

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Summit County Republican Golf PAC						Registration Number, if PAC		
Full Name of Candidate								
Street Address 1755 Merriman Rd. Suite 250					Office Sought		District	
City Akron					State OH		Zip Code 44313	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
						<input checked="" type="checkbox"/> 2016		Annual Year
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	D	Y

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.

#1081
AKRON, OHIO
2017 JUL 28 PM 4:13

1. Amount brought forward from last report	\$	384.65
2. Total monetary contributions (From Form No. 31-A)	\$	14,610.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	0
5. Total monetary expenditures (From Form No. 31-B)	\$	13,996.01
6. Balance on hand (line 4 minus line 5)	\$	998.64
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)	\$.
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

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.

Jeananne Chadsey, Treasurer

Jeananne Chadsey
Signature

7/28/2017

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Summit County Republican Golf PAC							
Full Name of Contributor Contributions from Form 31E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M 0	D 5	Y 1	Amount 14,610
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
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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Summit County Republican Golf PAC						Registration Number, if PAC OH1192						
Full Name of Contributor State Farm Agents and Associates PAC						Registration Number, if PAC OH1192						
Street Address 11413 Chester Rd.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Cincinnati			State OH	Zip Code 45246		0	3	2	3	1	7	\$1,200.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Robert Heffern						Registration Number, if PAC						
Street Address 1235 Romaine Dr.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Akron			State OH	Zip Code 44313		0	4	1	8	1	7	\$5,000.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Sean P. Dunn						Registration Number, if PAC						
Street Address 6057 Johnstown			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City New Albany			State OH	Zip Code 43054		0	5	0	1	1	7	\$500.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Philip Maynard						Registration Number, if PAC						
Street Address P.O. Box 277			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Mogadore			State OH	Zip Code 44260		0	4	2	9	1	7	\$100.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Tri-County Building Trades PCE						Registration Number, if PAC						
Street Address 272 W. Market St.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Akron			State OH	Zip Code 44303		0	4	1	8	1	7	\$1,000.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Ohio Grocers Association						Registration Number, if PAC OH1240						
Street Address 1335 Dublin Rd. Ste. 30-A			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Columbus			State OH	Zip Code 43215		0	4	1	8	1	7	\$250.00
Form (Cash, Check, etc.) Check												
Full Name of Contributor Thomas Knoll						Registration Number, if PAC						
Street Address 3475 Ridgewood Rd.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City Akron			State OH	Zip Code 44333		0	5	1	5	1	7	\$500.00
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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$8,550.00**

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			
Summit County Republican Golf PAC				C00003327			
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohio State Medical Association PAC				0	5	1	\$500.00
Street Address		City		Form (Cash, Check, etc.)			
5115 Parkcenter Ave.		Dublin		Check			
State		Zip Code					
OH		43017					
Full Name of Contributor				Registration Number, if PAC			
Andrew Minton							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohio State Medical Association PAC		Principal/Byers, Minton & Associates, LLC		0	5	0	\$500.00
Street Address		City		Form (Cash, Check, etc.)			
107 S. High St.		Columbus		Check			
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
William Roemer							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohioans for Mike Rasor				0	5	0	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
3616 Southern Rd.		Richfield		Check			
State		Zip Code					
OH		44286					
Full Name of Contributor				Registration Number, if PAC			
Ohioans for Mike Rasor							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohioans for Mike Rasor				0	5	1	\$500.00
Street Address		City		Form (Cash, Check, etc.)			
4312 Eagle Ave.		Stow		Check			
State		Zip Code					
OH		44224					
Full Name of Contributor				Registration Number, if PAC			
Danny Jones							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohioans for Mike Rasor		President, Capitol Consulting		0	5	1	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
8483 Torwoodlee Ct.		Dublin		Check			
State		Zip Code					
OH		43017					
Full Name of Contributor				Registration Number, if PAC			
Mike Gonidakis							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohioans for Mike Rasor		Owner, MLG Capitol Consulting		0	5	1	\$1,250.00
Street Address		City		Form (Cash, Check, etc.)			
6586 Baronscourt Loop		Dublin		Check			
State		Zip Code					
OH		43016					
Full Name of Contributor				Registration Number, if PAC			
James Francis							
Full Name of Contributor		Employer Occupation/Labor Organization*		M	D	Y	Amount
Ohioans for Mike Rasor		Retired		0	5	1	\$500.00
Street Address		City		Form (Cash, Check, etc.)			
4193 Meadowcreek Ln.		Copley		Check			
State		Zip Code					
OH		44321					

