



Committee Name JERRY JAMES COMMITTEE		Office Sought WARD 7 COUNCILMAN		District
Street Address 2209 LIBERTY STREET		City CUYAHOGA FALLS	State OH	Zip 44221
Candidate Name OR PAC Registration Number JERRY L JAMES		Treasurer Name LINDA M JAMES		Election Date (MM/DD/YYYY) 11-15-19
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 2018
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	100.00
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	100.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	100.00
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	2,200.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 28 PM 4:21

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44314
#2673A

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

Linda James
Signature of Treasurer or Deputy Treasurer

1/25/2019
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 0	Other Pages 1	Total Pages 2
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Statement of Loans Received

Prescribed by Secretary of State 3.05

Full Name of Committee JERRY JAMES COMMITTEE																	
From Whom Received JERRY + LINDA JAMES										Prior Amount 2,200.⁰⁰		Amt. Incurred this Period 0					
Address 2209 LIBERTY STREET												Outstanding Balance 2,200.⁰⁰					
City CUYAHOGA FALLS			State OH		Zip Code 44221					Loans Received This Period				Payments This Period			
					Date		Amount			Date		Amount					
Date Loan was originally Incurred			M	D	Y	M	D	Y	\$	M	D	Y	\$				
07 25 03									0				0				
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			State		Zip Code					Loans Received This Period				Payments This Period			
					Date		Amount			Date		Amount					
Date Loan was originally Incurred			M	D	Y	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			State		Zip Code					Loans Received This Period				Payments This Period			
					Date		Amount			Date		Amount					
Date Loan was originally Incurred			M	D	Y	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).

- 1 Total prior amount \$ 2,200.⁰⁰
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 2,200.⁰⁰ (To Form No. 30-A)