

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |   |  |  |
|--|---|--|--|
| Full Name of Committee<br><b>COMMITTEE TO ELECT THOMAS GUBE HEITIK</b>   |   | Registration Number, if PAC                        |  |
| Full Name of Candidate<br><b>THOMAS A. HEITIK</b>                        |   |  |  |
| Street Address<br><b>249 ELSON</b>                                       |   | Office Sought<br><b>BARBERTON COUNCIL AT LARGE</b> | District                                   |
| City<br><b>BARBERTON</b>   |   | State<br><b>OH</b>                                 | Zip Code<br><b>44203</b>                   |
| Type of Report<br>(place X to the left of report type)                   | <input checked="" type="checkbox"/> Pre-Primary                                       | <input type="checkbox"/> Post-Primary              | <input type="checkbox"/> Pre-General       |
|  | <input type="checkbox"/> July Monthly   | <input type="checkbox"/> August Monthly            | <input type="checkbox"/> September Monthly |
|  | <input type="checkbox"/> Termination  | <input type="checkbox"/> Annual Year               | <input 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<br><b>09/12/17</b>                |  |

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  | \$ | <b>0</b>    |           |
| 2. Total monetary contributions (From Form No. 31-A)  | \$ | <b>1820</b> |           |
| 3. Total other income (From Form No. 31-A-2)  | \$ | <b>350</b>  |           |
| 4. Total funds available (sum of lines 1, 2, 3)   | \$ | <b>2170</b> |           |
| 5. Total monetary contributions made (From Form No. 31-B)   | \$ | <b>1115</b> | <b>86</b> |
| 6. Balance on hand (sum of lines 4 and 5)   | \$ | <b>1054</b> | <b>14</b> |
| 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)   | \$ | <b>150</b>  |           |
| 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<br>Sum of lines 2, 7, and amount of any new loans received this period. | \$ |             |           |

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 AUG 31 AM 10:12

#1334 AWC

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.

Thomas A. Heitik \_\_\_\_\_ 8/31/17  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

|                          |                         |                   |                   |
|--------------------------|-------------------------|-------------------|-------------------|
| Contribution pages _____ | Expenditure pages _____ | Other pages _____ | Total pages _____ |
|--------------------------|-------------------------|-------------------|-------------------|

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |                    |   |                |                |  |                          |
|--|--------------------|---|----------------|----------------|--|--------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO ELECT TOMAS BOBE METTIC</b> |                    |   |                |                |  |                          |
| Full Name of Contributor<br><b>IVA WICKWIRE</b>                          |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>365 SPRUCE</b>                                      |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>23</b> | Y<br><b>17</b>                           | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>MARTHA LOVE</b>                           |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>267 W HEATHCROWD</b>                                |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>22</b> | Y<br><b>17</b>                           | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>ELAINE METTIC</b>                         |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>584 WASHINGTON</b>                                  |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>22</b> | Y<br><b>17</b>                           | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>KATHRYN GRAHAM</b>                        |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>609 E PAGE</b>                                      |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>22</b> | Y<br><b>17</b>                           | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>JAY NAGY</b>                              |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>2612 SOUTH</b>                                      |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>CLINTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44216</b>                | M<br><b>08</b> | D<br><b>23</b> | Y<br><b>17</b>                           | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>JOHN KRISTON</b>                          |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>914 MEADOWOOD</b>                                   |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>21</b> | Y<br><b>17</b>                           | Amount<br><b>500.00</b>  |
| Full Name of Contributor<br><b>BILL BLASIO</b>                           |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address<br><b>4177 W TUSCARAWAS APT 3</b>                         |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><b>CASH</b>  |                          |
| City<br><b>BARBORTON</b>   | State<br><b>OH</b> | Zip Code<br><b>44203</b>                | M<br><b>08</b> | D<br><b>25</b> | Y<br><b>17</b>                           | Amount<br><b>20.00</b>   |
| Full Name of Contributor<br><b>TRANSFER FROM 31-E</b>                    |                    |   |                |                | Registration Number, if PAC              |                          |
| Street Address   |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)                 |                          |
| City   | State<br><b>OH</b> | Zip Code                                | M<br><b>08</b> | D<br><b>21</b> | Y<br><b>17</b>                           | Amount<br><b>1125.00</b> |

