

2016 PRE General. Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of 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 checked="" type="checkbox"/> Pre-General	<input 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 type="checkbox"/> Yes <input checked="" 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	

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 OCT 27 PM 2:06

RECEIVED	SCANNED	AUDITED	COMPLETED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTERED	AMEND LTR		
<input type="checkbox"/>	<input type="checkbox"/>		

1. Amount brought forward from last report	\$	\$18,984.94
2. Total monetary contributions (From Form No. 31-A)	\$	\$880.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$19,864.94
5. Total monetary expenditures (From Form No. 31-B)	\$	\$6,370.62
6. Balance on hand (line 4 minus line 5)	\$	\$13,494.32
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$1,740.10
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)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new 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)

Susan E. Hamercheck
Signature
Deputy Treasurer

10/26/2016

Date

Contribution
pages **1**

Expenditure
pages **3**

Other
pages **21**

Total
pages **25**

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 Jodie M. Cahill						Registration Number, if PAC			
Street Address 2685 Larkview Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Painesville,		State OH	Zip Code 44077		M 0	D 4	Y 2	Y 3	Amount \$100.00
Full Name of Contributor Kristina A. Keeper						Registration Number, if PAC			
Street Address 1598 Greenfield Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Painesville		State OH	Zip Code 44077		M 0	D 4	Y 2	Y 3	Amount \$30.00
Full Name of Contributor Kenneth J. Cahill						Registration Number, if PAC			
Street Address 710 Jonquil Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Madison		State OH	Zip Code 44057		M 0	D 5	Y 1	Y 3	Amount \$500.00
Full Name of Contributor Evan Nunnally						Registration Number, if PAC			
Street Address 5757 Middle Ridge Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Madison		State OH	Zip Code 44057		M 0	D 9	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Thom Seymour						Registration Number, if PAC			
Street Address 8300 Munson Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Mentor		State OH	Zip Code 44060		M 0	D 9	Y 3	Y 0	Amount \$25.00
Full Name of Contributor Thomas G. Hach						Registration Number, if PAC			
Street Address 11575 Fay Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Painesville		State OH	Zip Code 44077		M 1	D 0	Y 0	Y 1	Amount \$100.00
Full Name of Contributor William J. Faehnrich						Registration Number, if PAC			
Street Address 549 Ezmor Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Wickliffe		State OH	Zip Code 44092		M 1	D 0	Y 0	Y 7	Amount \$25.00
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	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)]

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 Salvation Army						M	D	Y	Amount \$30.00
Address 69 Pearl Street						Purpose Fundraiser			
City Painesville						State OH		Zip Code 44077	Check Number 1535
To Whom Paid Neighbors for Plecnik						M	D	Y	Amount \$50.00
Address 2890 Bishop Road						Purpose Fundraiser			
City Willoughby Hills						State OH		Zip Code 44092	Check Number 1537
To Whom Paid Lake County Retired Teachers Association						M	D	Y	Amount \$30.00
Address 3020 Marcum Blvd.						Purpose Candidate Event			
City Willoughby Hills						State OH		Zip Code 44092	Check Number 1538
To Whom Paid Bolton Republican Women's Club						M	D	Y	Amount \$45.00
Address 505 Liberty Street						Purpose Candidate Meet and Greet			
City Painesville						State OH		Zip Code 44077	Check Number 1541
To Whom Paid Mentor Chamber of Commerce						M	D	Y	Amount \$50.00
Address 6972 Spinach Drive						Purpose Candidate Luncheon			
City Mentor						State OH		Zip Code 44060	Check Number 1543
To Whom Paid Eastern Lake County Chamber of Commerce (ELCC)						M	D	Y	Amount \$40.00
Address One Victoria Place, Suite 265A						Purpose Candidate Luncheon			
City Painesville						State OH		Zip Code 44077	Check Number 1544
To Whom Paid Willoughby Western Lake County Chamber of Commerce						M	D	Y	Amount \$34.00
Address 28 Public Square						Purpose Candidate Meet and Greet			
City Willoughby						State OH		Zip Code 44094	Check Number Card
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number

Statement of Expenditures

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Name of Committee in Full Friends for John R. Hamercheck Election Committee									
To Whom Paid Tomo Sushi & Hibachi						M	D	Y	Amount \$71.68
Address 1239 W. 9th Street						Purpose Campaign Strategy Lunch			
City Cleveland			State OH		Zip Code 44113	Check Number Card			
To Whom Paid Willoughby Brewing Company						M	D	Y	Amount \$28.34
Address 4057 Erie Street						Purpose Campaign Strategy Lunch			
City Willoughby			State OH		Zip Code 44094	Check Number Card			
To Whom Paid Joey's Italian Grill						M	D	Y	Amount \$76.24
Address 2731 Hubbard Road						Purpose Campaign Strategy Dinner			
City Madison			State OH		Zip Code 44057	Check Number Card			
To Whom Paid Rider's Inn						M	D	Y	Amount \$124.80
Address 792 Mentor Avenue						Purpose Campaign Strategy Dinner			
City Painesville			State OH		Zip Code 44077	Check Number Card			
To Whom Paid Ruby Tuesday						M	D	Y	Amount \$86.54
Address 9515 Diamond Centre Drive						Purpose Campaign Strategy Dinner			
City Mentor			State OH		Zip Code 44060	Check Number Card			
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 **\$387.60**

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 X Press Printing				M 0	D 5	Y 0	Amount \$600.00
Address 4405 Glenbrook Road		Purpose Lake County Fair Ad					
City Willoughby	State OH	Zip Code 44094	Check Number 1536				
To Whom Paid Captain's Concessions & Catering				M 0	D 7	Y 2	Amount \$693.50
Address 35300 Vine Street		Purpose Lake County Republican Party Watch Party Event Catering					
City Eastlake	State OH	Zip Code 44095	Check Number 1539				
To Whom Paid X Press Printing				M 0	D 8	Y 1	Amount \$635.00
Address 4405 Glenbrook Road		Purpose Campaign 11"x6" Postcards					
City Willoughby	State OH	Zip Code 44094	Check Number Card				
To Whom Paid Fine Line Graphics				M 0	D 9	Y 1	Amount \$1,544.19
Address 5 W. Main Street		Purpose Campaign Signs and Literature					
City Madison	State OH	Zip Code 44057	Check Number 1540				
To Whom Paid New Promise Church				M 0	D 9	Y 1	Amount \$30.00
Address 8671 Euclid Chardon Road		Purpose Social Media Training Program					
City Kirtland	State OH	Zip Code 44094	Check Number 1542				
To Whom Paid Hamercheck Communications, Inc.				M 1	D 0	Y 1	Amount \$2,201.33
Address 81 Parkway Blvd.		Purpose Campaign Signage, Services and Supplies					
City Madison	State OH	Zip Code 44057	Check Number 1545				
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				

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		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		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	\$	
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		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	\$	
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

* 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				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 \$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 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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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 Lake County Republican Party		Employer, Occupation, Labor Organization*	
Street Address 505 Liberty Street		Description of Item or Service Campaign Signage	
City Painesville		State OH	Zip Code 44077
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value \$1,740.10			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	Zip Code
Registration Number, if PAC		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Fair Market Value			

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