OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Friends of Jeff Fusco	Akron Clerk of Courts	

Street Address	City	State	Zip
2117 Forest Oak Drive	Akron	OH	44312

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Jeff Fusco	Nicole Sipe	11/07/2017

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	196.85
2. Total monetary contributions (From Forms 31-A and 31-E)	5360.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	5556.85
5. Total monetary expenditures (From Forms 31-B and 31-F)	4620.64
6. Balance on hand (line 4 minus line 5)	936.21
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	40,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2751 BAB

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Nicole Sipe
Signature of Treasurer or Deputy Treasurer

01/29/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
9	3	9	21

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
Larry Levey				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1585 Frederick Blvd				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44320	12/11/2017	100.00

Full Name of Contributor	Registration Number, if PAC			
Jon Oldham				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2130 Sagamore Road				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44313	12/15/2017	100.00

Full Name of Contributor	Registration Number, if PAC			
Teamsters Local #348 PAC Fund	LA1564			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
272 W. Market St				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44303	08/01/2018	200.00

Full Name of Contributor	Registration Number, if PAC			
Total contributions from Form 31-E				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
			06/20/2018	4960.00

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**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)]

Page Total 5360.00

OFFICE OF THE
Ohio Secretary of State

Event Date 6/20/2018 Page 1

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
Sandra J. Kurt				
Street Address: 140 Mayfield ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 6/20/18	Amount: 35.00
City: Akron	State: OH	Zip Code: 44313	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Gary L Wyatt				
Street Address: 854 Emory Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 6/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44310	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Amy Fritz				
Street Address: 2234 Eastgate Commons Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 6/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44312	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Donald L Plusquellic				
Street Address: 1 Canal Square	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 6/20/18	Amount:
City: Akron	State: OH	Zip Code: 44308	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Anthony D Gomez				
Street Address: 3070 9th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 6/20/18	Amount: 50.00
City: Cuyahoga Falls	State: OH	Zip Code: 44221	Form (Cash, Check, Etc: 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	Total Expenditures This Event	Page Total $ 235.00

OFFICE OF THE
Ohio Secretary of State

Event Date 6/20/18 Page 2

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
Peter Bryan Zeigler				
Street Address: 1050 Austin Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44306	Form (Cash, Check, Etc: check	
Full Name of Contributor: Kelly L McLaughlin			Registration Number, if PAC	
Street Address: 213 Tudor Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44312	Form (Cash, Check, Etc: check	
Full Name of Contributor: Bernard Rochford			Registration Number, if PAC	
Street Address: 710 Upper Merriman Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44303	Form (Cash, Check, Etc: check	
Full Name of Contributor: George F. Jumbert			Registration Number, if PAC	
Street Address: 329 Lake Pointe Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/11/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44333	Form (Cash, Check, Etc: check	
Full Name of Contributor: Bradley T. McKitrick			Registration Number, if PAC	
Street Address: 1490 Verndale Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 50.00
City: Akron	State: OH	Zip Code: 44306	Form (Cash, Check, Etc: check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 250.00

OFFICE OF THE
Ohio Secretary of State

Event Date 06/20/18 Page 3

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
Sarah E. Rubens				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1777 E. Waterford Ct., #722			06/20/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44313	check	

Full Name of Contributor	Registration Number, if PAC			
Rana Matar				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1931 Cherrywood Lane			06/20/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44312	check	

Full Name of Contributor	Registration Number, if PAC			
Stephen Kidder				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2692 Sulgrave Road			06/03/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Shaker Heights	OH	44122	check	

Full Name of Contributor	Registration Number, if PAC			
Stephen R Buschko				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
282 Somerset Road			06/02/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44313	check	

Full Name of Contributor	Registration Number, if PAC			
Sandy Moneypenny				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3984 Idella Ave			06/06/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Mogadore	OH	44260	Check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 250.00

OFFICE OF THE
Ohio Secretary of State

Event Date 06/20/18 Page 4

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
James N Tormey				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
220 S Rose Blvd			06/04/18	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44313	check	

