

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends and Neighbors of Alan Hipps						Registration Number, if PAC				
Full Name of Candidate Alan Eugene Hipps										
Street Address 64 Houghton Road				Office Sought WARD A Council		District Northfield village				
City Northfield				State OH		Zip Code 44067				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" 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		1 ^M 1		0 ^D 7		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(I) for details.

1. Amount brought forward from last report	\$	\$222.73
2. Total monetary contributions (From Form No. 31-A)	\$	\$162.58
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$385.31
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$40.00
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-C)	\$	\$100.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$285.31
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
BOARD OF ELECTIONS

#1626

2017 DEC 13 P11 3:33

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.

Alan E Hipps
Print Name and Title (Treasurer and Deputy Treasurer only)

Alan E Hipps
Signature

01-16-2017
Date

Contribution pages 3

Expenditure pages 1

Other pages 3

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends and Neighbors of Alan Hipps						
Full Name of Contributor Contributions from Form # 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1	D 1	Y 0	Amount \$162.58
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
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 Friends and Neighbors of Alan Hipps							
To Whom Paid Alan Hipps				M	D	Y	Amount \$385.31
Address 64 houghton road		Purpose loan and debit repayment					
City northfield		State OH	Zip Code 44067	Check Number 005			
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends and Neighbors of Alan Hipps																					
From Whom Received Alan E. Hipps							Prior Amount 100.00			Amt. Incurred this Period 0.00											
Address 64 Houghton Road										Outstanding Balance 0.00											
City Northfield		State o h	Zip Code 44067		Loans Received This Period Date			Amount		Payments This Period Date			Amount								
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$									
0 6		2	4	1	3	0	6	2	4	1	3	00	1	1	2	6	1	7	100		
Registration Number, if PAC*							M	D	Y			M	D	Y					0		
Employer/Occupation/Labor Organization*							M	D	Y			M	D	Y					0		
From Whom Received							Prior Amount			Amt. Incurred this Period											
Address										Outstanding Balance											
										0.00											
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period 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											
										0.00											
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period 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												

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 \$ 100.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 100.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends and Neighbors of Alan Hipps						
Full Name of Contributor contributions less than \$25			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	1	17	\$162.58
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH		cash			
Full Name of Contributor			Registration Number, if PAC			
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address			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

\$162.58

Total expenditures this event

\$0.00

Page Total \$ 162.58

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends and Neighbors of Alan Hipps				
Full Name of Contributor Mike Kovach		Employer, Occupation, Labor Organization* Bialosky Cleveland		Registration Number, if PAC
Street Address 5163 Berkshire Drive		Description of Item or Service two t shirts		M D Y Fair Market Value 1 1 0 1 1 7 \$40.00
City North Olmsted		State OH	Zip Code 44070	Received at Fundraising Event? <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 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 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 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 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 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 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 checked="" type="radio"/> NO

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Friends and Neighbors of Alan Hipps										
To Whom Owed					Prior Amount			Amt. Incurred this Period		
Address					Item or Purpose for Debt			Outstanding Balance		
City			State	Zip Code		Payments Made 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		
Alan Hipps					285.31			0.00		
Address					Item or Purpose for Debt			Outstanding Balance		
64 Houghton Road					Signs			0.00		
City			State	Zip Code		Payments Made This Period				
Northfield					OH	44067		Date		
Date Debt was originally Incurred					M	D	Y	\$		
					0	9	2	6	1	3
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed					Prior Amount			Amt. Incurred this Period		
Address					Item or Purpose for Debt			Outstanding Balance		
City			State	Zip Code		Payments Made 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 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 \$ 285.31 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)