

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Rocco Yeargin					Registration Number, if PAC		
Full Name of Candidate Rocco Paul Yeargin							
Street Address 4064 Greenridge Dr.				Office Sought City of Green Council		District	
City Uniontown				State OH		Zip Code 44685	
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	1 ^D	2
				1	Y	7	

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(F) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$4,800.00
4. Total funds available from all lines 1-3	\$	\$4,800.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$4,091.02
6. Balance on hand (lines 4 minus line 5)	\$	\$708.98
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$80.50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$4,800.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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SUMMIT COUNTY
ELECTIONS
AKRON, OH
2017 AUG 24 AM 8:41

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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.

Melinda Smith Yeargin, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

8/23/2017

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

Ohio Campaign Finance Report (Cover Page) — Form 30-A

This form has been designed so that candidates' campaign committees, legislative campaign committees, political action committees (PACs), political contributing entities (PCEs) and political parties all use the same form.

Cover pages identify who filed the report and what reporting period is covered. They also summarize the details inside the report. Do *not* use the cover page as a substitute for listing information on the appropriate form. For example, do not explain about receiving interest on the cover page; report the interest on the Other Income form. Candidates who qualify may file a Cover Page only report per R.C. 3517.10(H).

The registration number of a statewide PAC should appear on each report, addendum or piece of correspondence.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2005, would appear as 03 09 05.

The Amended Report box should be marked "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed. Do not combine a correction report (addendum) with an original filing. For example, *do not* attach canceled check copies from a prior report to a subsequent report.

The Report Electronically Filed box should be marked if the report was filed electronically.

The cover page is the means by which a committee may terminate. If the committee has no debts, no loans and no balance on hand, and the committee wishes to close, mark the box next to the word "termination."

Only statewide candidates file monthly reports. They do so only in the year in which they run for election.

The first report filed by a committee should reflect a zero on line 1 (amount brought forward). Otherwise, line 1 should be the same amount that appeared on line 6 (ending balance on hand) of the last previously filed report. Do not list a different amount

with an explanation. Any discrepancy between the last ending balance and the current amount brought forward must be accounted for by an addendum. The ending balance on hand *should not* be a negative number. This would indicate that your committee has spent more funds than it has received.

The monetary totals on Lines 1 through 6 should include only contribution, expenditure and loan activity that transpired through the committee's separate bank account(s).

A candidate's report must be signed by the treasurer or deputy treasurer. If a treasurer was not appointed, the candidate is the treasurer. It may be helpful to designate a deputy treasurer in the event that the treasurer is not available to sign the report at the time of a filing deadline. The candidate *cannot* sign the report unless he or she is the treasurer or deputy treasurer [R.C. 3517.081, 3517.10(C), (D)].

PAC, PCE, political party and legislative campaign committee reports must be signed by either a treasurer or deputy treasurer. The original signature of the treasurer or deputy treasurer must appear.

Electronic Filing Entities Only - State PACs, state PCEs, political parties, legislative campaign committees and campaign committees of general assembly and judge of a court of appeals candidates must list on line 13, the sum of lines 2, 7 and the amount of any new loans received this period. This calculation is necessary to determine the amount of total contributions for purposes of deciding if a committee has reached the electronic filing thresholds in R.C. 3517.106.

Cover Page numbering guide

Contribution pages - Forms 31-A, 31-E, 31-J-1, 31-G, 30-C, 31-P, 31-R, 31-T

Expenditure pages - Forms 31-B, 31-F, 31-J-2, 31-I, 31-M, 31-U

Other pages - Forms 30-A, 31-C, 31-N, 31-K

Receipt pages are not included in the Total Pages. The pages of the report should be numbered consecutively in the top right corner with the Cover as page one.

Statement of Contributions Received

Prescribed by Secretary of State 03 05

Name of Committee in Full									
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

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

Statement of Other Income

Prescribed by Secretary of State 2 01

Name of Committee in Full			Registration Number, if PAC			
Full Name	Type*	Address	M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Friends of Rocco Yeargin						
Rocco Paul Yeargin	LN					
4064 Greenridge Dr.			08	08	17	4,800.00
Uniontown	OH	44685				
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RE for a refund, uncashed check or the committee's own insufficient funds check received. IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2 01

