO ELECT EDDIE SIPPLEN									
To Whom Owed EDDIE SIPPLEN					Prior Amount			Amt. Incurred this Period \$80.00	
Address 1655 WEST MARKET STREET, STE 240					Item or Purpose of Debt <small>NAACP SCHOLARSHIP BANQUET TICKETS</small>			Outstanding Balance \$80.00	
City AKRON		State OH	Zip Code 44313		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 6 1 5 1 5									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed EDDIE SIPPLEN					Prior Amount			Amt. Incurred this Period \$279.68	
Address 1655 WEST MARKET STREET, LLC					Item or Purpose of Debt <small>CAMPAIGN TSHIRTS (BYDESIGN)</small>			Outstanding Balance \$279.68	
City AKRON		State OH	Zip Code 44313		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 7 0 2 1 5									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		
To Whom Owed EDDIE SIPPLEN					Prior Amount			Amt. Incurred this Period \$250.00	
Address 1655 WEST MARKET STREET					Item or Purpose of Debt <small>UNITED HOLINESS COGIC BANQUET TX</small>			Outstanding Balance \$250.00	
City AKRON		State OH	Zip Code 44313		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
0 6 1 2 1 5									
Registration Number, if PAC					M	D	Y		
					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$1,002.40 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee COMMITTEE TO ELECT EDDIE SIPPLEN									
To Whom Owed EDDIE SIPPLEN					Prior Amount			Amt. Incurred this Period \$255.42	
Address 1655 WEST MARKET STREET Ste240					Item or Purpose of Debt COST OF CAMPAIGN LITERATURE			Outstanding Balance \$255.42	
City AKRON			State OH		Zip Code 44313				
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Eddie Sipplen					Prior Amount			Amt. Incurred this Period \$102.00	
Address 1655 West Market Street, Ste 240					Item or Purpose of Debt Dinner at Bracco - campaign strategy mtg			Outstanding Balance \$102.00	
City Akron			State OH		Zip Code 44313				
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Eddie Sipplen					Prior Amount			Amt. Incurred this Period \$35.00	
Address 1655 West Market Street, Ste 240					Item or Purpose of Debt Ohio Ethics Commission			Outstanding Balance \$35.00	
City Akron			State OH		Zip Code 44313				
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$1,002.40 (also record on cover page)