

2015 Annual Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends for John R. Hamercheck Election Committee						Registration Number, if PAC	
Full Name of Candidate John R. Hamercheck							
Street Address 1 W. Main Street				Office Sought County Commissioner		District Lake	
City Madison				State OH		Zip Code 44057	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2015		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> 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		0 ^M 3 1 ^D 5 1 ^Y 6	

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 for 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	\$	\$1,200.89
2. Total monetary contributions (From Form No. 31-A)	\$	\$20,000.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$21,200.89
5. Total monetary expenditures (From Form No. 31-B)	\$	\$80.00
6. Balance on hand (line 4 minus line 5)	\$	\$21,120.89
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$84,500.00
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.	\$	

RECEIVED
SCANNED
ENTERED
AUDITED
AMEND LTR
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.

Susan E. Hamercheck, Deputy Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Susan E. Hamercheck
Signature

01/29/2016

Date

Contribution
pages 1

Expenditure
pages 1

Other
pages 4

Total
pages 6

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends for John R. Hamercheck Election Committee									
Full Name of Contributor John R. Hamercheck Loan to Committee from Form 31-C Page 2							Registration Number, if PAC		
Street Address 81 Parkway Blvd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Madison		State OH		Zip Code 44057		M 1		D 2	
						Y 8		Amount \$20,000.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH		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 OH		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 OH		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 OH		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 OH		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 OH		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 OH		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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$20,000.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Friends for John R. Hamercheck Election Committee									
To Whom Paid Office of the Board of Elections Lake County						M 1	D 2	Y 1	Amount \$80.00
Address 105 Main Street				Purpose Filing Fee					
City Painesville				State OH	Zip Code 44057		Check Number 1531		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		

Page Total **\$80.00**

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends for John R. Hamercheck Election Committee														
From Whom Received John R. Hamercheck								Prior Amount \$16,000.00		Amt. Incurred this Period \$0.00				
Address 81 Parkway Blvd.										Outstanding Balance \$16,000.00				
City Madison		St ate OH		Zip Code 44057		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	\$	
0 1 0 9 1 2														
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received John R. Hamercheck								Prior Amount \$4,000.00		Amt. Incurred this Period \$0.00				
Address 81 Parkway Blvd.										Outstanding Balance \$4,000.00				
City Madison		St ate OH		Zip Code 44057		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	\$	
0 2 2 3 1 2														
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received John R. Hamercheck								Prior Amount \$24,500.00		Amt. Incurred this Period \$0.00				
Address 81 Parkway Blvd.										Outstanding Balance \$24,500.00				
City Madison		St ate OH		Zip Code 44057		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	\$	
0 5 2 2 1 2														
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y

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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 \$ \$44,500.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$44,500.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends for John R. Hamercheck Election Committee														
From Whom Received John R. Hamercheck								Prior Amount \$20,000.00		Amt. Incurred this Period \$0.00				
Address 81 Parkway Blvd.										Outstanding Balance \$20,000.00				
City Madison		State OH		Zip Code 44057		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	\$	
1 0 2 0 1 2														
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received John R. Hamercheck								Prior Amount		Amt. Incurred this Period \$20,000.00				
Address 81 Parkway Blvd.										Outstanding Balance \$20,000.00				
City Madison		State OH		Zip Code 44057		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	\$	
1 2 2 8 1 5														
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State OH		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		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y

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¹ Total prior amount \$ \$20,000.00

² Total received this period \$ \$20,000.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$40,000.00 (To Form No. 30-A)