



# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
The Committee to Elect <del>Chris</del> Chris INKS				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Beth Bishop				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
3211 Rhapsody Lane		Chips		09   26   17   10 <sup>00</sup>
City		State	Zip Code	Received at Fundraising Event?
Clinton		OH	44210	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Cody Stanley				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
2829 Shellhart		Nappins		09   26   17   5 <sup>00</sup>
City		State	Zip Code	Received at Fundraising Event?
Norton		OH	44203	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee To Elect Chris Inks</b>							
Full Name of Contributor <b>Kathy Moses Salem</b>						Registration Number, if PAC	
Street Address <b>3333 Blue Heron Trce</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City <b>Medina</b>		State <b>OH</b>	Zip Code <b>44256-6362</b>	M <b>10</b>	D <b>10</b>	Y <b>17</b>	Amount <b>75.00</b>
Full Name of Contributor <b>Contributions from Form 31E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M <b>09</b>	D <b>26</b>	Y <b>17</b>	Amount <b>864.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
The Committee To Elect Chris Inks					
Full Name of Contributor Rosemary A. Schwinn				Registration Number, if PAC	
Street Address 2278 Anchorage Ln. Apt D		Employer/Occupation/Labor Organization*		M	D
City Naples		State FL	Zip Code 34104	Y	Amount 100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John E. Ints				Registration Number, if PAC	
Street Address 160 Hickory Rd.		Employer/Occupation/Labor Organization*		M	D
City Akron		State OH	Zip Code 44333	Y	Amount 50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor B+K Realty Holdings, LLC				Registration Number, if PAC	
Street Address 10282 Questa Ct.		Employer/Occupation/Labor Organization*		M	D
City Wadsworth		State OH	Zip Code 44281	Y	Amount 100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Erica Wathey				Registration Number, if PAC	
Street Address 3448 Chadwick Dr.		Employer/Occupation/Labor Organization*		M	D
City Uniontown		State OH	Zip Code 44685	Y	Amount 100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer R. Wolfe				Registration Number, if PAC	
Street Address 5810 Stuckey Road		Employer/Occupation/Labor Organization*		M	D
City Creston, OH		State OH	Zip Code 44217	Y	Amount 50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Stefan Scheibelhoffer				Registration Number, if PAC	
Street Address 2986 Wilbanks Dr.		Employer/Occupation/Labor Organization*		M	D
City Norton		State OH	Zip Code 44203	Y	Amount 20.00
				Form (Cash, Check, etc.)	
Full Name of Contributor Ralph L. Dowling				Registration Number, if PAC	
Street Address 556 Hartzell Dr.		Employer/Occupation/Labor Organization*		M	D
City Norton		State OH	Zip Code 44203	Y	Amount 50.00
				Form (Cash, Check, etc.)	

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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

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Total expenditures this event.

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Page Total \$

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## 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	
The Committee To Elect Chris Inks		Jennifer A. Bennett			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4669 Knollbrook Dr.		0	9	26	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Norton	OH	44203	Check		
Beth A. Bishop					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3211 Rhapsody Lane		0	9	26	25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Clinton, OH	OH	442816	Check		
Gladys A. Anderson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3172 Wadsworth Rd		0	9	26	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Norton	OH	44203	Check		
Keota Khamvongsouk					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3842 Woodglen Ave.		0	9	26	40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Norton	OH	44203	Cash		
Kiki Antonetti Wathey					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3448 Chadwick Dr		0	9	26	40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Uniontown	OH	44685	Cash		
Walt Calinger					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2860 Kensington Dr.		0	9	26	40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Norton	OH	44203	Cash		
<del>Walt</del> Rosemary Schwinn					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2278 Anchorage Ln		0	9	26	40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Naples	FL	34104	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

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Total expenditures this event

