

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Committee To Elect Gary DeRemer</i>							Registration Number, if PAC			
Full Name of Candidate <i>Gary Glenn DeRemer</i>										
Street Address <i>3390 Hendon Circle</i>					Office Sought <i>City Council</i>		District <i>CF@large</i>			
City <i>Cuyahoga Falls</i>					State <i>OH</i>	Zip Code <i>44221</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	<input type="checkbox"/>	Annual Year
	<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		<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(H) for details.

1. Amount brought forward from last report	\$	<i>2301</i>	<i>77</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>535</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>2836</i>	<i>77</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>587</i>	<i>07</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>2249</i>	<i>70</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>1373</i>	<i>00</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>1000</i>	<i>00</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>207</i>	<i>15</i>
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.	\$		

#12910

CLERK OF ELECTIONS  
AKRON, OHIO

2017 AUG 31 PM 3:22

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.

*Pamela Wingate*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Pamela K Wingate*  
Signature

00/00/0000 *08/31/17*  
Date

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

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

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

Total pages 0

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Committee to Elect Gary DeRemer</b>				
To Whom Owed <b>Gary Glenn DeRemer</b>			Prior Amount <b>93.74</b>	Amt. Incurred this Period <b>0</b>
Address <b>3390 Hendon Circle</b>			Item or Purpose of Debt <b>TICKETS</b>	Outstanding Balance <b>93.74</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44221</b>	Payments This Period	
Date Debt was originally Incurred <b>07 29 13</b>			Date	Amount
Registration Number, if PAC			M	D
			Y	\$
			0	0
			0	0
			0	0
To Whom Owed <b>Gary Glenn DeRemer</b>			Prior Amount <b>50.46</b>	Amt. Incurred this Period <b>0</b>
Address <b>3390 Hendon Circle</b>			Item or Purpose of Debt <b>supplies for sign event</b>	Outstanding Balance <b>50.46</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44221</b>	Payments This Period	
Date Debt was originally Incurred <b>10 05 13</b>			Date	Amount
Registration Number, if PAC			M	D
			Y	\$
			0	0
			0	0
			0	0
To Whom Owed <b>Gary Glenn DeRemer</b>			Prior Amount <b>62.95</b>	Amt. Incurred this Period <b>0</b>
Address <b>3390 Hendon Circle</b>			Item or Purpose of Debt <b>card walking canvas</b>	Outstanding Balance <b>62.95</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44221</b>	Payments This Period	
Date Debt was originally Incurred <b>10 12 13</b>			Date	Amount
Registration Number, if PAC			M	D
			Y	\$
			0	0
			0	0
			0	0

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 \$ 00.00 (also record on Form 31-B)

Total Outstanding Balance \$ ~~00.00~~ 207.15 (also record on cover page)

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee To Elect Isary DeRemor</b>															
From Whom Received <b>Kathy DeRemor</b>										Prior Amount <b>1,000.00</b>		Amt. Incurred this Period			
Address <b>2905 Cedar Hill</b>												Outstanding Balance <b>1,000.00</b>			
City <b>Cuyahoga Falls</b>			State <b>OH</b>		Zip Code <b>44223</b>										
Date Loan was originally Incurred <b>07/25/13</b>										Loans Received This Period Date Amount		Payments This Period Date Amount			
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			State <b>OH</b>		Zip Code										
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			State <b>OH</b>		Zip Code										
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 \$ \$0.00 **1,000.-**
- 2 Total received this period \$ \$0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$0.00 **1,000.-** (To Form No. 30-A)

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee to Elect Gary DeRemer</b>			
Full Name of Contributor <b>The Committee to Elect Don Walters</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>3395 Pendleton Ave</b>		Description of Item or Service <b>Literature production &amp; printing</b>	M   D   Y   Fair Market Value <b>0 7 0 7 1 7   \$1,373.00</b>
City <b>Cuyaohga Falls</b>		State <b>OH</b>	Zip Code <b>44221</b>
Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

