

Ohio Campaign Finance Report

Prescribed by Secretary of State 3-05

Full Name of Committee FRIENDS OF ROBERT THEWES						Registration Number, if PAC	
Full Name of Candidate ROBERT THEWES							
Street Address 2229 JEMI DR				Office Sought COUNCIL		District	
City TWINSBURG				State OH	Zip Code 44087		
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		^M 1	^D 07	^Y 17	

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(11) for details.

1. Amount brought forward from last report	\$	0
2. Total monetary contributions (From Form No. 31-A)	\$	480 00
3. Total other income (From Form No. 31-A-2)	\$	400 00
4. Total funds available (sum of lines 1, 2, 3)	\$	880 00
5. Total monetary expenditures (From Form No. 31-B)	\$	240 11
6. Balance on hand (line 4 minus line 5)	\$	639 89
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	-
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	400 00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	303 00
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.	\$	-

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 24 AM 11:35

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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.

ROBERT THEWES, TREAS *Robert Thewes* 10/24/2017
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		EIN	
FRIENDS OF ROBERT TITENES		EIN	
Full Name of Contributor CYNTHIA STEELE		Registration Number, if PAC 82-2683188	
Street Address 8684 Galtysburg Dr	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) CHECK	
City Twinsburg	State OH	Zip Code 44087	M D Y 09 15 17 Amount 200 00
Full Name of Contributor KENNETH LINGAR		Registration Number, if PAC	
Street Address 10346 REDBUD	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) CHECK	
City REMINDERVILLE	State OH	Zip Code 44202	M D Y 09 26 17 Amount 100 00
Full Name of Contributor MIKE TURLE		Registration Number, if PAC	
Street Address 9930 FOREST LAKE DRIVE	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) CHECK	
City TWINSBURG	State OH	Zip Code 44087	M D Y 10 12 17 Amount 80 00
Full Name of Contributor William Walpelt		Registration Number, if PAC	
Street Address 11972 Waywood Dr	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) CHECK	
City TWINSBURG, OHIO	State OH	Zip Code 44087	M D Y 10 12 17 Amount 100 00
Full Name of Contributor BA		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

* 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)]

480.00

Statement of Other Income

Prescribed by Secretary of State 201

Name of Committee in Full FRIENDS OF ROBERT THEWES				Registration Number, if PAC			
Full Name BARBARA THEWES		Type* LN		M	D	Y	Amount
Address 2229 DEMI DR.		State OH		Zip Code 44087		090717 \$400	
City TWINSBURG		Form (Cash, Check, etc.) CHECK					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	

* 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.

RE

\$400
Page Total \$ _____

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ROBERT THEWES						
To Whom Paid FED EX OFFICE			M 09	D 07	Y 17	Amount \$140.11
Address 2728 E. AURORA RD		Purpose CAMPAIGN LITERATURE				
City TWINSBURG		State OH	Zip Code 44087		Check Number 99	
To Whom Paid ARBOR Glen			M 10	D 03	Y 17	Amount \$100.00
Address 2600-2700 ARBOR Glen DR		Purpose Rental of room				
City TWINSBURG		State OH	Zip Code 44087		Check Number 1002	
To Whom Paid SUPER CHEAP SIGNS			M 09	D 27	Y 17	Amount \$303.00
Address 9200 Waterford Centre		Purpose CAMPAIGN SIGNS				
City AUSTIN		State TX	Zip Code 78758		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	
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	

240.11
\$ 543.11

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF ROBERT THEWES																			
From Whom Received BARBARA THEWES								Prior Amount 0		Amt. Incurred this Period \$ 400									
Address 2279 DEMI DRIVE										Outstanding Balance \$ 400									
City TWINSBURG		State OH		Zip Code 44087		Loans Received This Period				Payments This Period									
						Date		Amount		Date		Amount							
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$			
090717																			
Registration Number, if PAC								M		D		Y							
Employer/Occupation/Labor Organization*								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							
Employer/Occupation/Labor Organization*								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							
Employer/Occupation/Labor Organization*								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

² Total received this period \$ 0 (To Form No. 31-A-2)

³ Total payments this period \$ 0 543.11 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ _____ (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF ROBERT THEWES									
To Whom Owed ROBERT THEWES					Prior Amount 0			Amt. Incurred this Period \$ 303.00	
Address 2229 Demi Drive					Item or Purpose of Debt SIGNS			Outstanding Balance \$ 303.00	
City TWINSBURG, OHIO			State OH	Zip Code 44087		Payments This Period			
Date Debt was originally Incurred 09/27/17					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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 \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 303 (also record on cover page)