

# FOR PAPER FILING ONLY

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Summit County Republican Golf PAC</b>						Registration Number, if PAC		
Full Name of Candidate								
Street Address <b>1755 Merriman Rd. Suite 250</b>					Office Sought		District	
City <b>Akron</b>					State <b>OH</b>		Zip Code <b>44313</b>	
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 checked="" type="checkbox"/> Annual <b>2017</b>			
	<input type="checkbox"/> 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

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	\$	9,786.23
2. Total monetary contributions (From Form No. 31-A)	\$	2,500.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>12,286.23</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	11,901.58
6. Balance on hand (line 4 minus line 5)	\$	384.65
7. Value of in-kind contributions received (From Form No. 31-C)	\$	
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.	\$	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 JAN 30 AM 11:36  
BOARD OF ELECTIONS  
AKRON, OHIO  
# 537 AVC

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.

Jeananne Chadsey, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

*Jeananne Chadsey*  
Signature

1/30/2017

Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages **0**

**Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Summit County Republican Golf PAC</b>							
Full Name of Contributor <b>Contributions from Form 31E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>6</b>	Y <b>2 7 1 6</b>	Amount <b>\$2,500.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>Summit County Republican Golf PAC</b>				
Full Name of Contributor <b>Sean Dunn</b>			Registration Number, if PAC	
Street Address <b>6057 Johnstown</b>	Employer/Occupation/Labor Organization* <b>Lobbyist</b>		M <b>0</b>	D <b>7</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Y <b>1</b>	Amount <b>\$500</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Summit County Republican Central Comm. State Candidate Fund</b>				
Street Address <b>520 S. Main St. Suite 2437</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44311</b>	Y <b>6</b>	Amount <b>\$2,000</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor				
Street Address			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

\* 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)]

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

**\$14,830**

Total expenditures this event.

**\$14,445.35**

Page Total \$ **\$2,500**

**Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Summit County Republican Golf PAC</b>													
To Whom Paid <b>Expenditures from Form 31-F</b>							M	D	Y	Amount			
							0	6	2	7	1	6	\$11,901.59
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City			State	Zip Code			Check Number						
			OH										
To Whom Paid							M	D	Y	Amount			

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2011

Name of Committee in Full										
Summit County Republican Golf PAC										
To Whom Paid							M	D	Y	Amount
Jeananne Chadsey							0	7	0	\$1,500.00
Address				Purpose						
5002 Timbercreek Cir.				Fundraising Commission						
City			State	Zip Code	Check Number					
Green			OH	44720	1501					
To Whom Paid							M	D	Y	Amount
Alphagraphics							0	7	1	\$266.34
Address				Purpose						
19645 Progress Dr.				Signs						
City			State	Zip Code	Check Number					
Strongsville			OH	44149	1502					
To Whom Paid							M	D	Y	Amount
Jeananne Chadsey							0	7	1	\$1,824.70
Address				Purpose						
5002 Timbercreek Cir.				Fundraising Commission						
City			State	Zip Code	Check Number					
Green			OH	44720	1504					
To Whom Paid							M	D	Y	Amount
Portage Country Club							0	7	1	\$4,141.57
Address				Purpose						
240 North Portage Path				Greens Fees and Food						
City			State	Zip Code	Check Number					
Akron			OH	44303	1505					
To Whom Paid							M	D	Y	Amount
Jeananne Chadsey							0	7	1	\$9.40
Address				Purpose						
5002 Timbercreek Cir.				Reimbursement for Postage						
City			State	Zip Code	Check Number					
Green			OH	44720	1506					
To Whom Paid							M	D	Y	Amount
US Bank							0	7	1	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City			State	Zip Code	Check Number					
St. Paul			MN	55101	EFT					
To Whom Paid							M	D	Y	Amount
US Bank							0	8	1	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City			State	Zip Code	Check Number					
St. Paul			OH		EFT					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

**\$7,748.01**  
Page Total \$ \_\_\_\_\_

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Summit County Republican Golf PAC										
To Whom Paid						M	D	Y	Amount	
US Bank						0	9	15	16	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City		State	Zip Code	Check Number						
St. Paul		MN	55101	EFT						
To Whom Paid						M	D	Y	Amount	
US Bank						1	0	17	16	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City		State	Zip Code	Check Number						
St. Paul		MN	55101	EFT						
To Whom Paid						M	D	Y	Amount	
Portage Country Club						1	0	10	16	\$4,141.57
Address				Purpose						
240 North Portage Path				Greens Fees and Food						
City		State	Zip Code	Check Number						
Akron		OH	44303	1507						
To Whom Paid						M	D	Y	Amount	
US Bank						1	1	15	16	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City		State	Zip Code	Check Number						
St. Paul		MN	55101	EFT						
To Whom Paid						M	D	Y	Amount	
US Bank						1	2	14	16	\$3.00
Address				Purpose						
P.O. Box 1800				Bank Fee						
City		State	Zip Code	Check Number						
St. Paul		MN	55101	EFT						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City		State	Zip Code	Check Number						
		OH								
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City		State	Zip Code	Check Number						
		OH								

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$4,153.57  
Page Total \$ \_\_\_\_\_