

ORC 3517.10

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Page 1

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					5	
Friends for John R. Hamercheck Election Com	mittee					
Full Name of Contributor				Registration Numb	mber, if PAC	
Michael Mayher						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
8018 Barberry Hill Drive					Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Mentor	ОН	44060		06/13/2018	150.00	
Full Name of Contributor	-			Registration Number	er, if PAC	
Committee to Elect Craig Winkleman						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
98 Eagle Street					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Madison	ОН	44057	03/23/2018		408.79	
Ill Name of Contributor Registra				Registration Number	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
	ОН			· ,		
Full Name of Contributor			,	Registration Number	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
	ОН					

*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 \$558.79





Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Friends for John R. Hamercheck Election Committee						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Lake County Republican Party			03/01/20	018	80.00	
Street Address	Purpose					
505 Liberty Street	Lincoln Day	Din	inner			
City	State	Zip	Code	Che	ck Number	
Painesville	OH 44077 1553					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
State of Ohio Ethics Commission			05/15/20	018	60.00	
Street Address	Purpose					
30 W. Spring Street, L3	Ethics Com	miss	sion Filing			
City	State	Zip	Code	Che	ck Number	
Columbus	он	432	215	EF.	т	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Denny's Restaurant			06/25/20)18	36.31	
Street Address	Purpose					
7700 Mentor Ave.	Campaign N	/leet	ting			
City	State	Zip (Code	Che	ck Number	
Mentor	он	440	060	Car	rd	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Tavern Six			06/30/20)18	45.45	
Street Address	Purpose					
7592 Chardon Road	Campaign N	/leet	ing			
City	State	Zip (Code	Che	ck Number	
Kirtland	ОН	440	94	Car	rd	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip (Code	Che	ck Number	
	ОН					

221.76	2884
	221.76





Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee							
Friends for John R. Hamerc	heck Ele	ection Committe	ee				
From Whom Received John R. Hamercheck	Prior Amount Amt. Incurred this Post \$16,000.00 \$0.00						
John R. Hamercheck	\$10,000.00						
Street Address		Outstanding Balance					
81 Parkway Blvd.		\$16,000.00					
City	State	Zip Code	I Described Ti	in Davind	Payment	e This Pariod	
Madison	он	44057	Loans Received Th	iis Period	Payments This Period		
Date Loan was Originally	MM/DD/YYYY) 01/09/2012	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount		
Registration Number, if PAC Date			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
From Whom Received					Prior Amount	Amt. Incurred this Period	
John R. Hamercheck					\$4,000.00	\$0.00	
Street Address						Outstanding Balance	
81 Parkway Blvd.						\$4,000.00	
City	State	Zip Code		in Dealers	Payments This Period		
Madison	ОН	4405	Loans Received T	nis Period	Payment	s Illis Fellou	
Date Loan was Originally	Incurred (MM/DD/YYYY) 02/23/2012	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount	

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).

Total Prior Amount \$ 20,000.00	
Total Received This Period \$ 0.00	(also record on Form 31-A-2)
Total Payments Received this Period \$0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 20,000.00	(also record on Form 30-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)]





Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee						
Friends for John R. Hamer	check El	ection Committe	ee			
From Whom Received John R. Hamercheck	Prior Amount Amt. Incurred this F 24,500.00 0.00					
Street Address		Outstanding Balance				
81 Parkway Blvd.						24,500.00
City Madison	State OH	Zip Code 44057	Loans Received T	his Period	Paymer	nts This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 05/22/2012			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period
John R. Hamercheck					20,000.00	0.00
Street Address 81 Parkway Blvd.						Outstanding Balance 20,000.00
City Madison	State	Zip Code 44057	Loans Received TI	nis Period	Paymen	ts This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 10/20/2012			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) 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)]

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).

Total Prior Amount \$ 44,500.00	
Total Received This Period \$0.00	(also record on Form 31-A-2)
Total Payments Received this Period \$ 0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 44,500.00	(also record on Form 30-A)





Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee							
Friends for John R. Hamero	check Ele	ection Committe	ee				
From Whom Received						Prior Amount	Amt. Incurred this Period
John R. Hamercheck						\$20,000.00	\$0.00
Street Address						100	Outstanding Balance
31 Parkway Blvd.							\$20,000.00
City Madison	State OH	Zip Code 44057	Loans Received This Period			Payment	s This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 12/28/2015			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
Employer/Occupation/Labor Organization* Date of I				DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
From Whom Received						Prior Amount	Amt. Incurred this Period
Street Address	10 F 10 T						Outstanding Balance
City	State	Zip Code	Loans Received This Period			Payments This Period	
Date Loan was Originally	Incurred (I	MM/DD/YYYY)	Date of Loan (MM/l	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/l	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/I	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount
* Required for contributions from in name of the individual's business, i	f any, rathe	er than employer sh	nould be listed. If two	o or more e	mployees contrib	ute via payroll deductio	
aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total o Cover page (Form No. 30-A).	n" in the "O	utstanding Balance	" space. Transfer to	tal of all loa	ans received this p	period to the Statement	
Total Prior Amount \$ 20,000	0.00						
Total Received This Period	\$0.00			(also reco	ord on Form 31-A-	-2)	
Total Payments Received th	nis Perio	d \$0.00		(also reco	rd on Form 31-B)		
Total Outstanding Balance \$ 20,000.00				(also reco	rd on Form 30-A)		