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**FOR PAPER FILING ONLY**

Event Date 08/02/17  
Page 1

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

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee to Elect Gary DeRemer</u>					
To Whom Paid <u>Donatos Pizza</u>		M	D	Y	Amount <u>74.04</u>
Address <u>1710 State Rd</u>		Purpose <u>Venue + Food for fundraiser</u>			
City <u>Cuyahoga falls</u>	State <u>OH</u>	Zip Code <u>44223</u>		Check Number	
To Whom Paid <u>Acme</u>		M	D	Y	Amount <u>21.98</u>
Address <u>2630 Bailey Rd</u>		Purpose <u>Beverages for fundraiser</u>			
City <u>Cuyahoga falls</u>	State <u>OH</u>	Zip Code <u>44221</u>		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State <u>OH</u>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State <u>OH</u>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State <u>OH</u>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State <u>OH</u>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State <u>OH</u>	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.

\$0.00  
Page Total \$ 96.02

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Gary DeRemer</b>							
To Whom Paid <b>Youngs Screenprinting</b>		M	D	Y	Amount <b>491.05</b>		
Address <b>1245 Munroe Falls Ave</b>		Purpose <b>Shirts with Campaign info</b>					
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44221</b>		Check Number <b>1020</b>		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State <b>OH</b>	Zip Code		Check Number		

**491.05**  
Page Total ~~50.00~~

## 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 Leary DeRemer			
Full Name of Contributor <u>Mary Nichols Rhodes</u>		Registration Number, if PAC	
Street Address <u>739 Lincoln</u>	Employer/Occupation/Labor Organization* <u>ward 4 council</u>	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>25.00</u>
City <u>C.F.</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CASH</u>
Full Name of Contributor <u>Julie Eggers</u>		Registration Number, if PAC	
Street Address <u>241 Monroe</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>25.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CASH</u>
Full Name of Contributor <u>David Waller</u>		Registration Number, if PAC	
Street Address <u>241 Monroe</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>25.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CASH</u>
Full Name of Contributor <u>Carrie Snyder</u>		Registration Number, if PAC	
Street Address <u>1248 Chestnut Blvd</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>25.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>David Hyatt</u>		Registration Number, if PAC	
Street Address <u>1726 6th St.</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>50.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>Janet Ciotola</u>		Registration Number, if PAC	
Street Address <u>143 Ravenshollow</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>30.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>John Schmidt</u>		Registration Number, if PAC	
Street Address <u>1460 Curtis Ave.</u>	Employer/Occupation/Labor Organization*	M <u>08</u> D <u>02</u> Y <u>17</u>	Amount <u>50.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CHECK</u>

\* 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

230.00  
 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				Registration Number, if PAC	
Committee to Elect Gary DeRomer					
Full Name of Contributor Matthew Dickinson					
Street Address 1080 Madrid Dr.		Employer/Occupation/Labor Organization*		M   D   Y 08   02   17	Amount 25.00
City Akron	State OH	Zip Code 44313		Form (Cash, Check, etc.) check	
Full Name of Contributor Andrew Padruitt					
Street Address 1460 Curtis Ave		Employer/Occupation/Labor Organization*		M   D   Y 08   02   17	Amount 100.00
City Cuyahoga Falls	State OH	Zip Code 44221		Form (Cash, Check, etc.) check	
Full Name of Contributor Paul + Diana Colavecchio					
Street Address 3414 Haggarty Way		Employer/Occupation/Labor Organization*		M   D   Y 08   02   17	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44223		Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy Fradette					
Street Address 3444 Atterbury		Employer/Occupation/Labor Organization*		M   D   Y 08   02   17	Amount 50.00
City Cuyahoga Falls	State OH	Zip Code 44221		Form (Cash, Check, etc.) check	
Full Name of Contributor Sarah McBryer					
Street Address 3108 Mayfield Rd		Employer/Occupation/Labor Organization*		M   D   Y 08   09   17	Amount 50.-
City Silver Lake	State OH	Zip Code 44224		Form (Cash, Check, etc.) check	
Full Name of Contributor Charles + Nancy DeRomer					
Street Address 1776 114th St.		Employer/Occupation/Labor Organization*		M   D   Y 08   08   17	Amount 30.00
City Cuyahoga Falls	State OH	Zip Code 44221		Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)	

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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~~

535.00

Total expenditures this event

~~\$0.00~~

96.02

305.00  
~~\$0.00~~

Page Total \$