



Committee Name Friends of Jeff Fusco		Office Sought Akron Clerk of Courts		District
Street Address 2117 Forest Oak Drive		City Akron	State OH	Zip 44312
Candidate Name OR PAC Registration Number Jeff Fusco		Treasurer Name Nicole Sipe		Election Date (MM/DD/YYYY) 11/07/2017
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> 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)	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 29 PM 2:49

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

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**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 9	Expenditure Pages 3	Other Pages 9	Total Pages 21
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Jeff Fusco				
Full Name of Contributor Larry Levey			Registration Number, if PAC	
Street Address 1585 Frederick Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44320	Date (MM/DD/YYYY) 12/11/2017	Amount 100.00
Full Name of Contributor Jon Oldham			Registration Number, if PAC	
Street Address 2130 Sagamore Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/15/2017	Amount 100.00
Full Name of Contributor Teamsters Local #348 PAC Fund			Registration Number, if PAC LA1564	
Street Address 272 W. Market St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44303	Date (MM/DD/YYYY) 08/01/2018	Amount 200.00
Full Name of Contributor Total contributions from Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 06/20/2018	Amount 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)]



**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 Sandra J. Kurt			Registration Number, if PAC	
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 Gary L Wyatt			Registration Number, if PAC	
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 Amy Fritz			Registration Number, if PAC	
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 Donald L Plusquellic			Registration Number, if PAC	
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 Anthony D Gomez			Registration Number, if PAC	
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



**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 Peter Bryan Zeigler			Registration Number, if PAC	
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

* 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 \$ 250.00



**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 Sarah E. Rubens			Registration Number, if PAC	
Street Address 1777 E. Waterford Ct., #722		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/20/18	Amount 50.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor Rana Matar			Registration Number, if PAC	
Street Address 1931 Cherrywood Lane		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 Stephen Kidder			Registration Number, if PAC	
Street Address 2692 Sulgrave Road		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/03/18	Amount 50.00
City Shaker Heights		State OH	Zip Code 44122	Form (Cash, Check, Etc) check
Full Name of Contributor Stephen R Buschko			Registration Number, if PAC	
Street Address 282 Somerset Road		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/02/18	Amount 50.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor Sandy Moneypenny			Registration Number, if PAC	
Street Address 3984 Idella Ave		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/06/18	Amount 50.00
City Mogadore		State OH	Zip Code 44260	Form (Cash, Check, Etc) check

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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 \$ 250.00



**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 James N Tormey			Registration Number, if PAC	
Street Address 220 S Rose Blvd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/04/18
Amount 75.00				
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) check
Full Name of Contributor James E Davis			Registration Number, if PAC	
Street Address 50 S. Main St., FL10		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/10/18
Amount 100.00				
City Akron		State OH	Zip Code 44308	Form (Cash, Check, Etc) check
Full Name of Contributor Joseph Charara			Registration Number, if PAC	
Street Address 777 E Market St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/05/18
Amount 100.00				
City Akron		State OH	Zip Code 44305	Form (Cash, Check, Etc) check
Full Name of Contributor Frank M Kunstel			Registration Number, if PAC	
Street Address 131 Seaborn Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/15/18
Amount 100.00				
City Willowick		State OH	Zip Code 44095	Form (Cash, Check, Etc) check
Full Name of Contributor E. Spencer Muse			Registration Number, if PAC	
Street Address 3045 Smith Road, Ste. 450		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/18
Amount 50.00				
City Fairlawn		State OH	Zip Code 44333	Form (Cash, Check, Etc) check

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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 \$ 425.00



**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 Michael M Marks			Registration Number, if PAC	
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



**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 William N Melver			Registration Number, if PAC	
Street Address 2036 Annetta Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/18
City Akron		State OH	Zip Code 44313	Amount 100.00
Form (Cash, Check, Etc) check				
Full Name of Contributor J. Q. Adams			Registration Number, if PAC	
Street Address 2065 Quayle Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/18
City Akron		State OH	Zip Code 44312	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Oscar Hunsicker III			Registration Number, if PAC	
Street Address 1334 Highbridge Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/12/18
City Cuyahoga Falls		State OH	Zip Code 44223	Amount 100.00
Form (Cash, Check, Etc) check				
Full Name of Contributor James J Lawrence			Registration Number, if PAC	
Street Address 2511 Valley View Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/13/18
City Cuyahoga Falls		State OH	Zip Code 44223	Amount 250.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Gregory P Kurtz			Registration Number, if PAC	
Street Address 6355 Evergreen Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/04/18
City Independence		State OH	Zip Code 44131	Amount 250.00
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 \$ 800.00

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and does not form any recognizable words or sentences.]



