

2019 PRE GENERAL

# Ohio Campaign Finance Report

LAKE BOARD OF ELECTION  
OCT 24 2019 PM2:02

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Chris Hallum</b>						Registration Number, if PAC							
Full Name of Candidate <b>Christopher Hallum</b>													
Street Address <b>2937 Lamplight Ln</b>						Office Sought <b>Councilman</b>			District <b>3</b>				
City <b>Willoughby Hills</b>						State <b>O H</b>		Zip Code <b>44094</b>					
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		X 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 <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>5</b>	Y <b>1</b>	Y <b>9</b>

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	\$	<b>3,366.44</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>3,545.00</b>
3. Total other income (From Form No. 31-A-2)	\$	<b>0.00</b>
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>6,911.44</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>1,837.04</b>
6. Balance on hand (line 4 minus line 5)	\$	<b>5,074.40</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<b>20.00</b>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<b>0.00</b>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>0.00</b>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<b>0.00</b>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<b>0.00</b>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<b>0.00</b>
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	<b>3,565.00</b>

RECEIPT  
ENTERED  
AMEND LTR

SCANNED  
AUDITED  
COMPLETED

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

**Lynn Streetz Hallum, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

*Lynn Streetz Hallum*  
Signature

**10-24-2019**  
Date

Contribution pages **5**

Expenditure pages **1**

Other pages **0**

Total pages **6**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Chris Hallum</b>						
Full Name of Contributor <b>Lyle Hallum</b>				Registration Number, if PAC		
Street Address <b>1261 Settlers Bay Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bellbrook</b>	State <b>O   H</b>	Zip Code <b>45305</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Frank Mahnic</b>				Registration Number, if PAC		
Street Address <b>12795 Brockway Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Valley View</b>	State <b>O   H</b>	Zip Code <b>44125</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Michael Germano</b>				Registration Number, if PAC		
Street Address <b>3008 Oakview Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>60.00</b>
Full Name of Contributor <b>Carvier Lukat</b>				Registration Number, if PAC		
Street Address <b>6153 Pepperwood Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mentor</b>	State <b>O   H</b>	Zip Code <b>44060</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>750.00</b>
Full Name of Contributor <b>Calvin Schroek</b>				Registration Number, if PAC		
Street Address <b>2873 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Marie Louise Kittredge</b>				Registration Number, if PAC		
Street Address <b>6927 Indiana Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44105</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Chuck Sumrada</b>				Registration Number, if PAC		
Street Address <b>2316 River Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Roy Streetz</b>				Registration Number, if PAC		
Street Address <b>2959 Gatsby Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>200.00</b>

\* 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 appear. [R.C. 3517.10(B)(4)]

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Chris Hallum</b>						
Full Name of Contributor <b>Nancy Glinski</b>				Registration Number, if PAC		
Street Address <b>2903 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Lawrence Kletecka</b>				Registration Number, if PAC		
Street Address <b>2953 Gatsby Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>45.00</b>
Full Name of Contributor <b>Daniel Yeckley</b>				Registration Number, if PAC		
Street Address <b>2942 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Joseph Smigelski</b>				Registration Number, if PAC		
Street Address <b>365 Royal Oak Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richmond Heights</b>	State <b>O   H</b>	Zip Code <b>44143</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Loreto Iafelice</b>				Registration Number, if PAC		
Street Address <b>38650 Florence Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Denise Neidermeyer</b>				Registration Number, if PAC		
Street Address <b>2929 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Pete Mizeres</b>				Registration Number, if PAC		
Street Address <b>963 Hanley Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lyndhurst</b>	State <b>O   H</b>	Zip Code <b>44124</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jesse Baden</b>				Registration Number, if PAC		
Street Address <b>2921 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>

\* 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 appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Chris Hallum</b>						
Full Name of Contributor <b>Frank Cihula</b>				Registration Number, if PAC		
Street Address <b>35060 Dixon Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>7</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Katherine Pasquale</b>				Registration Number, if PAC		
Street Address <b>371 Pebblebrook Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Kathy Longo</b>				Registration Number, if PAC		
Street Address <b>9285 Kathleen Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mentor</b>	State <b>O   H</b>	Zip Code <b>44060</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Ron Zele</b>				Registration Number, if PAC		
Street Address <b>740 Pebblebrook Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Susan Gralnick</b>				Registration Number, if PAC		
Street Address <b>2518 Chagrin Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
Full Name of Contributor <b>David Chervenik</b>				Registration Number, if PAC		
Street Address <b>3185 North Dover Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Silver Lake</b>	State <b>O   H</b>	Zip Code <b>44224</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Darlene Weger</b>				Registration Number, if PAC		
Street Address <b>38195 Dodds Hill Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Dennis Cocco</b>				Registration Number, if PAC		
Street Address <b>2933 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>75.00</b>

\* 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 appear. [R.C. 3517.10(B)(4)]



# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Chris Hallum</b>						
Full Name of Contributor <b>Edward McKenna</b>				Registration Number, if PAC		
Street Address <b>2963 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>2019</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Thomas Majeski</b>				Registration Number, if PAC		
Street Address <b>2717 Graylock Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1319</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Christopher Collins</b>				Registration Number, if PAC		
Street Address <b>688 Second St., Unit 2</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Fairport Harbor</b>	State <b>O   H</b>	Zip Code <b>44077</b>	M <b>0</b>	D <b>9</b>	Y <b>2019</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Robert Sacerich</b>				Registration Number, if PAC		
Street Address <b>2947 Rockefeller Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1219</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Michael Kirsch</b>				Registration Number, if PAC		
Street Address <b>33850 Parkview Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M <b>0</b>	D <b>9</b>	Y <b>1819</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Marie Ann Federico</b>				Registration Number, if PAC		
Street Address <b>2392 Trailard Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1819</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Carrie Biro</b>				Registration Number, if PAC		
Street Address <b>2821 Forest Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1519</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Pat Grebenc</b>				Registration Number, if PAC		
Street Address <b>2265 River Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O   H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1419</b>	Amount <b>100.00</b>

\* 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 appear. [R.C. 3517.10(B)(4)]

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Chris Hallum</b>						
Full Name of Contributor <b>Claudine Daugirdas</b>				Registration Number, if PAC		
Street Address <b>38213 Dodds Hill Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1 4 1 9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Karen Schaller</b>				Registration Number, if PAC		
Street Address <b>36926 Beech Hills Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1 4 1 9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>CJ Latsa</b>				Registration Number, if PAC		
Street Address <b>28914 Eddy Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1 3 1 9</b>	Amount <b>40.00</b>
Full Name of Contributor <b>Joe Palmer</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby</b>	State <b>O H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1 2 1 9</b>	Amount <b>75.00</b>
Full Name of Contributor <b>Jay Neidermeyer</b>				Registration Number, if PAC		
Street Address <b>2929 Lamplight Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Online</b>	
City <b>Willoughby Hills</b>	State <b>O H</b>	Zip Code <b>44094</b>	M <b>0</b>	D <b>9</b>	Y <b>1 2 1 9</b>	Amount <b>50.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>2 7 9</b>	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
To Whom Paid					M	D	Y	Amount			
Lance Brittain Photography					0	9	1	0	1	9	50.00
Address 13132 West Geauga Trl			Purpose Photos for campaign material								
City Chesterland		State O   H	Zip Code 44026		Check Number 1001						
To Whom Paid Fulton Sign & Decal					0	9	2	3	1	9	685.34
Address 7144 Industrial Park Blvd			Purpose Political signs								
City Mentor		State O   H	Zip Code 44060		Check Number 1002						
To Whom Paid Marc's					1	0	1	1	1	9	110.00
Address 28121 Chardon Rd			Purpose Postage Stamps								
City Willoughby Hills		State O   H	Zip Code 44092		Check Number 1003						
To Whom Paid Fulton Sign & Decal					1	0	2	3	1	9	277.13
Address 7144 Industrial Park Blvd			Purpose Political signs								
City Mentor		State O   H	Zip Code 44060		Check Number 1005						
To Whom Paid Chris Hallum					1	0	2	3	1	9	157.67
Address 2937 Lamplight Ln			Purpose Hotcards push card order								
City Willoughby Hills		State O   H	Zip Code 44094		Check Number						
To Whom Paid Chris Hallum					1	0	2	3	1	9	55.00
Address 2937 Lamplight Ln			Purpose Postage Stamps purchase from CVS								
City Willoughby Hills		State O   H	Zip Code 44094		Check Number 1006						
To Whom Paid Chris Hallum					1	0	2	3	1	9	501.90
Address 2937 Lamplight Ln			Purpose Repayment of Loan								
City Willoughby Hills		State O   H	Zip Code 44094		Check Number 1007						
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code		Check Number						

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Chris Hallum</b>														
To Whom Owed <b>Chris Hallum</b>					Prior Amount <b>501.90</b>			Amt. Incurred this Period						
Address <b>2937 Lamplight Ln</b>					Item or Purpose for Debt			Outstanding Balance <b>501.90</b>						
City <b>Willoughby Hills</b>			State <b>OH</b>	Zip Code <b>44094</b>		<b>Payments Made This Period</b>								
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$			
					1	0	1	9	1	5	10	23	19	501.90
Registration Number, if PAC					M	D	Y							
					M	D	Y							
To Whom Owed					Prior Amount			Amt. Incurred this Period						
Address					Item or Purpose for Debt			Outstanding Balance						
City			State	Zip Code		<b>Payments Made This Period</b>								
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$			
Registration Number, if PAC					M	D	Y							
					M	D	Y							
To Whom Owed					Prior Amount			Amt. Incurred this Period						
Address					Item or Purpose for Debt			Outstanding Balance						
City			State	Zip Code		<b>Payments Made This Period</b>								
					Date			Amount						
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$			
Registration Number, if PAC					M	D	Y							
					M	D	Y							

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 501.90 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)