

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Matt Riehl						Registration Number, if PAC									
Full Name of Candidate Matt Riehl															
Street Address 2080 Maple Road						Office Sought City Council			District Stow Ward 1						
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 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			1	M	1	0	D	7	1	Y	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(H) for details.

1. Amount brought forward from last report	\$	\$20,376.94
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,770.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$24,146.94
5. Total monetary expenditures (From Form No. 31-B)	\$	\$357.40
6. Balance on hand (line 4 minus line 5)	\$	\$23,789.54
7. Value of in-kind contributions received (From Form No. 31-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)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
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.	\$	

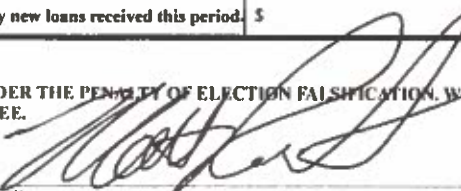
OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 OCT 26 AM 9:35
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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.

Matt Riehl - Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

10/25/2017

Date

Contribution pages 6

Expenditure pages 2

Other pages 1

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Matt Riehl					
Full Name of Contributor Gary Gross				Registration Number, if PAC	
Street Address 14300 Ridge Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City North Royalton	State OH	Zip Code 44133	M 0	D 7	Y 1 1 1 7
				Amount \$1,000.00	
Full Name of Contributor Harley Gross				Registration Number, if PAC	
Street Address 14300 Ridge Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City North Royalton	State OH	Zip Code 44133	M 0	D 7	Y 1 1 1 7
				Amount \$1,000.00	
Full Name of Contributor Transfer from 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
				Amount \$1,770.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	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 Friends of Matt Riehl							
To Whom Paid Citizens for Jim Laria				M	D	Y	Amount \$75.00
Address 600 Tamiami Trail				Purpose Donation			
City Akron		State OH	Zip Code 44303	Check Number 2039			
To Whom Paid Humane Society of Summit County				M	D	Y	Amount \$150.00
Address 7996 Darrow Road				Purpose Event Ticket			
City Twinsburg		State OH	Zip Code 44087	Check Number 2003			
To Whom Paid Transfer from 31-F				M	D	Y	Amount \$132.40
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

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	
Friends of Matt Riehl			
Full Name of Contributor Rod Armstrong		Registration Number, if PAC	
Street Address 1316 Ritchie Road	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Cash
Full Name of Contributor Douglas Herchick		Registration Number, if PAC	
Street Address 4197 Hampton Cir		Registration Number, if PAC	
Street Address 4197 Hampton Cir	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Cash
Full Name of Contributor Bill Flinta		Registration Number, if PAC	
Street Address 4182 Leewood Road		Registration Number, if PAC	
Street Address 4182 Leewood Road	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$20.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Paul Thomarios		Registration Number, if PAC	
Street Address One Canal Square Plaza, Suite 1500		Registration Number, if PAC	
Street Address One Canal Square Plaza, Suite 1500	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$125.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) Check
Full Name of Contributor Jeremy McIntire		Registration Number, if PAC	
Street Address 3630 Darrow Road		Registration Number, if PAC	
Street Address 3630 Darrow Road	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Patrick McKenna		Registration Number, if PAC	
Street Address 1616 Hazel Drive, Apt. E		Registration Number, if PAC	
Street Address 1616 Hazel Drive, Apt. E	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$100.00
City Cleveland	State OH	Zip Code 44106	Form (Cash, Check, etc.) Check
Full Name of Contributor Tim DeLeo		Registration Number, if PAC	
Street Address 4701 Turnberry Trail		Registration Number, if PAC	
Street Address 4701 Turnberry Trail	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check

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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

\$1,770.00

Total expenditures this event

\$132.40

Page Total \$ 345.00

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	
Friends of Matt Riehl			
Full Name of Contributor Kristina Daley Roegner For Ohio		Registration Number, if PAC	
Street Address 4685 Hilary Circle	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$50.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Tim Reiheld		Registration Number, if PAC	
Street Address 2859 Graham Road, Apt. 12		Registration Number, if PAC	
Street Address 2859 Graham Road, Apt. 12	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$50.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Alex Bryan		Registration Number, if PAC	
Street Address 4674 Trillium Drive		Registration Number, if PAC	
Street Address 4674 Trillium Drive	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Committee to Elect Bob Adaska		Registration Number, if PAC	
Street Address 645 Treeside Drive		Registration Number, if PAC	
Street Address 645 Treeside Drive	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Ken Spahr		Registration Number, if PAC	
Street Address 3700 Buckworth Court		Registration Number, if PAC	
Street Address 3700 Buckworth Court	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$50.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor Gary Paskey		Registration Number, if PAC	
Street Address 4175 Maribend Drive		Registration Number, if PAC	
Street Address 4175 Maribend Drive	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check
Full Name of Contributor William Rodgers		Registration Number, if PAC	
Street Address 4562 Newcomer Road		Registration Number, if PAC	
Street Address 4562 Newcomer Road	Employer/Occupation/Labor Organization*	M D Y 0 9 1 3 1 7	Amount \$25.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) Check

