

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"/> Post-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> Termination
Annual Year		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 <i>12/10/17</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>102</i>	<i>90</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>0</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	<i>00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>102</i>	<i>90</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>0</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-C)	\$	<i>9,014</i>	<i>43</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)	\$	<i>12,000</i>	<i>00</i>
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.	\$		

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BOARD OF ELECTIONS

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AKRON, OHIO

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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

12/15/17
Date

Contribution pages 0

Expenditure pages 0

Other pages 2

Total pages 2

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Delaware Citizens for John E. Chapman</i>													
From Whom Received <i>John Chapman</i>										Prior Amount <i>12,000</i>		Amt. Incurred this Period <i>-</i>	
Address <i>166 Michael Lane</i>										Outstanding Balance <i>12,000</i>			
City <i>Cuyahoga Falls</i>			State <i>OH</i>		Zip Code <i>44223</i>								
				Loans Received This Period				Payments This Period					
				Date				Date					
				Amount				Amount					
Date Loan was originally Incurred				M	D	Y	S	M	D	Y	S		
Registration Number, if PAC				M	D	Y	S	M	D	Y	S		
Employer/Occupation/Labor Organization*				M	D	Y	S	M	D	Y	S		
				M	D	Y	S	M	D	Y	S		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City			State		Zip Code								
				Loans Received This Period				Payments This Period					
				Date				Date					
				Amount				Amount					
Date Loan was originally Incurred				M	D	Y	S	M	D	Y	S		
Registration Number, if PAC				M	D	Y	S	M	D	Y	S		
Employer/Occupation/Labor Organization*				M	D	Y	S	M	D	Y	S		
				M	D	Y	S	M	D	Y	S		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance			
City			State		Zip Code								
				Loans Received This Period				Payments This Period					
				Date				Date					
				Amount				Amount					
Date Loan was originally Incurred				M	D	Y	S	M	D	Y	S		
Registration Number, if PAC				M	D	Y	S	M	D	Y	S		
Employer/Occupation/Labor Organization*				M	D	Y	S	M	D	Y	S		
				M	D	Y	S	M	D	Y	S		

* 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 \$ 12,000
- 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 \$ 12,000 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 05/05

Name of Committee in Full				
Citizens for John Chapman				
Full Name of Contributor Susan Hale for Mayor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 707 Hidden Valley Road		Description of Item or Service Advertising/Printing		M D Y Fair Market Value 1 0 2 0 1 7 8 8 1 4 43
City Cuyahoga Falls		State OH	Zip Code 44223	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor John Chapman		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 166 Michael Lane		Description of Item or Service Advertising		M D Y Fair Market Value 1 2 0 8 1 7 2 0 0 00
City Cuyahoga Falls		State OH	Zip Code 44223	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		M D Y Fair Market Value
City		State	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		M D Y Fair Market Value
City		State	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		M D Y Fair Market Value
City		State	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		M D Y Fair Market Value
City		State	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		M D Y Fair Market Value
City		State	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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]