

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>Cuyahoga Falls Council at Large</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)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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>09 12 17</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(11) for details.

1. Amount brought forward from last report	\$	<i>829</i>	<i>90</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>400</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>-</i>	<i>-</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>1229</i>	<i>90</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>1205</i>	<i>00</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>24</i>	<i>90</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>-</i>	<i>-</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>-</i>	<i>-</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>12,000</i>	<i>00</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>0</i>	<i>00</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>-</i>	<i>-</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>-</i>	<i>-</i>
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	<i>400</i>	<i>00</i>

#1290
AKRON, OHIO
2017 AUG 31 PM 2:01

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
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

8/31/17
Date

Contribution pages <i>1</i>	Expenditure pages <i>1</i>	Other pages <i>2</i>	Total pages <i>4</i>
-----------------------------	----------------------------	----------------------	----------------------

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens for John E. Chapman							Registration Number, if PAC		
Full Name of Contributor John Chapman							Form (Cash, Check, etc.) Cash		
Street Address 166 Michael Lane			Employer/Occupation/Labor Organization* A Attorney				Amount		
City Cuyahoga Falls		State OH	Zip Code 44223		M 04	D 14	Y 17	\$100.00	
Full Name of Contributor John Chapman							Registration Number, if PAC		
Street Address 166 Michael Lane							Form (Cash, Check, etc.) check		
City Cuyahoga Falls			Employer/Occupation/Labor Organization* Attorney				Amount		
City Cuyahoga Falls		State OH	Zip Code 44223		M 05	D 19	Y 17	\$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			Employer/Occupation/Labor Organization*				Amount		
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens for John E. Chapman</i>										
To Whom Paid <i>Ad Graphics</i>						M	D	Y	Amount <i>805.⁰⁰</i>	
Address <i>140 North Union St.</i>				Purpose <i>Design + Printing Services</i>						
City <i>Akron</i>		State <i>OH</i>		Zip Code <i>44304</i>		Check Number <i>1028</i>				
To Whom Paid <i>Ad Graphics</i>						M	D	Y	Amount <i>400.⁰⁰</i>	
Address <i>140 North Union St.</i>				Purpose <i>Design + Printing Services</i>						
City <i>Akron</i>		State <i>OH</i>		Zip Code <i>44304</i>		Check Number <i>1029</i>				
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				
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City		State		Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee Citizens for John E. Chapman																	
From Whom Received John Chapman										Prior Amount \$12,000⁰⁰		Amt. Incurred this Period 0⁰⁰					
Address 166 Michael Lane												Outstanding Balance \$12,000⁰⁰					
City Cuyahoga Falls		St. ate OH		Zip Code 44223													
										Loans Received This Period		Payments This Period					
										Date		Date		Date		Date	
										Amount		Amount		Amount		Amount	
Date Loan was originally Incurred										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										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		St. ate		Zip Code													
										Loans Received This Period		Payments This Period					
										Date		Date		Date		Date	
										Amount		Amount		Amount		Amount	
Date Loan was originally Incurred										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										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		St. ate		Zip Code													
										Loans Received This Period		Payments This Period					
										Date		Date		Date		Date	
										Amount		Amount		Amount		Amount	
Date Loan was originally Incurred										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 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 \$ _____

² Total received this period \$ _____ (To Form No. 31-A-2)

³ Total payments this period \$ _____ (To Form No. 31-B)

⁴ Total Outstanding Balance \$ _____ (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for John G. Chapman									
To Whom Owed Ad Graphics					Prior Amount \$1205.00			Amt. Incurred this Period 0.00	
Address 190 North Union St.					Item or Purpose of Debt Design + Printing			Outstanding Balance 0.00	
City Akron		State OH	Zip Code 44389		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					0	9	06	17	805.00
Registration Number, if PAC					M	D	Y	\$	
					0	5	18	17	400.00
					M	D	Y	\$	
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y	\$	
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date			Amount	
Date Debt was originally Incurred					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 in 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 \$ 1205.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)