

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 Demi Drive		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 type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year
			<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 11 07 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(H) for details.

1. Amount brought forward from last report	\$	639	89
2. Total monetary contributions (From Form No. 31-A)	\$	—	—
3. Total other income (From Form No. 31-A-2)	\$	1200	00
4. Total funds available (sum of lines 1, 2, 3)	\$	1839	85
5. Total monetary expenditures (From Form No. 31-B)	\$	1395	73
6. Balance on hand (line 4 minus line 5)	\$	444	12
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)	\$	1600	00
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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SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 DEC 15 AM 8:54

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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

12-15-2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor ROBERT THEWES							Registration Number, if PAC		
Street Address 2229 Demi Drive			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.)		
City TWINSBURG		State OH	Zip Code 44087		M 11	D 01	Y 17	Amount \$1200	
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	
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
SUPER CHEAP SIGNS							0	23	17	\$303.00
Address				Purpose						
9200 Waterford Centre				CAMPAIGN SIGNS						
City			State	Zip Code	Check Number					
AUSTIN			TX	78758						
To Whom Paid							M	D	Y	Amount
BJ'S							1	1	09	\$64.43
Address				Purpose						
4365 RICHMOND ROAD				CAMPAIGN SUPPLIES						
City			State	Zip Code	Check Number					
Warrensville Heights			OH		1005					
To Whom Paid							M	D	Y	Amount
Suburban Press							1	1	02	1028.30
Address				Purpose						
3818 Lorain Ave				PRINT POSTCARDS AND MAILING						
City			State	Zip Code	Check Number					
Cleveland			OH	44113	1004					
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					

\$ 1395.73

Statement of Other Income

Prescribed by Secretary of State 2 01

Name of Committee in Full				Registration Number, if PAC			
Full Name	Type*	State	Zip Code	M	D	Y	Amount
ROBERT THEWES	L N			1	1	0	1200
2229 Demi Drive							
Twinsburg			44087				
Form (Cash, Check, etc.)							
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
City							
Form (Cash, Check, etc.)							
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
City							
Form (Cash, Check, etc.)							
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
City							
Form (Cash, Check, etc.)							
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
City							
Form (Cash, Check, etc.)							
Full Name				Registration Number, if PAC			
Address	Type*	State	Zip Code	M	D	Y	Amount
City							
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.

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		S		M		D		Y		S	
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		S		M		D		Y		S	
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		S		M		D		Y		S	
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			

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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)