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Page Total \$
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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
The Committee to Elect Chris Inks							
Full Name of Contributor <del>Tracy Ranier</del> Tracy Ranier							
Street Address 3741 Mt. Vernon Blvd.				0	9	26	40.00
City Norton		State OH	Zip Code 44203				
Full Name of Contributor Jennifer Stobbs							
Street Address 2868 Fair Oaks Dr				0	9	26	24.00
City Norton		State OH	Zip Code 44203				
Full Name of Contributor Nancy Jeffries							
Street Address 2716 Dal				0	9	26	40.00
City Norton		State OH	Zip Code 44203				
Full Name of Contributor Annie Reed							
Street Address 6095 Fox Chase Dr.				0	9	26	25.00
City Wadsworth OH		State OH	Zip Code 44201				
Full Name of Contributor							
Street Address							
City		State	Zip Code				
Full Name of Contributor							
Street Address							
City		State	Zip Code				
Full Name of Contributor							
Street Address							
City		State	Zip Code				

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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

	18
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Total expenditures this event.

	0
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Page Total \$ 884-

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee To Elect Chris Inks</b>									
To Whom Owed <b>Chris Inks (Summit County Bd of Elections)</b>					Prior Amount <b>0</b>			Amt. Incurred this Period <b>30.00</b>	
Address <b>3925 Holiday Dr.</b>					Item or Purpose of Debt <b>File Petition</b>			Outstanding Balance <b>30.00</b> <i>(Card)</i>	
City <b>Norton</b>			State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period			
Date Debt was originally Incurred					M	D	Y	Amount	
Registration Number, if PAC					08	07	17		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>(Vista Print) Chris Inks</b>					Prior Amount			Amt. Incurred this Period <b>57.20</b>	
Address <b>3925 Holiday Dr.</b>					Item or Purpose of Debt <b>Business Cards</b>			Outstanding Balance <b>57.20</b> <i>(Card)</i>	
City <b>Norton</b>			State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period			
Date Debt was originally Incurred					M	D	Y	Amount	
Registration Number, if PAC					09	07	17		
					M	D	Y		
					M	D	Y		
To Whom Owed <b>Chris Inks (Expert T's Wadsworth)</b>					Prior Amount			Amt. Incurred this Period <b>217.50</b> <i>(Card)</i>	
Address <b>3925 Holiday Dr.</b>					Item or Purpose of Debt <b>tee shirts</b>			Outstanding Balance <b>217.50</b>	
City <b>Norton</b>			State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period			
Date Debt was originally Incurred					M	D	Y	Amount	
Registration Number, if PAC					09	14	17		
					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 \$ **0.00** *(5) 2583.39* (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee To Elect Chris Inks</b>																															
To Whom Owed <b>Chris Inks (Vinyl Tee Signs)</b>				Prior Amount		Amt. Incurred this Period <b>1519.30</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Signs - Campaign</b>		Outstanding Balance <b>1519.30</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Payments This Period				Date				M	D	Y	\$												
Payments This Period																															
Date																															
M	D	Y	\$																												
Date Debt was originally Incurred		M <b>08</b>	D <b>29</b>	Y <b>17</b>																											
Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									
To Whom Owed <b>Chris Inks (Vista Print)</b>				Prior Amount		Amt. Incurred this Period <b>216.78</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Flyers</b>		Outstanding Balance <b>216.78</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Payments This Period				Date				M	D	Y	\$												
Payments This Period																															
Date																															
M	D	Y	\$																												
Date Debt was originally Incurred		M <b>10</b>	D <b>11</b>	Y <b>17</b>																											
Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									
To Whom Owed <b>Chris Inks</b>				Prior Amount		Amt. Incurred this Period <b>110.00</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Cider Fest Fee</b>		Outstanding Balance <b>110.00</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Payments This Period				Date				M	D	Y	\$												
Payments This Period																															
Date																															
M	D	Y	\$																												
Date Debt was originally Incurred		M <b>09</b>	D <b>07</b>	Y <b>17</b>																											
Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									

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 \$ 00.00 (also record on Form 31-B)

Total Outstanding Balance \$ 00.00 (also record on cover page)



## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee To Elect Chris Inks</b>							
To Whom Owed <b>Chris Inks (Lowe's)</b>				Prior Amount		Amt. Incurred this Period <b>131.04</b>	
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Stakes for Signs</b>		Outstanding Balance <b>131.04</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Chris Inks (Sarnis Club)</b>				Prior Amount		Amt. Incurred this Period <b>71.78</b>	
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Candy for Parade</b>		Outstanding Balance <b>71.78</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed <b>Chris Inks (Dannemiller Co. Inc)</b>				Prior Amount		Amt. Incurred this Period <b>40.90</b>	
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Peanuts for Parade</b>		Outstanding Balance <b>40.90</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period		
Date Debt was originally Incurred				Date	Amount		
				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	

(S. Inks)

(S. Inks)

(S. Inks)

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 \$ 0.00 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee To Elect Chris Inks</b>									
To Whom Owed <b>Chris Inks (Jubilee Donuts)</b>					Prior Amount			Amt. Incurred this Period <b>26.80</b>	
Address <b>3925 Holiday Drive</b>					Item or Purpose of Debt <b>Donuts for Children</b>			Outstanding Balance <b>26.80</b>	
City <b>Norton, OH</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period				
Date Debt was originally Incurred <b>09 30 17</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
Registration Number, if PAC					M	D	Y		
To Whom Owed <b>Chris Inks (Giant Eagle)</b>					Prior Amount			Amt. Incurred this Period <b>15.13</b>	
Address <b>3925 Holiday Drive</b>					Item or Purpose of Debt <b>Postage Stamps</b>			Outstanding Balance <b>15.13</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period				
Date Debt was originally Incurred <b>09 15 17</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
Registration Number, if PAC					M	D	Y		
To Whom Owed <b>Chris Inks (Home)</b>					Prior Amount			Amt. Incurred this Period <b>28.43</b>	
Address <b>3925 Holiday Drive</b>					Item or Purpose of Debt <b>Fundraiser</b>			Outstanding Balance <b>28.43</b>	
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>		Payments This Period				
Date Debt was originally Incurred <b>09 24 17</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
Registration Number, if PAC					M	D	Y		

*(Handwritten initials)*

*(Handwritten initials)*

*(Handwritten initials)*

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 \$ 0.00 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>The Committee to Elect Chris Inks</b>																															
To Whom Owed <b>Chris Inks (Huntington Bank)</b>				Prior Amount		Amt. Incurred this Period <b>45.00</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Checks for Acct.</b>		Outstanding Balance <b>45.00</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>			<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Payments This Period				Date				M	D	Y	\$												
Payments This Period																															
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M	D	Y	\$																												
Date Debt was originally Incurred		M <b>09</b>	D <b>15</b>	Y <b>17</b>																											
Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									
To Whom Owed <b>Chris Inks (Atee)</b>				Prior Amount		Amt. Incurred this Period <b>19.15</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt <b>Sucklers for Festival</b>		Outstanding Balance <b>19.15</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>			<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Payments This Period				Date				M	D	Y	\$												
Payments This Period																															
Date																															
M	D	Y	\$																												
Date Debt was originally Incurred		M <b>09</b>	D <b>30</b>	Y <b>17</b>																											
Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									
To Whom Owed <b>Chris Inks (Sam's Club)</b>				Prior Amount		Amt. Incurred this Period <b>54.38</b>																									
Address <b>3925 Holiday Dr.</b>				Item or Purpose of Debt		Outstanding Balance <b>54.38</b>																									
City <b>Norton</b>		State <b>OH</b>	Zip Code <b>44203</b>			<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Payments This Period</th> </tr> <tr> <th colspan="4">Date</th> </tr> <tr> <th>M</th> <th>D</th> <th>Y</th> <th>\$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Payments This Period				Date				M	D	Y	\$												
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M	D	Y	\$																												
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Registration Number, if PAC				M		D																									
				M		D																									
				M		D																									

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 \$ 0.00 (also record on cover page)