\* 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 ~~\$0.00~~  
**1820**

# Statement of Other Income

Prescribed by Secretary of State 2 01

| Name of Committee in Full             |  |           |  | Registration Number, if PAC |   |    |        |
|---------------------------------------|--|-----------|--|-----------------------------|---|----|--------|
| COMMITTEE TO ELECT THOMAS BOBE HERTIC |  |           |  |                             |   |    |        |
| Full Name                             |  | Type*     |  | M                           | D | Y  | Amount |
| THOMAS A. HERTIC                      |  | LN        |  | 0                           | 3 | 06 | 350.00 |
| Address                               |  | City      |  | Form (Cash, Check, etc.)    |   |    |        |
| 249 ELSON                             |  | BARBORTON |  | EFT                         |   |    |        |
| State                                 |  | Zip Code  |  |                             |   |    |        |
| OH                                    |  | 44203     |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |
| Full Name                             |  |           |  | Registration Number, if PAC |   |    |        |
| Address                               |  | Type*     |  | M                           | D | Y  | Amount |
| City                                  |  | State     |  | Form (Cash, Check, etc.)    |   |    |        |
|                                       |  |           |  |                             |   |    |        |

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

RE

31-R

R.C. 3517.10

Page \_\_\_\_\_

# Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full            |  |  |       |                |  |              |    |    |    |        |
|--------------------------------------|--|--|-------|----------------|--|--------------|----|----|----|--------|
| COMMITTEE TO ELECT THOMAS GOSE HETIK |  |  |       |                |  |              |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| ASSOCIATED SCREEN PRINT              |  |  |       |                |  |              | 08 | 22 | 17 | 274.20 |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
| 499 W PARK                           |  |  |       | T-SHIRTS       |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
| BARBERTON                            |  |  | OH    | 44203          |  | 998          |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| C. MARIE GOSCH.COM                   |  |  |       |                |  |              | 08 | 23 | 17 | 200.00 |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
| 2618 OWASA                           |  |  |       | SIGNS          |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
| CUYAHOGA FALLS                       |  |  | OH    | 44221          |  | DEBIT        |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| BARBERTON PARKS & REC                |  |  |       |                |  |              | 08 | 16 | 17 | 50.00  |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
| 500 W HOPOCAN                        |  |  |       | PARADE ENTRY   |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
| BARBERTON                            |  |  | OH    | 44203          |  | 22610        |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| THOMAS A. HETIK                      |  |  |       |                |  |              | 05 | 19 | 17 | 200.00 |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
| 249 ELSON                            |  |  |       | REPAYMENT LOAN |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
| BARBERTON                            |  |  | OH    | 44203          |  |              |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| TRANSFER FROM 31-F                   |  |  |       |                |  |              | 08 | 21 | 17 | 359.66 |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
| KCY BANK                             |  |  |       |                |  |              |    |    |    | 32.00  |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
|                                      |  |  |       | BANK FEES      |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
|                                      |  |  |       |                |  |              |    |    |    |        |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| To Whom Paid                         |  |  |       |                |  |              | M  | D  | Y  | Amount |
|                                      |  |  |       |                |  |              |    |    |    |        |
| Address                              |  |  |       | Purpose        |  |              |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |
| City                                 |  |  | State | Zip Code       |  | Check Number |    |    |    |        |
|                                      |  |  |       |                |  |              |    |    |    |        |

~~1082.06~~  
1119.86

Page Total \$ ~~524.20~~

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

Prescribed by Secretary of State 03/05

| Name of Committee in Full            |   |                             |                          |
|--------------------------------------|---|-----------------------------|--------------------------|
| COMMITTEE TO ELECT THOMAS BOBE HEINZ |   |                             |                          |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| PATRICIA HEINZ                       |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 1498 HAINES                          |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| JIM SHIFFERLY                        |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 1168 AZALEA                          |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CASH                     |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| JOHN LTSENKO                         |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 4444 RIDGEDALE                       |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| AKRON                                | OH                                      | 44319                       | CASH                     |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| CHARLO GLASSER JR                    |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 332 STEVANDOM                        |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| PAULA KALLK                          |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 699 WISTERIA                         |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| JOHN SANS                            |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 355 STURER                           |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| AKRON                                | OH                                      | 44302                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| OTTO MAJER                           |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M                           | D Y                      |
| 734 CHARLES                          |   |                             | Amount                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CASH                     |

\* 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

\$0.00

Total expenditures this event.

