2017 Semi And Ohio Campaign Finance Report

	Om	o Campaign	1 1116	mee reep	OI t			
		Prescribed by Secre	tary of State	: 3/05				
Full Name of Committee	D. Hansanahaadi	Florida Octobrill				Registration N	umber. if I	PAC
Friends for John	1 R. Hamercneck	Election Committ	ee ———			······································		
John R. Hamerch	neck							
Street Address				Office Sought			Distric	
1 W. Main Street				County C	commiss	ioner	La	ake
City Madison				•	Star OH	e Zip C	ode 4405	7
Type of Report	Pre-Primary	Post-Primary	J.	Pre-General		Post-General		Annual Year
(place X to the left of report itype)	July Monthly	August Monthly		- September Monthly		Termination		Semiannual
Amended Report?	No Report Electronically	Filed? Tyes No	Date o	of Election	1 M	1 0	D 8	1 Y 6
No other forms are required for a		ns and expenditures each total \$50 seriod, if above statement applies.			and post-perio		on, check	box □
e e	s \$0.00							
₹	s \$0.00							
	s \$13,494.32							
2017 JUL 31	5. Total monetary expendito	ures (From Form No. 31-B)		s	\$463	.94		
50	6. Balance on hand (line 4 n	ninus line 5)		s	\$13,030	.38		

1, Amount brought forward from last report	s \$13,49	4.32
2. Total monetary contributions (From Form No. 31-A)	s \$	0.00
3. Total other income (From Form No. 31-A-2)	s \$	0.00
4. Total funds available (sum of lines 1, 2, 3)	s \$13,49	4.32
5, Total monetary expenditures (From Form No. 31-B)	s \$46	3.94
6. Balance on hand (line 4 minus line 5)	s \$13,03	0.38
7. Value of in-kind contributions received (From Form No. 31-J-1)	s \$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	s \$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	s \$84,50	d.00
10. Outstanding debts owed by committee (From Form No. 31-N)	s \$	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)	s \$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	s	

THE INFORMATION CONT FALSIFICATION IS GUILTY	OF A FELONY OF T	THE FIFTH DEGREE.	_				
Susan E. Hamerche	eck, Deputy Tre	easurer 1	Lylan E K	Commend has b	07/	31/2017	
Print Name and Title (Treasurer	and Deputy Treasurer o	mly) Sign	ature De	americheck,		Pate	
Contribution 0		Expenditure 1		Other 10 pages		Total 11 pages	

Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for John R. Hamercheck Election	Committee							
To Whom Paid Lake County Republican Party			M D Y Amount 1 2 1 8 1 6 \$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 D Y Amount 1 2 2 1 1 6 \$70.00)				
Address 8500 Civic Center Blvd.	Purpose Installation	n Dinner						
City Mentor	OH State	Zip Code 44060	Check Number 1547					
To Whom Paid Friends of Rusty Bliss			M D Y Amount \$50.00	0				
Address 4191 Kirtland Road	Purpose Fundraiser							
City Willoughby	OH State	Zip Code 44094	Check Number 1550					
To Whom Paid Lake County Republican Party	•		M D Y Amount 0 4 2 6 1 7 \$80.0	0				
Address 505 Liberty Street	Purpose Lincoln Da	y Event						
City Painesville	State OH	Zip Code 44077	Check Number 1551					
To Whom Paid State of Ohio Ethics Commission	•		M D Y Amount 0 5 1 2 1 7 \$60.00)				
Address 30 W. Spring St., L3	Purpose Ethics Com	mission Filing						
City Columbus	OH State	Zip Code 43215	Check Number Card					
To Whom Paid Morgan Litho	•	·	M D Y Amount 0 6 2 6 1 7 \$116.	64				
Address 4101 Commerce Ave.	Purpose Campaign	Signage	•					
City Cleveland	OH State	Zip Code 44103	Check Number 1548					
To Whom Paid Perkins Restaurant and Bakery	•		M D Y Amount 0 6 2 8 1 7 \$37.3	10				
Address 700 Mentor Ave.	Purpose Campaign I	Meeting	•					
City Painesville	OH State	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

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Pate Loam was originally Incurred logistration Number, if PAC				I		1				7		

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

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Page			

Prescribed by Secretary of State 3/05

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Required for contributions fro the individual's business, if ar	om individuals	over \$100	to statew	ide and (two or n	essembi nore em	y candidat plovees ∝	es. II comun micibule vul	payroli de	duction a	and exce	ed the aggregate of \$1
labor organization of which the	ny, ratrict triutre he employees a	re member	rs, if arry,	must els	o appear	. [R.C	3517.10(B	X 4)]				
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If a loan is forgiven, write " Income (Form No. 31-A-2).	"Forgiven" in	the "Out	standing	Isalano Balano	e spac this ne	ciod to	the States	ment of Ex	penditure	s (Form	No. 31	-B). Transfer Outsta
income (Form No. 31-A-2). Balance to the Cover page (. I ramsier wu (Form No. 30	цоцавци ⊬А}.	ly iticals	-	шш рч							
DESTRUCTION OF CO.O. Suffer	(1.01	,.										
Total prior amount \$	\$40,000.0	0	_									
Total prior and and	otal received this period \$ \$0.00					o. 31-A	·-2)					
•	\$ \$0.00											
² Total received this period ³ Total payments this period	***************************************				(To Fo	m No.	31 - B)					