Name of Committee in Full			
Friends of Rocco Yeargin			
To Whom Paid	M	D	Y
Portrait Innovations	0	7	17
Amount			106.74
Address		Purpose	
790 Arlington Ridge ste 225		Campaign Portraits	
City	State	Zip Code	Check Number
Akron	OH	44312	eft
To Whom Paid	M	D	Y
First Class Campaigns	0	7	17
Amount			2,410.00
Address		Purpose	
1460 Curt's Avenue		Campaign literature	
City	State	Zip Code	Check Number
Cuyahoga Falls	OH	44221	
To Whom Paid	M	D	Y
Sawicki & Sons	0	8	17
Amount			907.50
Address		Purpose	
1521 W. Lafayette		Yard Signs	
City	State	Zip Code	Check Number
Detroit	MT	48216	eft
To Whom Paid	M	D	Y
U.S. Post office	0	8	17
Amount			20.79
Address		Purpose	
2390 Wedgewood Dr.		Stamps	
City	State	Zip Code	Check Number
Akron	OH	44312	eft
To Whom Paid	M	D	Y
Akron Felt & Chenille Mfg. Co. Inc.	0	8	17
Amount			154.25
Address		Purpose	
1205 George Washington Blvd.		Campaign T-shirts	
City	State	Zip Code	Check Number
Akron	OH	44312	eft
To Whom Paid	M	D	Y
Capitol Promotions Inc			
Amount			469.00
Address		Purpose	
P.O. Box 231		Large signs for Campaign	
City	State	Zip Code	Check Number
Glenside	PA	19038	eft
To Whom Paid	M	D	Y
U.S. Post office	0	8	17
Amount			9.80
Address		Purpose	
2390 Wedgewood Dr.		Stamps	
City	State	Zip Code	Check Number
Akron	OH	44312	eft
To Whom Paid	M	D	Y
ACT Now Inc.	0	8	17
Amount			9.94
Address		Purpose	
555 Canton Rd.		Campaign letterhead	
City	State	Zip Code	Check Number
Akron	OH	44312	eft

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Pocco Yeargin											
To Whom Paid Huntington Bank							M	D	Y	Amount	
Address P.O. Box 1758							08/15/17				3.00
Purpose Bank Statement Fee											
City Columbus			State OH	Zip Code 43216	Check Number PF7						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
Purpose											
City			State OH	Zip Code	Check Number						

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	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)]

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 \$

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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				

The above are employees of a unit or department under the direct supervision and control of _____, who currently holds the public office of _____.

I hereby affirm that each contribution was voluntarily made _____
(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

In-Kind Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full					
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?		
				<input type="radio"/> YES <input checked="" type="radio"/> NO	
Rocco Paul Yeargin	Attorney, Yang & Yeargin LLC				
4064 Greenridge Dr.	Ohio Ethics Commission fee	08	08	17	35.00
Uniontown	OH	44685	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Rocco Paul Yeargin	Attorney, Yang & Yeargin LLC				
4064 Greenridge Dr.	Petition Filing Fee	06	14	17	45.00
Uniontown	OH	44685	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Rocco Paul Yeargin	Yang & Yeargin LLC				
4064 Greenridge Dr.	Photology charge	06	14	17	.50
Uniontown	OH	44685	<input type="radio"/> YES <input checked="" 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?		
				<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?		
				<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?		
				<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?		
				<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?		
				<input type="radio"/> YES <input type="radio"/> NO	

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51 80.50
Page Total

In-Kind Contributions Made

Prescribed by Secretary of State 2.01

Name of Committee in Full					
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			
Recipient Committee					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			

Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee Friends of Rocco Yeargin																		
From Whom Received Rocco Yeargin										Prior Amount		Amt. Incurred this Period 4,800.00						
Address 4664 Greenridge Dr.												Outstanding Balance 4,800.00						
City Uniontown			State OH		Zip Code 44685			Loans Received This Period				Payments This Period						
								Date		Amount		Date		Amount				
Date Loan was originally Incurred			M		D		Y		\$		M		D		Y		\$	
			06		23		17		2,000.00		08		08		17		900.00	
Registration Number, if PAC			M		D		Y				M		D		Y			
									07		18		17		1,000.00			
Employer Occupation Labor Organization*			M		D		Y				M		D		Y			
									07		27		17		900.00			
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		\$	
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		\$	
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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 0
- 2 Total received this period \$ 4,800.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 4,800.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee									
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ _____ (also record on cover page)

Statement of Loans Made

Prescribed by Secretary of State 201

Full Name of Committee										
To Whom Made						Prior Amount		Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
						Date		Amount		
Date Loan was Originally Made						M	D	Y	\$	
						M	D	Y		
						M	D	Y		
						M	D	Y		
To Whom Made						Prior Amount		Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
						Date		Amount		
Date Loan was Originally Made						M	D	Y	\$	
						M	D	Y		
						M	D	Y		
						M	D	Y		
To Whom Made						Prior Amount		Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
						Date		Amount		
Date Loan was Originally Made						M	D	Y	\$	
						M	D	Y		
						M	D	Y		
						M	D	Y		

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

Total Loans this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ _____ (also record on cover page)

Total Payments Received this Period \$ _____ (also record on Forms 31-A-2)