

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Bill Roemer</b>						Registration Number, if PAC			
Full Name of Candidate <b>Bill Roemer</b>									
Street Address <b>3616 Southern Road</b>				Office Sought <b>Summit County ESC</b>		District			
City <b>Richfield</b>				State <b>OH</b>		Zip Code <b>44286</b>			
Type of Report (place X to the left of report type)	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	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		M	D	Y	
						1	1	0	8 1 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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

#11137  
SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO  
2016 APR 22 PM 2:16

1. Amount brought forward from last report	\$	3,185.14
2. Total monetary contributions (From Form No. 31-A)	\$	50.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,235.14
5. Total monetary expenditures (From Form No. 31-J)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	3,235.14
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	50,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	46,659.34
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		

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

**Charlie Easton** Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

*Charlie Easton*  
Signature

4/14/16  
Date

Contribution pages 1

Expenditure pages 0

Other pages 3

Total pages 4

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Bill Roemer</b>						
Full Name of Contributor <b>Paul Manos</b>				Registration Number, if PAC		
Street Address <b>197 W. Grayling Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Fairlawn</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>
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 appear [R.C. 3517.10(B)(4)]

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Bill Roemer</b>											
From Whom Received <b>Bill Roemer</b>						Prior Amount <b>0.00</b>			Amt. Incurred this Period <b>50,000.00</b>		
Address <b>3616 Southern Rd.</b>						Outstanding Balance			<b>50,000.00</b>		
City <b>Richfield</b>		State <b>OH</b>	Zip Code <b>44286</b>			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y
					1	0	2	2	1	4	\$
Registration Number, if PAC		M	D	Y					M	D	Y
Employer/Occupation/Labor Organization*		M	D	Y					M	D	Y

  

From Whom Received											
Address						Prior Amount			Amt. Incurred this Period		
City						Outstanding Balance					
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
<b>Date Loan was originally Incurred</b>		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

  

From Whom Received											
Address						Prior Amount			Amt. Incurred this Period		
City						Outstanding Balance					
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
<b>Date Loan was originally Incurred</b>		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

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 50,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 50,000.00 (To Form No. 30-A)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Committee to Elect Bill Roemer</b>										
To Whom Owed <b>Bill Roemer</b>					Prior Amount <b>9,705.10</b>			Amt. Incurred this Period <b>0.00</b>		
Address <b>3616 Southern Rd</b>					Item or Purpose for Debt <b>radio</b>			Outstanding Balance <b>9,705.10</b>		
City <b>Richfield</b>			State <b>OH</b>	Zip Code <b>44286</b>		Payments Made This Period				
						Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					1	0	1	4	1	4
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Bill Roemer</b>					Prior Amount <b>13,123.79</b>			Amt. Incurred this Period <b>0.00</b>		
Address <b>3616 Southern Rd</b>					Item or Purpose for Debt <b>Postage</b>			Outstanding Balance <b>13,123.79</b>		
City <b>Richfield</b>			State <b>OH</b>	Zip Code <b>44286</b>		Payments Made This Period				
						Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					0	9	2	7	1	4
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed <b>Bill Roemer</b>					Prior Amount <b>15,773.90</b>			Amt. Incurred this Period <b>126.09</b>		
Address <b>3616 Southern Rd</b>					Item or Purpose for Debt <b>Literature</b>			Outstanding Balance <b>15,899.18</b>		
City <b>Richfield</b>			State <b>OH</b>	Zip Code <b>44286</b>		Payments Made This Period				
						Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					0	9	1	4	1	0
Registration Number, if PAC					M	D	Y			
					M	D	Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 46,659.34 (also record on cover page)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Committee to Elect Bill Roemer</b>											
To Whom Owed <b>Bill Roemer</b>					Prior Amount <b>4,132.25</b>			Amt. Incurred this Period <b>0.00</b>			
Address <b>3616 Southern Rd</b>					Item or Purpose for Debt <b>Signs</b>			Outstanding Balance <b>4,132.25</b>			
City <b>Richfield</b>			State <b>OH</b>	Zip Code <b>44286</b>		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					0	8	2	7	1	0	0.00
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed <b>Bill Roemer</b>					Prior Amount <b>4,480.00</b>			Amt. Incurred this Period <b>0.00</b>			
Address <b>3616 Southern Rd</b>					Item or Purpose for Debt <b>Food/fundraise</b>			Outstanding Balance <b>4,480.00</b>			
City <b>Richfield</b>			State <b>OH</b>	Zip Code <b>44286</b>		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					0	9	1	5	1	3	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
					Date		Amount				
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \_\_\_\_\_ (also record on cover page)