

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Mark Herdlick							Registration Number, if PAC		
Full Name of Candidate Mark Herdlick									
Street Address 5130 S. Arlington Rd					Office Sought Mayor			District Green	
City North Canton					State O H		Zip Code 44720		
Type of Report (place X to the left of report type)	X	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	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		M	D	Y
							0	5	0 7 1 9

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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 8,330.19
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,330.19
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,165.59
6. Balance on hand (line 4 minus line 5)	\$ 6,164.60
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 5,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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#3117 Avr
 JAMES J. JOHNSON
 CLERK OF ELECTIONS
 AKRON OHIO 44304

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

Mark Herdlick, Deputy Treasurer

Mark Herdlick

4/26/19

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages <u>1</u>



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Mark Herdlick					
From Whom Received Mark Herdlick				Prior Amount 0	Amt. Incurred this Period 5000.00
Street Address 5130 Arlington Rd					Outstanding Balance 5000.00
City Akron	State OH	Zip Code 44720	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 1/28/2019		Date of Loan (MM/DD/YYYY) 1/28/2019	Amount 5000.00	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 <input type="text"/>	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 \$ _____

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

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

Total Outstanding Balance \$ _____ (also record on Form 30-A)