

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name					Office Sou	-		7		District
FRIENDS of Buck Rumpke					Liber	TY	lwp	IRu.	stee	
Street Address		City				1	Zip		//	
				Twp		OH	43	50	74	
Candidate Name OR PAC Registration Number Treasurer Name John L			e 1						(MM/DD/)	,
Buck Rumpke John L				2ND	ers		/	11-0	2 - 2	021
Type of Report (choo	ose one):									
Annual 💢 Ser	miannual	ary Post-P	rimary	Pre-	-General	□ Po	ost-Gei	neral		
Statewide Candidates	Only:								Year	
☐ July Monthly ☐	August Monthly	September Mon	thly		*				20	12/
Amended Report	Termination		Short	Form Re	eport (R.C	. 3517.	10(H))			
			theck this box if the committee is filing a hort term report. See attached instructions.							
1. Amount brough	t forward from last repo	ort			-(
2. Total monetary	contributions (From For	ms 31-A and 31-	E)	-0-						
3. Total other inco	me (From Form 31-A-2)			-						
4. Total funds avai	4. Total funds available (sum of lines 1, 2, 3)			-0-						
5. Total monetary expenditures (From Forms 31-B and 31-F)				0					2021	0
6. Balance on hand (line 4 minus line 5)				0					E 5	3 = 3
7. Value of in-kind contributions received (From Form 31-J-1)			J-1)						29	35
8. Value of in-kind contributions made (From Form 31-J-2)				P R E					18	
9. Outstanding loans owed by committee (From Form 31-C)			;)		30,0	00,			2: 33	
10. Outstanding debts owed by committee (From Form 31-N)			N)		-0				<u> </u>	2
11. Outstanding loans owed to committee (From Form 31-K)			<)		0	-				
12. Value of independent expenditures made (From Form 31-U)				-0						
THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.										
John Xanaler 7/27/2021										
Signature of Treasurer or Deputy Treasurer					L	ate (MM/			l	
Contribution Pages Expenditure Pages Other Pages Total Pages										
Ð	0	1			1			Last	Updated	09/2017



Statement of Loans Received

Form 31-C

				R.C. 3517.10		
Full Name of Committee	D (D	/				
FRIENDS of	Duck Ku	mpke				
From Whom Received	Prior Amount	Amt. Incurred this Period				
Buck Kumpke	0	30,000				
Street Address		Outstanding Balance				
6275 Maud Hughes Ro				30,000,		
City Liberry Twp of V Zip Code 45044	Loans Received T	his Period	Payments This Period			
Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)		Date of Payment (MM/D	D/YYYY) Amount		
6-29-21	6-29-21	30,000,-	0			
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount		
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount		
From Whom Received			Prior Amount	Amt. Incurred this Period		
Buck Rumpk	e		0	30,000,-		
Street Address	- 4			Outstanding Balance		
6275 Maud Hug	hes Kd			30,000,-		
	iberry Twp Off 45044 Loans Received This Period					
Liberry 1 wp 01 45044	Loans Received T	his Period	Payments	s This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received T	Amount	Date of Payment (MM/D			
		_	Date of Payment (MM/D	D/YYYY) Amount		
Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount		
Date Loan was Originally Incurred (MM/DD/YYYY) 6 28 2021 Registration Number, if PAC	Date of Loan (MM/DD/YYYY) 6/28/202/ Date of Loan (MM/DD/YYYY)	Amount 30,000, 39 Amount	Date of Payment (MM/D	D/YYYY) Amount D/YYYY) Amount		
Date Loan was Originally Incurred (MM/DD/YYYY) 6/28/2021	Date of Loan (MM/DD/YYYY)	Amount 30,000, 39 Amount	Date of Payment (MM/D	D/YYYY) Amount D/YYYY) Amount		
Date Loan was Originally Incurred (MM/DD/YYYY) 6 28 2021 Registration Number, if PAC * Required for contributions from individuals over \$100 to stated name of the individual's business, if any, rather than employer aggregate of \$100, the labor organization of which the employer (Form No. 31-A-2). Transfer total of all payments made in this page (Form No. 30-A).	Date of Loan (MM/DD/YYYY) (2/28/202/ Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) wide and general assembly can be should be listed. If two or more dees are members, if any, must a see space. Transfer total of all load to the space of the space.	Amount 30,000, 39 Amount Amount didates. If contribute employees contributes appear. [R.C. 3]	Date of Payment (MM/D Date of Payment (MM/D Date of Payment (MM/D or is self-employed, the via payroll deduction 517.10(B)(4)] eriod to the Statement	D/YYYY) Amount D/YYYY) Amount D/YYYY) Amount e occupation and the n and exceed the of Other Income		
Date Loan was Originally Incurred (MM/DD/YYYY) 6 28 202/ Registration Number, if PAC * Required for contributions from individuals over \$100 to stated name of the individual's business, if any, rather than employer aggregate of \$100, the labor organization of which the employer in the "Outstanding Balance (Form No. 31-A-2). Transfer total of all payments made in this process of the cover page (Form No. 30-A). Total Prior Amount \$	Date of Loan (MM/DD/YYYY) (28/202) Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) wide and general assembly can be are members, if any, must a see space. Transfer total of all loberiod to the Statement of Exper	Amount 30,000, 39 Amount Amount didates. If contribute employees contributes appear. [R.C. 3]	Date of Payment (MM/D Date of Payment (MM/D Date of Payment (MM/D or is self-employed, the via payroll deduction 517.10(B)(4)] eriod to the Statement	D/YYYY) Amount D/YYYY) Amount D/YYYY) Amount e occupation and the n and exceed the of Other Income		
Date Loan was Originally Incurred (MM/DD/YYYY) 6 28 2021 Registration Number, if PAC * Required for contributions from individuals over \$100 to stated name of the individual's business, if any, rather than employer aggregate of \$100, the labor organization of which the employer (Form No. 31-A-2). Transfer total of all payments made in this page (Form No. 30-A).	Date of Loan (MM/DD/YYYY) (28/202) Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) wide and general assembly can be are members, if any, must a see space. Transfer total of all loberiod to the Statement of Exper	Amount 30,000, 39 Amount Amount didates. If contribute employees contributes appear. [R.C. 3]	Date of Payment (MM/D Date of Payment (MM/D Date of Payment (MM/D tor is self-employed, the via payroll deductio 517.10(B)(4)] eriod to the Statement 31-B). Transfer Outsta	D/YYYY) Amount D/YYYY) Amount D/YYYY) Amount e occupation and the n and exceed the of Other Income		

30,000

(also record on Form 30-A)

Total Outstanding Balance \$



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee FRIENDS of	Buck F	Rump	ke		
Full Name of Contributor Buck Rumpke			Registration Number	er, if PAC	
Full Name of Committee FRIENDS of Full Name of Contributor Buck Rumpke Street Address 6275 Maud Hughes Rd City Liberry Tup Full Name of Contributor	Type*	Date (MM/D	DMYYY) 29-2021	Form (Cash, Check, etc.)	
Liberry Tusp	State OH OH	Zip Code 450	044	Amount #30,000 —	
Full Name of Contributor			Registration Number		
Street Address			D/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code		Amount	
Full Name of Contributor			Registration Numb	er, if PAC	
Street Address	Type* Date (MM/D		D/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code		Amount	
Full Name of Contributor			Registration Number	er, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
City	State OH	Zip Code		Amount	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code		Amount	

Page	Total	\$		

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.