

2017 Semi Ann 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 type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" 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 0 ^D 8 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
2017 JUL 31 PM 3:43

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

1. Amount brought forward from last report	\$	\$13,494.32
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$13,494.32
5. Total monetary expenditures (From Form No. 31-B)	\$	\$463.94
6. Balance on hand (line 4 minus line 5)	\$	\$13,030.38
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)	\$	\$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

07/31/2017
Date

Contribution
pages 0

Expenditure
pages 1

Other
pages 10

Total
pages 11

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 Lake County Republican Party				M 1 2	D 1 8	Y 1 6	Amount \$50.00
Address 505 Liberty Street		Purpose Swearing In Event					
City Painesville	State OH	Zip Code 44077	Check Number 1546				
To Whom Paid Lake County Association of Chiefs of Police				M 1 2	D 2 1	Y 1 6	Amount \$70.00
Address 8500 Civic Center Blvd.		Purpose Installation Dinner					
City Mentor	State OH	Zip Code 44060	Check Number 1547				
To Whom Paid Friends of Rusty Bliss				M 0 4	D 1 2	Y 1 7	Amount \$50.00
Address 4191 Kirtland Road		Purpose Fundraiser					
City Willoughby	State OH	Zip Code 44094	Check Number 1550				
To Whom Paid Lake County Republican Party				M 0 4	D 2 6	Y 1 7	Amount \$80.00
Address 505 Liberty Street		Purpose Lincoln Day Event					
City Painesville	State OH	Zip Code 44077	Check Number 1551				
To Whom Paid State of Ohio Ethics Commission				M 0 5	D 1 2	Y 1 7	Amount \$60.00
Address 30 W. Spring St., L3		Purpose Ethics Commission Filing					
City Columbus	State OH	Zip Code 43215	Check Number Card				
To Whom Paid Morgan Litho				M 0 6	D 2 6	Y 1 7	Amount \$116.64
Address 4101 Commerce Ave.		Purpose Campaign Signage					
City Cleveland	State OH	Zip Code 44103	Check Number 1548				
To Whom Paid Perkins Restaurant and Bakery				M 0 6	D 2 8	Y 1 7	Amount \$37.30
Address 700 Mentor Ave.		Purpose Campaign Meeting					
City Painesville	State OH	Zip Code 44077	Check Number Card				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				

Page Total **\$463.94**

Statement of Loans Received

Prescribed by Secretary of State 3/03

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	\$	M	D	Y	\$
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 0 2 2 3 1 2			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	
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 0 5 2 2 1 2			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	

* 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				
	M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred 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 Date Amount			Payments This Period Date Amount				
	M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred 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 Date Amount			Payments This Period Date Amount				
	M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally incurred				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 \$ \$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)