

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF DOUG HERCHICK						Registration Number, if PAC	
Full Name of Candidate DOUG HERCHICK							
Street Address 4197 HAMPTON CIRCLE				Office Sought STOW CITY COUNCIL		District WARD 2	
City STOW				State OH		Zip Code 44224	
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	<input checked="" type="checkbox"/> Annual Year 2017		
	<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		M 1 0 7 1 7	

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(II) for details.

1. Amount brought forward from last report	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	1,069	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,069	00
5. Total monetary expenditures (From Form No. 31-B)	\$	415	62
6. Balance on hand (line 4 minus line 5)	\$	653	38
7. Value of in-kind contributions received (From Form No. 31-I)	\$	250	00
8. Value of in-kind expenditures made (From Form No. 31-J)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	00
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

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.

DOUG HERCHICK - DEPUTY TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

10/19/17
Date

Contribution pages **3**

Expenditure pages **2**

Other pages **1**

Total pages **6**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
FRIENDS OF DOUG HERCHICK									
Full Name of Contributor							Registration Number, if PAC		
JOSH FOSTER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8550 Pleasantwood Ave NW							EFT		
City		State	Zip Code		M	D	Y	Amount	
N. CANTON		OH	44720		0	8	0	4	17
Full Name of Contributor							Registration Number, if PAC		
KARA FOSTER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8550 Pleasantwood Ave NW							EFT		
City		State	Zip Code		M	D	Y	Amount	
North Canton		OH	44720		0	8	0	4	17
Full Name of Contributor							Registration Number, if PAC		
William Dain									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
917 Woodward Ave							EFT		
City		State	Zip Code		M	D	Y	Amount	
Akron		OH	44310		0	8	0	4	17
Full Name of Contributor							Registration Number, if PAC		
Mike Eckart									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
206 Lincoln Ave							EFT		
City		State	Zip Code		M	D	Y	Amount	
Cuyahoga Falls		OH	44221		0	8	0	5	17
Full Name of Contributor							Registration Number, if PAC		
ANDREW VOIGT									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4031 Freedom Ridge Ct							EFT		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43230		0	8	0	6	17
Full Name of Contributor							Registration Number, if PAC		
Bob Herchick									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1267 Broadview Ave							EFT		
City		State	Zip Code		M	D	Y	Amount	
Copley		OH	44321		0	8	0	6	17
Full Name of Contributor							Registration Number, if PAC		
Diana Herchick									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1267 Broadview Ave							EFT		
City		State	Zip Code		M	D	Y	Amount	
Copley		OH	44321		0	8	0	6	17
Full Name of Contributor							Registration Number, if PAC		
PATRICK McKenna									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
13797 Cedar Rd #206							EFT		
City		State	Zip Code		M	D	Y	Amount	
South Euclid		OH	44118		0	8	0	7	17

* 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 Contributions Received

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Name of Committee in Full							
FRIENDS OF DOUG HERCHICK							
Full Name of Contributor						Registration Number, if PAC	
Mike Herchick							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
8193 Valley View Rd						Cash	
City	State	Zip Code	M	D	Y	Amount	
Macedonia	OH	44056	0	8	17	100.00	
Full Name of Contributor						Registration Number, if PAC	
A.J. Kubilis							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
165 MAGUA DR						CASH	
City	State	Zip Code	M	D	Y	Amount	
Akron	OH	44319	0	8	17	50.00	
Full Name of Contributor						Registration Number, if PAC	
JOE HERCHICK							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2962 ROCKWOOD CV						CASH	
City	State	Zip Code	M	D	Y	Amount	
SARASOTA	FL	34234	0	8	17	30.00	
Full Name of Contributor						Registration Number, if PAC	
GARY PELC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4510 Forrest Hill						EFT	
City	State	Zip Code	M	D	Y	Amount	
STOW	OH	44224	0	8	17	100.00	
Full Name of Contributor						Registration Number, if PAC	
CRISTIN RILEY MINARD							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6268 RYAN CIRCLE						EFT	
City	State	Zip Code	M	D	Y	Amount	
CINCINNATI	OH	45140	0	8	17	50.00	
Full Name of Contributor						Registration Number, if PAC	
MIKE HERCHICK							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
11670 TALL PINES DR						CASH	
City	State	Zip Code	M	D	Y	Amount	
CHARDON	OH	44024	0	8	17	50.00	
Full Name of Contributor						Registration Number, if PAC	
JOANNE GROSS							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4651 GRAFORD LN						CHECK	
City	State	Zip Code	M	D	Y	Amount	
STOW	OH	44224	0	9	17	100.00	
Full Name of Contributor						Registration Number, if PAC	
Kim Vuja							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
8646 Cleveland Ave NW						EFT	
City	State	Zip Code	M	D	Y	Amount	
NORTH CANTON	OH	44720	0	9	17	50.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF DOUG HERCHICK									
Full Name of Contributor DIANA McCONNEL						Registration Number, if PAC			
Street Address 21617 RUSTY LN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City PALO CEDRO		State CA	Zip Code 96073		M 09	D 10	Y 17	Amount 100.00	
Full Name of Contributor JOHN HERCHICK						Registration Number, if PAC			
Street Address 7070 LIBERTY RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City SOLOON		State OH	Zip Code 44139		M 09	D 18	Y 17	Amount 25.00	
Full Name of Contributor TOM BOSDONARO						Registration Number, if PAC			
Street Address 4205 HAMPTON CIR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City STOW		State OH	Zip Code 44224		M 10	D 18	Y 17	Amount 40.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2.01