\$0.00

490  
 Page Total \$            \$0.00

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

Prescribed by Secretary of State 03/05

| Name of Committee in Full            |   |                             |                          |
|--------------------------------------|---|-----------------------------|--------------------------|
| COMMITTEE TO ELECT THOMAS BOPE MPTIC |   |                             |                          |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| RALPH FODRE                          |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 2640 AENNIS                          |   |                             | 50.00                    |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| NEW FRANKLIN                         | OH                                      | 44208                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| RAUL RISLEY                          |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 25 STRST NE                          |   |                             | 50.00                    |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44207                       | CASH                     |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| BEN CAMPBELL                         |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 66 16TH ST NW                        |   |                             | 10.00                    |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| BARBERTON                            | OH                                      | 44203                       | CASH                     |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| AMT SCHWAN                           |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 142 WESTONER                         |   |                             | 25.00                    |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| AKRON                                | OH                                      | 44313                       | CHECK                    |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
| SUMMIT PAC                           |   | 81-2493888                  |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 863 N CLEVELAND MASSILLON            |   |                             | 500.00                   |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| AKRON                                | OH                                      | 44333                       |                          |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
|                                      |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
|                                      |   |                             |                          |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
|                                      | OH                                      |                             |                          |
| Full Name of Contributor             |   | Registration Number, if PAC |                          |
|                                      |   |                             |                          |
| Street Address                       | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
|                                      |   |                             |                          |
| City                                 | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
|                                      | OH                                      |                             |                          |

\* 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

|         |
|---------|
| \$0.00  |
| 1125.00 |

Total expenditures this event.

|        |
|--------|
| \$0.00 |
| 359.66 |

|                    |
|--------------------|
| 635                |
| Page Total \$ 0.00 |

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|  |  |                    |                                       |  |                            |               |               |               |               |                         |
|--|--|--------------------|---------------------------------------|--|----------------------------|---------------|---------------|---------------|---------------|-------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO ELECT THOMAS BUBE HEITZ</b> |  |                    |                                       |  |                            |               |               |               |               |                         |
| To Whom Paid<br><b>GREEN DIAMOND GRILLE</b>                              |  |                    |                                       |  | M<br><b>0</b>              | D<br><b>8</b> | Y<br><b>2</b> | Y<br><b>1</b> | Y<br><b>1</b> | Amount<br><b>359.66</b> |
| Address<br><b>125 2ND NW</b>   |  |                    | Purpose<br><b>FOOD &amp; BEVERAGE</b> |  |                            |               |               |               |               |                         |
| City<br><b>CARBON</b>  |  | State<br><b>OH</b> | Zip Code<br><b>44203</b>              |  | Check Number<br><b>997</b> |               |               |               |               |                         |
| To Whom Paid   |  |                    |                                       |  |                            |               | M             | D             | Y             | Amount                  |
| Address  |  |                    | Purpose                               |  |                            |               |               |               |               |                         |
| City   |  | State              | Zip Code                              |  | Check Number               |               |               |               |               |                         |
| To Whom Paid   |  |                    |                                       |  |                            |               | M             | D             | Y             | Amount                  |
| Address  |  |                    | Purpose                               |  |                            |               |               |               |               |                         |
| City   |  | State              | Zip Code                              |  | Check Number               |               |               |               |               |                         |
| To Whom Paid   |  |                    |                                       |  |                            |               | M             | D             | Y             | Amount                  |
| Address  |  |                    | Purpose                               |  |                            |               |               |               |               |                         |
| City   |  | State              | Zip Code                              |  | Check Number               |               |               |               |               |                         |
| To Whom Paid   |  |                    |                                       |  |                            |               | M             | D             | Y             | Amount                  |
| Address  |  |                    | Purpose                               |  |                            |               |               |               |               |                         |
| City   |  | State              | Zip Code                              |  | Check Number               |               |               |               |               |                         |
| To Whom Paid   |  |                    |                                       |  |                            |               | M             | D             | Y             | Amount                  |
| Address  |  |                    | Purpose                               |  |                            |               |               |               |               |                         |
| City   |  | State              | Zip Code                              |  | Check Number               |               |               |               |               |                         |

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.

