

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Citizens for John E. Chapman</i>		Registration Number, if PAC	
Full Name of Candidate <i>John E. Chapman</i>			
Street Address <i>166 Michael Lane</i>		Office Sought <i>Summit County Prosecutor</i>	District
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>44223</i>
Type of Report (place X to the left of report type)	Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	Annual Year
	July Monthly	August Monthly	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	<i>M 11 03</i> <i>D 08 15</i> <i>Y 16 16</i>

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.

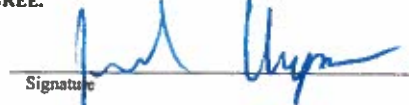
1. Amount brought forward from last report	\$	<i>544</i>	<i>.32</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>600</i>	<i>.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>1144</i>	<i>.32</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>0</i>	
6. Balance on hand (line 4 minus line 5)	\$	<i>1144</i>	<i>.32</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS

2016 APR 22 PM 3:29
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 #11,061 Ave

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.

John Chapman, Treasurer
 Print Name and Title (Treasurer and Deputy Treasurer only)


 Signature

4/22/16
 Date

Contribution pages <u>3</u>	Expenditure pages <u>0</u>	Other pages <u>0</u>	Total pages <u>4</u>
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor <i>Total Contributions from 31-E (6/2/10)</i>							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount <i>600</i>		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for John E. Chapman			
Full Name of Contributor Don Robert		Registration Number, if PAC	
Street Address 1745 Calvert Drive	Employer/Occupation/Labor Organization*		M D Y Amount 100.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) Cash
Full Name of Contributor Dianne Knight		Registration Number, if PAC	
Street Address 2041 Genyard Rd	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) Check
Full Name of Contributor Don Nelsch		Registration Number, if PAC	
Street Address 2545 North Haven Blvd	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) Cash
Full Name of Contributor Karen Nelsch		Registration Number, if PAC	
Street Address 2545 North Haven Blvd	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) Cash
Full Name of Contributor Josh Sines		Registration Number, if PAC	
Street Address 1392 N. Howard St.	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Akron	State OH	Zip Code 44310	Form (Cash, Check, etc.) Cash
Full Name of Contributor Amanda Hagen		Registration Number, if PAC	
Street Address 30 Harcourt Dr.	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) Cash
Full Name of Contributor Debbie Walsh		Registration Number, if PAC	
Street Address 38 Kudler Ave.	Employer/Occupation/Labor Organization*		M D Y Amount 50.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) Cash

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

600	
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Total expenditures this event.

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Page Total \$ 400

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for John E Chapman							
John Sans							50.00
355 Storer Ave							
Akron		State	Zip Code	Form (Cash, Check, etc.)			
		OH	44302	Cash			
George Pappas							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
				Cash			
George Pappas							
2080 Sand Run Knolls Drive							50.00
Akron		State	Zip Code	Form (Cash, Check, etc.)			
		OH	44313	Cash			
Stacey McGowan							
670 Crossings Circle							50.00
Tallmadge		State	Zip Code	Form (Cash, Check, etc.)			
		OH	44278	check			
Friends of Jeff Iula							
2597 24th Street							50.00
Cuyahoga Falls		State	Zip Code	Form (Cash, Check, etc.)			
		OH	44223	check			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			
				M	D	Y	Amount
				Form (Cash, Check, etc.)			

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
600

Total expenditures this event

Page Total \$ 200