Full Name of Contributor	Registration Number, if PAC			
James E Davis				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
50 S. Main St., FL10			06/10/18	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44308	check	

Full Name of Contributor	Registration Number, if PAC			
Joseph Charara				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
777 E Market St			06/05/18	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44305	check	

Full Name of Contributor	Registration Number, if PAC			
Frank M Kunstel				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
131 Seaborn Drive			06/15/18	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Willowick	OH	44095	check	

Full Name of Contributor	Registration Number, if PAC			
E. Spencer Muse				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3045 Smith Road, Ste. 450			06/20/18	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Fairlawn	OH	44333	check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 425.00

OFFICE OF THE
Ohio Secretary of State

Event Date 06/20/18 Page 5

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
Michael M Marks				
Street Address: 3562 Knollwood Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 100.00
City: Akron	State: OH	Zip Code: 44333	Form (Cash, Check, Etc: check	
Full Name of Contributor: Russell W Balthis	Registration Number, if PAC			
Street Address: 2316 Riverfront Pky	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 100.00
City: Cuyahoga Falls	State: OH	Zip Code: 44221	Form (Cash, Check, Etc: check	
Full Name of Contributor: Alison Breaux	Registration Number, if PAC			
Street Address: 675 Merriman Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 100.00
City: Akron	State: OH	Zip Code: 44303	Form (Cash, Check, Etc: check	
Full Name of Contributor: John Schmidt	Registration Number, if PAC			
Street Address: 1460 Curtis Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 100.00
City: Cuyahoga Falls	State: OH	Zip Code: 44221	Form (Cash, Check, Etc: check	
Full Name of Contributor: Scott E Feeney	Registration Number, if PAC			
Street Address: 1547 Indianola Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/19/18	Amount: 100.00
City: Akron	State: OH	Zip Code: 44305	Form (Cash, Check, Etc: check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 500.00

OFFICE OF THE
Ohio Secretary of State

Event Date 06/20/18 Page 6

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC
William N Melver	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2036 Annetta Ave		06/20/18	100.00

City	State	Zip Code	Form (Cash, Check, Etc
Akron	OH	44313	check

Full Name of Contributor	Registration Number, if PAC
J. Q. Adams	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2065 Quayle Drive		06/20/18	100.00

City	State	Zip Code	Form (Cash, Check, Etc
Akron	OH	44312	Check

Full Name of Contributor	Registration Number, if PAC
Oscar Hunsicker III	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1334 Highbridge Road		06/12/18	100.00

City	State	Zip Code	Form (Cash, Check, Etc
Cuyahoga Falls	OH	44223	check

Full Name of Contributor	Registration Number, if PAC
James J Lawrence	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2511 Valley View Road		06/13/18	250.00

City	State	Zip Code	Form (Cash, Check, Etc
Cuyahoga Falls	OH	44223	check

Full Name of Contributor	Registration Number, if PAC
Gregory P Kurtz	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6355 Evergreen Dr		06/04/18	250.00

City	State	Zip Code	Form (Cash, Check, Etc
Independence	OH	44131	check

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 800.00

OFFICE OF THE
Ohio Secretary of State

Event Date 06/20/18 Page 7

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor	Registration Number, if PAC			
John C Blickle				
Street Address: 388 South Main, #401a	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 05/31/18	Amount: 250.00
City: Akron	State: OH	Zip Code: 44311	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Heather Heslop Licata				
Street Address: 480 Delaware Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 250.00
City: Akron	State: OH	Zip Code: 44303	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
Carlo M Palmieri				
Street Address: 2926 Mogadore Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/20/18	Amount: 250.00
City: Akron	State: OH	Zip Code: 44312	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
ADIS U.S. Inc. Political Action committee	COO388983			
Street Address: 630 Plaza Drive, Suite 100	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/07/18	Amount: 500.00
City: Highlands Ranch	State: CO	Zip Code: 80129	Form (Cash, Check, Etc: check	

