

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 type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" 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	Semisannual		
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>11 07 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>24</i>	<i>90</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1,100</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>1124</i>	<i>90</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>1022</i>	<i>00</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>102</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>-</i>	<i>-</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.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS

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

[Signature]
Signature

10/26/17
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

31-A

R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full							
Full Name of Contributor <i>John Chapman</i>						Registration Number, if PAC	
Street Address <i>166 Michael Lane</i>			Employer/Occupation/Labor Organization <i>Attorney</i>			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>44223</i>		Mo <i>09</i>	Day <i>21</i>	Year <i>17</i>
Amount <i>1,000.00</i>						Registration Number, if PAC	
Full Name of Contributor <i>John Chapman</i>						Registration Number, if PAC	
Street Address <i>166 Michael Lane</i>			Employer/Occupation/Labor Organization <i>Attorney</i>			Form (Cash, Check, etc.) <i>Cash</i>	
City <i>Cuyahoga Falls</i>		State <i>OH</i>	Zip Code <i>44223</i>		Mo <i>10</i>	Day <i>11</i>	Year <i>17</i>
Amount <i>100.00</i>						Registration Number, if PAC	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code		Mo	Day	Year
Amount						Registration Number, if PAC	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$1000, the labor organization of which the employees are members, if any, must also appear [R.C. 3517.10(B)(4)]

Total \$ 1,100.00

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
To Whom Paid							M	D	Y	Amount	
Huntington Bank							0	8	15	17	3. ⁰⁰
Address				Purpose							
2305 2nd St.				Bank Fee							
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		Debit					
To Whom Paid							M	D	Y	Amount	
Huntington Bank							0	9	15	17	3. ⁰⁰
Address				Purpose							
2305 2nd St.				Bank Fee							
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		Debit					
To Whom Paid							M	D	Y	Amount	
Samwicki & Son Inc.							0	9	23	17	1,013. ⁰⁰
Address				Purpose							
1521 Lafayette				Signs							
City		State		Zip Code		Check Number					
Detroit		MI		48216		1030					
To Whom Paid							M	D	Y	Amount	
Huntington Bank							0	10	16	17	3. ⁰⁰
Address				Purpose							
2305 2nd St.				Bank Fees							
City		State		Zip Code		Check Number					
Cuyahoga Falls		OH		44221		Debit					
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 7/05

Full Name of Committee Citizens for John F. Chapman																			
From Whom Received John Chapman								Prior Amount \$12,000.00		Amt. Incurred this Period 0.00									
Address 166 Michael Lane										Outstanding Balance \$12,000.00									
City Cuyahoga Falls		State OH		Zip Code 44223		Loans Received This Period				Payments This Period									
						Date		Amount		Date		Amount							
Date Loan was originally incurred		M		D		Y		\$		M		D		Y		\$			
08		02		17															
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		Zip Code		Loans Received This Period				Payments This Period									
						Date		Amount		Date		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		State		Zip Code		Loans Received This Period				Payments This Period									
						Date		Amount		Date		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	

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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)