

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>JERRY JAMES COMMITTEE</b>						Registration Number, if PAC		
Full Name of Candidate <b>JERRY L JAMES</b>								
Street Address <b>2209 LIBERTY STREET</b>				Office Sought <b>CITY COUNCIL</b>			District <b>WARD 7</b>	
City <b>CUYAHOGA FALLS</b>						State <b>OH</b>	Zip Code <b>44221</b>	
Type of Report (place X in the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
	July Monthly		August Monthly		September Monthly			Termination
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	D	Y	
					1	1	0	7
							1	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(H) for details.

1. Amount brought forward from last report	\$	0	
2. Total monetary contributions (From Form No. 31-A)	\$	150	00
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	150	00
5. Total monetary expenditures (From Form No. 31-B)	\$	50	00
6. Balance on hand (line 4 minus line 5)	\$	100	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2200	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	N/A	

9.90 WAS LOST WHEN PNC BANK CLOSED MY ACCOUNT FOR INACTIVITY

2017 DEC 18 PM 12:40  
RECEIVED BY MAIL

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.

Linda James  
Print Name and Title (Treasurer and Deputy Treasurer only)

Linda James  
Signature

12/13/17  
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 4

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>JERRY JAMES COMMITTEE</b>							
Full Name of Contributor <b>JERRY &amp; LINDA JAMES</b>					Registration Number of PAC		
Street Address <b>2209 LIBERTY STREET</b>		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CUYAHOGA FALLS</b>	State <b>OH</b>	Zip Code <b>44221</b>	M <b>05</b>	D <b>30</b>	Y <b>17</b>	Amount <b>50.<sup>00</sup></b>	
Full Name of Contributor <b>SANDRA E KRUEGER</b>					Registration Number of PAC		
Street Address <b>2577 WOODWARD ROAD</b>		Employer Occupation Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CUYAHOGA FALLS</b>	State <b>OH</b>	Zip Code <b>44221</b>	M <b>06</b>	D <b>17</b>	Y <b>17</b>	Amount <b>100.<sup>00</sup></b>	
Full Name of Contributor					Registration Number of 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 of 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 of 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 of 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 of 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 of 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 Expenditures

Prescribed by Secretary of State 2-01

Name of Committee in Full					JERRY JAMES COMMITTEE				
To Whom Paid				M	D	Y	Amount		
FRIENDS OF MEIKA PENTA				07	17	17	50 <sup>00</sup>		
Address		Purpose							
2467 23 <sup>RD</sup> STREET		FUNDRAISER							
City		State	Zip Code		Check Number				
CUYAHOGA FALLS		OH	44223		1001				
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		

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>JERRY JAMES COMMITTEE</b>																	
From Whom Received <b>JERRY + LINDA JAMES</b>										Prior Amount <b>2150.<sup>00</sup></b>		Amt. Incurred this Period <b>50.<sup>00</sup></b>					
Address <b>2209 LIBERTY STREET</b>										Outstanding Balance <b>2200.<sup>00</sup></b>							
City <b>CUYAHOGA FALLS</b>		St ate <b>OH</b>		Zip Code <b>44221</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
<b>07 25 03</b>						<b>05 30 17</b>		<b>50.<sup>00</sup></b>								<b>0</b>	
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance							
City		St ate		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			
Employer/Occupation/Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance							
City		St ate		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			
Employer/Occupation/Labor Organization*										M		D		Y			

\* 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)]

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).

- <sup>1</sup> Total prior amount \$ 2150.<sup>00</sup>
- <sup>2</sup> Total received this period \$ 50.<sup>00</sup> (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ 0 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ 2200.<sup>00</sup> (To Form No. 30-A)