**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 John C Blickle			Registration Number, if PAC	
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 Heather Heslop Licata			Registration Number, if PAC	
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 Carlo M Palmieri			Registration Number, if PAC	
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 ADIS U.S. Inc. Political Action committee			Registration Number, if PAC 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 William Zavarello			Registration Number, if PAC	
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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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 \$ 1750.00



**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 Local No 219			Registration Number, if PAC PCE 7695	
Street Address 1655 Brittain Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2018
				Amount 250.00
City Akron		State PA	Zip Code 44310	Form (Cash, Check, Etc) check
Full Name of Contributor Manuel Nemer			Registration Number, if PAC	
Street Address 3317 Morewood Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018
				Amount 100.00
City Fairlawn		State OH	Zip Code 44333	Form (Cash, Check, Etc) check
Full Name of Contributor Jeffrey C Thomas			Registration Number, if PAC	
Street Address 50 S Main St., Ste 1210		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/18/2018
				Amount 100.00
City Akron		State OH	Zip Code 44308	Form (Cash, Check, Etc) check
Full Name of Contributor Friends of Steve Barry for Sheriff			Registration Number, if PAC	
Street Address 4847 Manchester Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/29/2018
				Amount 250.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, Etc) check
Full Name of Contributor Federated Democratic Women of Summit County			Registration Number, if PAC	
Street Address 100 Rhodes Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/21/2018
				Amount 50.00
City Akron		State OH	Zip Code 44302	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
4960.00

Total Expenditures This Event
200.00

Page Total \$ 750.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Jeff Fusco			
To Whom Paid Key Bank		Date (MM/DD/YYYY)	Amount 30.00
Street Address 145 Ghent Road		Purpose Service Charges 12/29/17 thru 05/31/18 - \$5 per month	
City Fairlawn	State OH	Zip Code 44333	Check Number auto deduct attached
To Whom Paid Pete Nischt		Date (MM/DD/YYYY) 02/03/2018	Amount 291.65
Street Address 1951 Wiltshire Road		Purpose Reimburse robo calls	
City Akron	State OH	Zip Code 44313	Check Number 1538
To Whom Paid Burgess & Burgess Strategists		Date (MM/DD/YYYY) 06/27/2018	Amount 3750.00
Street Address 26100 Lake Shore Blvd		Purpose pay campaign consultation debt	
City Cleveland	State OH	Zip Code 44132	Check Number 1540
To Whom Paid Staples		Date (MM/DD/YYYY) 07/14/2018	Amount 78.99
Street Address 4014 Medina Road		Purpose office supplies	
City Copley	State OH	Zip Code 44333	Check Number EFT - debit card
To Whom Paid One to One Creative Communications		Date (MM/DD/YYYY) 09/11/2018	Amount 120.00
Street Address 1352 Keystone Blvd		Purpose Magnetic signs	
City Akron	State OH	Zip Code 44320	Check Number 1541

Page Total \$ 4270.64



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Jeff Fusco			
To Whom Paid Akron NAACP		Date (MM/DD/YYYY) 10/17/2018	Amount 150.00
Street Address 230 W. Center Street		Purpose Freedom Fund dinner ad	
City Akron	State OH	Zip Code 44303	Check Number 1542
To Whom Paid Expenditures from 31 F		Date (MM/DD/YYYY)	Amount 200.00
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 350.00



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.



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Jeff Fusco						
From Whom Received					Prior Amount 40,000.00	Amt. Incurred this Period
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)

Date	Description	Amount
1912	Jan 1	
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