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Total contributions this event

\$1,770.00

Total expenditures this event

\$132.40

Page Total \$ 250.00

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			
Friends of Matt Riehl							
Full Name of Contributor John T. Wysmierski			Registration Number, if PAC				
Street Address 3993 Baumberger Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Dexter Vaughan							
Full Name of Contributor Dexter Vaughan			Registration Number, if PAC				
Street Address 1014 Bull Creek Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$25.00
City Macedonia		State OH	Zip Code 44056	Form (Cash, Check, etc.) Check			
Michael Rasor							
Full Name of Contributor Michael Rasor			Registration Number, if PAC				
Street Address 4312 Eagle Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Gloria Rodgers							
Full Name of Contributor Gloria Rodgers			Registration Number, if PAC				
Street Address 4562 Newcomer Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Umberto Fedeli							
Full Name of Contributor Umberto Fedeli			Registration Number, if PAC				
Street Address 5005 Rockside Road, Fifth Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	17	\$100.00
City Independence		State OH	Zip Code 44131	Form (Cash, Check, etc.) Check			
Richard Pogue							
Full Name of Contributor Richard Pogue			Registration Number, if PAC				
Street Address 901 Lakeside Avenue, E.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$25.00
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) Check			
Judith Alexander							
Full Name of Contributor Judith Alexander			Registration Number, if PAC				
Street Address 2 Starboard Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	13	\$50.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, etc.) Check			

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Total contributions this event

\$1,770.00

Total expenditures this event

\$132.40

Page Total \$ 275.00

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			
Friends of Matt Riehl							
Full Name of Contributor Committee to Elect James Iona				Registration Number, if PAC			
Street Address 675 Dominic Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1317	\$25.00
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, etc.) Check			
Full Name of Contributor William Dean				Registration Number, if PAC			
Street Address 1308 Goldfinch Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1317	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Full Name of Contributor Miklos Gaspar				Registration Number, if PAC			
Street Address 1743 Ritchie Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1317	\$100.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lynne Callahan				Registration Number, if PAC			
Street Address 2275 Rickel Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1317	\$100.00
City Akron		State OH	Zip Code 44333	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Heffern				Registration Number, if PAC			
Street Address 1235 Romayne Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1717	\$500.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alan Narvy				Registration Number, if PAC			
Street Address 4436 Hickory Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1517	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bruce Hill				Registration Number, if PAC			
Street Address 2991 Progress Park Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0717	\$25.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, etc.) Check			

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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

\$1,770.00

Total expenditures this event.

\$132.40

Page Total \$ 800.00

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						
Friends of Matt Riehl										
Full Name of Contributor			Employer/Occupation/Labor Organization*	M		D		Y		Amount
Raymon B. Fogg, Jr.				1		0		1		\$100.00
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
981 Keynote Circle, Suite 15				1		0		1		
City			State	Zip Code		Form (Cash, Check, etc.)				
Cleveland			OH	44131		Check				
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							
Full Name of Contributor				Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*	M		D		Y		Amount
City			State	Zip Code		Form (Cash, Check, etc.)				
			OH							

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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

\$1,770.00

Total expenditures this event

\$132.40

Page Total \$ 100.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Matt Riehl						
To Whom Paid Brian Lowdermilk		M	D	Y	Amount	
		1	0	07	17	\$31.92
Address 2536 Samira Road		Purpose Reimbursement: Food				
City Stow	State OH	Zip Code 44224	Check Number 2004			
To Whom Paid Matt Riehl		M	D	Y	Amount	
		1	0	10	17	\$100.48
Address 2080 Maple Road		Purpose Reimbursement: Fundraising Expenses				
City Stow	State OH	Zip Code 44224	Check Number 2005			
To Whom Paid		M	D	Y	Amount	
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid		M	D	Y	Amount	
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid		M	D	Y	Amount	
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid		M	D	Y	Amount	
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid		M	D	Y	Amount	
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					

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.

\$132.40
Page Total \$