Full Name of Contributor	Registration Number, if PAC			
William Zavarello				
Street Address: 313 S. High Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY): 06/01/18	Amount: 500.00
City: Akron	State: OH	Zip Code: 44308	Form (Cash, Check, Etc: check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $ 1750.00

OFFICE OF THE
Ohio Secretary of State

Event Date _____ Page 8

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Jeff Fusco

Full Name of Contributor			Registration Number, if PAC	
Local No 219			PCE 7695	
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
1655 Brittain Road			06/08/2018	250.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Akron	PA	44310	check	

Full Name of Contributor			Registration Number, if PAC	
Manuel Nemer				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
3317 Morewood Rd			06/20/2018	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Fairlawn	OH	44333	check	

Full Name of Contributor			Registration Number, if PAC	
Jeffrey C Thomas				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
50 S Main St., Ste 1210			06/18/2018	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Akron	OH	44308	check	

Full Name of Contributor			Registration Number, if PAC	
Friends of Steve Barry for Sheriff				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
4847 Manchester Road			06/29/2018	250.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Akron	OH	44319	check	

Full Name of Contributor			Registration Number, if PAC	
Federated Democratic Women of Summit County				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
100 Rhodes Avenue			06/21/2018	50.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Akron	OH	44302	check	

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Total Contributions This Event	Total Expenditures This Event	Page Total $
4960.00	200.00	750.00

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Jeff Fusco

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank		30.00

Street Address	Purpose
145 Ghent Road	Service Charges 12/29/17 thru 05/31/18 - $5 per month

City	State	Zip Code	Check Number
Fairlawn	OH	44333	auto deduct attached

To Whom Paid	Date (MM/DD/YYYY)	Amount
Pete Nischt	02/03/2018	291.65

Street Address	Purpose
1951 Wiltshire Road	Reimburse robo calls

City	State	Zip Code	Check Number
Akron	OH	44313	1538

To Whom Paid	Date (MM/DD/YYYY)	Amount
Burges & Burges Strategists	06/27/2018	3750.00

Street Address	Purpose
26100 Lake Shore Blvd	pay campaign consultation debt

City	State	Zip Code	Check Number
Cleveland	OH	44132	1540

To Whom Paid	Date (MM/DD/YYYY)	Amount
Staples	07/14/2018	78.99

Street Address	Purpose
4014 Medina Road	office supplies

City	State	Zip Code	Check Number
Copley	OH	44333	EFT - debit card

To Whom Paid	Date (MM/DD/YYYY)	Amount
One to One Creative Communications	09/11/2018	120.00

Street Address	Purpose
1352 Keystone Blvd	Magnetic signs

City	State	Zip Code	Check Number
Akron	OH	44320	1541

Page Total $ 4270.64

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Jeff Fusco

To Whom Paid	Date (MM/DD/YYYY)	Amount
Akron NAACP	10/17/2018	150.00

Street Address	Purpose
230 W. Center Street	Freedom Fund dinner ad

City	State	Zip Code	Check Number
Akron	OH	44303	1542

To Whom Paid	Date (MM/DD/YYYY)	Amount
Expenditures from 31 F		200.00

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 350.00

Date 06/20/2018 Page 1

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee
Friends of Jeff Fusco

To Whom Paid Akrona Galleries			Date (MM/DD/YYYY) 06/20/2018	Amount 200.00
Street Address 1765 W. Market St	Purpose Hall Rental			
City Akron	State OH	Zip Code 44313	Check Number 1539	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street 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.

Page Total $ 200.00

OFFICE OF THE
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Friends of Jeff Fusco

From Whom Received				Prior Amount	Amt. Incurred this Period
				40,000.00	
Street Address					Outstanding Balance
					40,000.00
City	State	Zip Code	**Loans Received This Period**	**Payments This Period**	
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / Amount	

From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	**Loans Received This Period**	**Payments This Period**	
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) / Amount	Date of Payment (MM/DD/YYYY) / 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)]

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).

Total Prior Amount $ 40,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

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

Total Outstanding Balance $ 40,000.00 (also record on Form 30-A)