



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 Hal DeSaussure		Treasurer Name Hal DeSaussure		Election Date (MM/DD/YYYY) 11/07/2017
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
<b>Amended Report</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	643.21
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	643.21
5. Total monetary expenditures (From Forms 31-B and 31-F)	304.48
6. Balance on hand (line 4 minus line 5)	338.73
7. Value of in-kind contributions received (From Form 31-J-1)	374.82
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	3000.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

2017 DEC 15 AM 10:42

#11520

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

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

*Hal DeSaussure, Treasurer*  
Signature of Treasurer or Deputy Treasurer

12/15/2017  
Date (MM/DD/YYYY)

Contribution Pages - 0 -	Expenditure Pages - 1 -	Other Pages - 2 -	Total Pages 4
-----------------------------	----------------------------	----------------------	------------------



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Hal DeSaussure			
To Whom Paid USA Quick Print		Date (MM/DD/YYYY) 11/08/2017	Amount 304.48
Street Address 409 3rd St. SW		Purpose Printing flyers	
City Canton	State OH	Zip Code 44702	Check Number 1004
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 304.48



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> 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 Ads		Date (MM/DD/YYYY) 10/31/2017
Fair Market Value 256.67				
City Hudson	State HI	Zip Code 44236	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Ads		Date (MM/DD/YYYY) 11/30/2017
Fair Market Value 118.15				
City Hudson	State HI	Zip Code 44236	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	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	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	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)]



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Re-Elect Hal DeSaussure for Council					
From Whom Received Hal DeSaussure				Prior Amount 3,000	Amt. Incurred this Period 0
Street Address 7563 Sugarbush Trail					Outstanding Balance 3,000
City Hudson	State OH	Zip Code 44236	<b>Loans Received This Period</b>	<b>Payments This Period</b>	
Date Loan was Originally Incurred (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
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	<b>Loans Received This Period</b>	<b>Payments This Period</b>	
Date Loan was Originally Incurred (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

\* 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).

Total Prior Amount \$ 3,000

Total Received This Period \$ 0 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 3,000 (also record on Form 30-A)