

2016 POST GENERAL- AMEND. 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 Select X to the left of report type	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1 ^M 1 ^D 0 ^D 8 ^D 1 ^Y 6 ^Y	

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.

LAKE COUNTY
BOARD OF ELECTIONS
2016 DEC 16 PM 12:56

RECEIVED	INDEXED	AMEND LTR	COMPLETED
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1. Amount Available for Report	\$	\$13,494.32
2. Total primary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-B)	\$	\$0.00
4. Total funds available (Sum of Rows 1, 2, 3)	\$	\$13,494.32
5. Total primary expenditures (From Form No. 31-B)	\$	\$0.00
6. Difference of fund (Row 4 minus Row 5)	\$	\$13,494.32
7. Value of in-kind contributions received (From Form No. 31-C-1)	\$	\$1,933.40
8. Value of in-kind contributions made (From Form No. 31-C-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C-3)	\$	\$84,500.00
10. Outstanding loans owed by committee (From Form No. 31-C-4)	\$	\$0.00
11. Outstanding loans owed by committee (From Form No. 31-C-5)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-E)	\$	\$0.00
13. Total amount available for report (Sum of Rows 4, 7, and amount of any net loans received this period)	\$	

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)

Signature

12/16/2016

Date

Contribution
pages 0

Expenditure
pages 0

Other
pages 4

Total
pages 4

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		State OH		Zip Code 44057		Loans Received This Period Date Amount				Payments This Period Date Amount							
Date Loan was originally incurred 0 1 0 9 1 2		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization ^a								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		State OH		Zip Code 44057		Loans Received This Period Date Amount				Payments This Period Date Amount							
Date Loan was originally incurred 0 2 2 3 1 2		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization ^a								M		D		Y					
From Whom Received John R. Hamercheck								Prior Amount \$24,800.00		Amt. Incurred this Period \$0.00							
Address 81 Parkway Blvd.										Outstanding Balance \$24,800.00							
City Madison		State OH		Zip Code 44057		Loans Received This Period Date Amount				Payments This Period Date Amount							
Date Loan was originally incurred 0 5 2 2 1 2		M		D		Y		S		M		D		Y		S	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization ^a								M		D		Y					

^a 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).

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 Date Amount				Payments This Period 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			
Employer/Occupation/Labor Organization*								M	D	Y			
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 Date Amount				Payments This Period 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			
Employer/Occupation/Labor Organization*								M	D	Y			
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State OH		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC													
Employer/Occupation/Labor Organization*								M	D	Y			

* 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).

¹ Total prior amount \$ \$40,000.00

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 \$ \$40,000.00 (To Form No. 30-A)

In-Kind 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	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Lake County Republican Party			
Street Address	Description of Item or Service	M D Y	Fair Market Value
505 Liberty Street	Campaign Advertising	1 2 1 5 1 6	\$1,933.40
City	State	Zip Code	Received at Fundraising Event?
Painesville	OH	44077	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO

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