



Committee Name Re-Elect Hal DeSaussure for Council		Office Sought City Council At-Large		District Hudson	
Street Address 7563 Sugarbush Trail		City Hudson	State OH	Zip 44236	
Candidate Name OR PAC Registration Number		Treasurer Name Hal DeSaussure		Election Date (MM/DD/YYYY) 11/07/2017	

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2017

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.


1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	100.00
3. Total other income (From Form 31-A-2)	3,000.00
4. Total funds available (sum of lines 1,2, and 3)	3,100.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	2,456.79
6. Balance on hand (line 4 minus line 5)	643.21
7. Value of in-kind contributions received (From Form 31-J-1)	75.18
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	3,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 23 AM 10:37

#1386 AVC

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**


Signature of Treasurer or Deputy Treasurer

10/23/2017
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
3

Total Pages



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Re-Elect Hal DeSaussure for Council				
Full Name of Contributor Marian S. Boden			Registration Number, if PAC	
Street Address 200 Laurel Lake Dr. Apt.168		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hudson	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/05/2017	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Re-Elect Hal DeSaussure for Council			
Full Name of Contributor Loan Transfer from Form 31-C		Registration Number, if PAC	
Street Address	Type* Loan Payments Received	Date (MM/DD/YYYY) 08/24/2017	Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Amount 3,000.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Re-Elect Hal DeSaussure for Council			
To Whom Paid Record Publishing		Date (MM/DD/YYYY) 08/28/2017	Amount 785.70
Street Address 1050 W. Main St.		Purpose Hudson Hub Advertisement	
City Kent	State OH	Zip Code 44240	Check Number 0991
To Whom Paid Record Publishing		Date (MM/DD/YYYY) 08/28/2017	Amount 550.00
Street Address 1050 W. Main St.		Purpose Hudson Hub Advertisement	
City Hudson	State OH	Zip Code 44240	Check Number 0992
To Whom Paid ScripType Publishing		Date (MM/DD/YYYY) 09/15/2017	Amount 308.00
Street Address 4300 Streetsboro Rd.		Purpose Hudson Life Advertisement	
City Richfield	State OH	Zip Code 44286	Check Number 1001
To Whom Paid Fast Signs		Date (MM/DD/YYYY) 09/25/2017	Amount 587.13
Street Address 1783 Brittain Rd.		Purpose Yard Signs	
City Akron	State OH	Zip Code 44310	Check Number 1002
To Whom Paid Minute Man Press		Date (MM/DD/YYYY) 09/29/2017	Amount 225.96
Street Address 3515 Hudson Dr.		Purpose Campaign Postcards	
City Stow	State OH	Zip Code 44224	Check Number 1003

Page Total \$ 2456.79



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Re-Elect Hal DeSaussure for Council				
Full Name of Contributor Hal DeSaussure		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7563 Sugarbush Trail		Description of Item or Service Facebook Ad		Date (MM/DD/YYYY) 10/02/2017
Fair Market Value 75.18				
City Hudson		State OH	Zip Code 44235	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		Date (MM/DD/YYYY)
Fair Market Value				
City		State OH	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		Date (MM/DD/YYYY)
Fair Market Value				
City		State OH	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		Date (MM/DD/YYYY)
Fair Market Value				
City		State OH	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		Date (MM/DD/YYYY)
Fair Market Value				
City		State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Re-Elect Hal DeSaussure for Council					
From Whom Received Hal DeSaussure				Prior Amount 0	Amt. Incurred this Period 3,000.00
Street Address 7563 Sugatbush Trail					Outstanding Balance 3,000.00
City Hudson	State OH	Zip Code 44235	Loans Received This Period		Payments Received This Period
	Date of Original Loan (MM/DD/YYYY) 08/24/2017	Date of Loan (MM/DD/YYYY) 08/24/2017	Amount 1,500.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 08/30/2017	Amount 500.00	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY) 09/15/2007	Amount 1,000.00	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

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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).

Total Prior Amount \$ 0 _____

Total Received This Period \$ 3,000.00 _____ (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 _____ (also record on Form 31-B)

Total Outstanding Balance \$ 3,000.00 _____ (also record on Form 30-A)