# Statement of Loans Received

Prescribed by Secretary of State 5/05

|  |  |                    |  |                          |  |                            |  |   |  |    |  |    |  |    |  |        |  |
|--|--|--------------------|--|--------------------------|--|----------------------------|--|---|--|----|--|----|--|----|--|--------|--|
| Full Name of Committee<br><b>COMMITTEE TO ELECT THOMAS BOBE HETTIC</b> |  |                    |  |                          |  |                            |  |   |  |    |  |    |  |    |  |        |  |
| From Whom Received<br><b>THOMAS HETTIC</b>                             |  |                    |  |                          |  | Prior Amount               |  |   | Amt. Incurred this Period<br><b>250.00</b> |    |  |    |  |    |  |        |  |
| Address<br><b>249 ELSON</b>  |  |                    |  |                          |  |                            |  |   | Outstanding Balance<br><b>50.00</b>        |    |  |    |  |    |  |        |  |
| City<br><b>BARBERTON</b>   |  | State<br><b>OH</b> |  | Zip Code<br><b>44203</b> |  | Loans Received This Period |  |   | Payments This Period                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Date                       |  |   | Date                                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Amount                     |  |   | Amount                                     |    |  |    |  |    |  |        |  |
| Date Loan was originally Incurred                                      |  | M                  |  | D                        |  | Y                          |  | S |  | M  |  | D  |  | Y  |  | S      |  |
|  |  | 03                 |  | 06                       |  | 17                         |  |   |  | 05 |  | 14 |  | 17 |  | 200.00 |  |
| Registration Number, if PAC  |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |
| Employer/Occupation/Labor Organization*                                |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |
| From Whom Received<br><b>THOMAS HETTIC</b>                             |  |                    |  |                          |  | Prior Amount               |  |   | Amt. Incurred this Period<br><b>100.00</b> |    |  |    |  |    |  |        |  |
| Address<br><b>249 ELSON</b>  |  |                    |  |                          |  |                            |  |   | Outstanding Balance<br><b>150.00</b>       |    |  |    |  |    |  |        |  |
| City<br><b>BARBERTON</b>   |  | State<br><b>OH</b> |  | Zip Code<br><b>44203</b> |  | Loans Received This Period |  |   | Payments This Period                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Date                       |  |   | Date                                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Amount                     |  |   | Amount                                     |    |  |    |  |    |  |        |  |
| Date Loan was originally Incurred                                      |  | M                  |  | D                        |  | Y                          |  | S |  | M  |  | D  |  | Y  |  | S      |  |
|  |  |                    |  |                          |  |                            |  |   |  |    |  |    |  |    |  |        |  |
| Registration Number, if PAC  |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |
| Employer/Occupation/Labor Organization*                                |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |
| From Whom Received   |  |                    |  |                          |  | Prior Amount               |  |   | Amt. Incurred this Period                  |    |  |    |  |    |  |        |  |
| Address  |  |                    |  |                          |  |                            |  |   | Outstanding Balance                        |    |  |    |  |    |  |        |  |
| City   |  | State              |  | Zip Code                 |  | Loans Received This Period |  |   | Payments This Period                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Date                       |  |   | Date                                       |    |  |    |  |    |  |        |  |
|  |  |                    |  |                          |  | Amount                     |  |   | Amount                                     |    |  |    |  |    |  |        |  |
| Date Loan was originally Incurred                                      |  | M                  |  | D                        |  | Y                          |  | S |  | M  |  | D  |  | Y  |  | S      |  |
|  |  |                    |  |                          |  |                            |  |   |  |    |  |    |  |    |  |        |  |
| Registration Number, if PAC  |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |
| Employer/Occupation/Labor Organization*                                |  |                    |  |                          |  | M                          |  |   | D  |    |  | Y  |  |    |  |        |  |

\* 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).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 350.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 200.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 150.00 (To Form No. 30-A)