Name of Committee in Full FRIENDS OF DOUG HERCHICK							
To Whom Paid GO FUND ME				M	D	Y	Amount
				08	11	17	31.33
Address 1010 2ND AVE Ste 1770		Purpose FEE TO HANDLE DONATIONS PLATFORM					
City SAN DIEGO	State CA	Zip Code 92101	Check Number EFT				
To Whom Paid GO FUND ME				M	D	Y	Amount
				08	22	17	8.20
Address 1010 2ND AVE Ste 1770		Purpose FEE To handle Donation Platform					
City SAN DIEGO	State CA	Zip Code 92101	Check Number EFT				
To Whom Paid GO FUND ME				M	D	Y	Amount
				08	24	17	4.25
Address 1010 2ND AVE Ste 1770		Purpose Fee To handle Donator Platform					
City SAN DIEGO	State CA	Zip Code 92101	Check Number EFT				
To Whom Paid TARGET				M	D	Y	Amount
				09	01	17	11.72
Address 2801 W. MARKET ST		Purpose COPY PAPER FOR FLIERS					
City FAIRLAWN	State OH	Zip Code 44333	Check Number CASH				
To Whom Paid TARGET				M	D	Y	Amount
				09	08	17	11.69
Address 5584 DRESSLER RD NW		Purpose COPY PAPER FOR FLIERS					
City NORTH CANTON	State OH	Zip Code 44720	Check Number DEBIT				
To Whom Paid BUILDASIGN.COM				M	D	Y	Amount
				09	05	17	248.89
Address 11525 STNHOLW DR Ste B220		Purpose YARD SIGNS					
City AUSTIN	State TX	Zip Code 78758	Check Number DEBIT				
To Whom Paid GO FUND ME				M	D	Y	Amount
				09	10	17	4.25
Address 1010 2ND AVE Ste 1770		Purpose FEE TO HANDLE DONATION PLATFORM					
City SAN DIEGO	State CA	Zip Code 92101	Check Number				
To Whom Paid OHIO ETHICS Commission				M	D	Y	Amount
				09	28	17	35.00
Address 30 W. SPRING ST		Purpose 2016 FINANCIAL DISCLOSURE FEES					
City COLUMBUS	State OH	Zip Code 43215	Check Number DEBIT				



Statement of Expenditures

Form 31-B

R.C. 3517.10

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Full Name of Committee FRIENDS of Doug HERCHICK			
To Whom Paid OFFICE MAX		Date (MM/DD/YYYY) 10/6/17	Amount 17.70
Street Address 4220 KENT RD		Purpose COPY PAPER FOR FLIERS	
City STOW	State OH	Zip Code 44224	Check Number DEBIT
To Whom Paid DRUG MART		Date (MM/DD/YYYY) 10/10/2017	Amount 11.07
Street Address 4044 FISHCREEK RD		Purpose STAMPS/ENVELOPES	
City STOW	State OH	Zip Code 44224	Check Number DEBIT
To Whom Paid DRUG MART		Date (MM/DD/YYYY) 10/15/2017	Amount 9.80
Street Address 4044 FISHCREEK RD		Purpose STAMPS	
City STOW	State OH	Zip Code 44224	Check Number DEBIT
To Whom Paid DRUG MART		Date (MM/DD/YYYY) 10/18/17	Amount 21.72
Street Address 4044 FISHCREEK RD		Purpose STAMPS/ENVELOPES	
City STOW	State OH	Zip Code 44224	Check Number DEBIT
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 60.29

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
FRIENDS OF DEBRA HERCHICK					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Summit Co. Republican office					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1755 Merriman Rd Ste 250	Ink for Copies of Fliers	0	9	01	\$100.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Summit Co. Republican office					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1755 Merriman office Ste 250	Ink for Copies of Fliers	0	9	08	\$100.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Summit Co. Republican office					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1755 Merriman Rd Ste 250	Ink for Copies of Fliers	0	9	12	\$50.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<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	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	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	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	Zip Code	Received at Fundraising Event?		
			<input type="radio"/> YES <input type="radio"/> NO		

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