



Committee Name Citizens for Judge Alison McCarty		Office Sought Common Pleas - Gen Div		District Summi
Street Address 4728 North Ridge Drive		City Akron	State OH	Zip 44333
Candidate Name OR PAC Registration Number Alison McCarty		Treasurer Name Thomas Hager		Election Date (MM/DD/YYYY) 11/04/2014
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				
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		Year 2018
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	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	0.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	0.00
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)	\$52,410.00
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)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 25 PM 4:36

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

2057
BFB

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

Alison McCarty, Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

01/25/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages 1	Total Pages 2
--------------------	-------------------	------------------	------------------



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Citizens for Judge Alison McCarty					
From Whom Received Alison McCarty				Prior Amount \$52,410.00	Amt. Incurred this Period 0.00
Street Address 4728 North Ridge Drive					Outstanding Balance \$52,410.00
City Akron	State OH	Zip Code 44333	Loans Received This Period		Payments This Period
	Date Loan was Originally Incurred (MM/DD/YYYY) 10/10/1999		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 \$ 52,410.00

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

Total Payments Received this Period \$ 52,410.00 (also record on Form 31-B)

Total Outstanding Balance \$ 52,410.00 (also record on Form 30-A)