

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <u>John Hegnauer for Council</u>						Registration Number, if PAC		
Full Name of Candidate <u>John Hegnauer</u>								
Street Address <u>58 River Park</u>				Office Sought <u>Munroe Falls City Council</u>			District <u>At-large</u>	
City <u>Munroe Falls</u>				State <u>OH</u>		Zip Code <u>44262</u>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		<input checked="" type="checkbox"/> Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
								Annual Year <input checked="" type="checkbox"/>
								Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M		D

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	\$	0
2. Total monetary contributions (From Form No. 31-A)	\$	0
3. Total other income (From Form No. 31-A-2)	\$	0
4. Total funds available (sum of lines 1, 2, 3)	\$	0
5. Total monetary expenditures (From Form No. 31-B)	\$	0
6. Balance on hand (end of month) (line 5)	\$	0
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0
12. Value of independent expenditures made (From Form No. 31-U)	\$	0
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	50

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SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 JAN 31 PM 1:14  
BOARD OF ELECTIONS  
AKRON, OHIO

# 676 BFB

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 Hegnauer  
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]  
Signature

1-31-17  
Date

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

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

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

Total pages \_\_\_\_\_

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>John Hegnauer for Council</b>				
Full Name of Contributor <b>John Hegnauer</b>		Employer, Occupation, Labor Organization* <b>Network engineer</b>		Registration Number, if PAC
Street Address <b>58 River Park</b>		Description of Item or Service <b>Ably family fundraiser</b>		M   D   Y   Fair Market Value <b>50.00</b>
City <b>Munroe Falls</b>		State <b>OH</b>	Zip Code <b>44130</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]