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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
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$3,600.00**

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			
Summit County Republican Golf PAC							
Full Name of Contributor Bryan C. Williams				Registration Number, if PAC			
Street Address 2834 Orchard Grove Court		Employer/Occupation/Labor Organization* Director, Assoc. Building		M	D	Y	Amount
				0	5	15	\$1,020.00
City Fairlawn		State OH	Zip Code 44333	Form (Cash, Check, etc.) Check			
Full Name of Contributor William Considine				Registration Number, if PAC			
Street Address 604 Merriman Rd.		Employer/Occupation/Labor Organization* CEO, Akron Children's Hospital		M	D	Y	Amount
				0	5	15	\$520.00
City Akron		State OH	Zip Code 44303	Form (Cash, Check, etc.) Check			
Full Name of Contributor Marshal Pitchford				Registration Number, if PAC			
Street Address 2165 Stockbridge Rd.		Employer/Occupation/Labor Organization* Partner/DiCaudo, Pitchford		M	D	Y	Amount
				0	5	15	\$500.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.)			
Full Name of Contributor Contributions of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							\$400.00
City		State OH	Zip Code	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Bob Heffern				Registration Number, if PAC			
Street Address 1235 Romaine Dr.		Employer/Occupation/Labor Organization* VP, Akron Legal News		M	D	Y	Amount
				0	4	18	\$20.00
City Akron		State OH	Zip Code 44313	Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,460.00**

FOR PAPER FILING ONLY
Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Summit County Republican Golf PAC									
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount
						0	5	17	11,937.23
Address				Purpose					
City		State	Zip Code	Check Number					
Akron		OH							
To Whom Paid Summit County Republican Party						M	D	Y	Amount
						0	6	17	2,000
Address 1755 Merriman Rd. Ste. 250				Purpose Contribution					
City		State	Zip Code	Check Number					
Akron		OH	44313	104					
To Whom Paid Harland Clarke Check Order						M	D	Y	Amount
						0	4	17	40.78
Address 15955 La Cantera Parkway				Purpose Checks					
City		State	Zip Code	Check Number					
San Antonio		TX	78256						
To Whom Paid US Bank						M	D	Y	Amount
						0	1	17	3.00
Address P.O. Box 1800				Purpose Bank Fee					
City		State	Zip Code	Check Number					
St. Paul		MN	55101	Direct With					
To Whom Paid US Bank						M	D	Y	Amount
						0	2	17	5.00
Address P.O. Box 1800				Purpose Bank Fee					
City		State	Zip Code	Check Number					
St. Paul		MN	55101	Direct With					
To Whom Paid US Bank						M	D	Y	Amount
						0	3	17	5.00
Address P.O. Box 1800				Purpose Bank Fee					
City		State	Zip Code	Check Number					
St. Paul		MN	55101	Direct With					
To Whom Paid US Bank						M	D	Y	Amount
						0	4	17	5.00
Address P.O. Box 1800				Purpose Bank Fee					
City		State	Zip Code	Check Number					
St. Paul		MN		Direct With					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Summit County Republican Golf PAC							
To Whom Paid Alphagraphics				M	D	Y	Amount
				0	4	0117	\$503.11
Address 19645 Progress Drive		Purpose Printing					
City Strongsville	State OH	Zip Code 44149	Check Number 1510				
To Whom Paid Portage Country Club				M	D	Y	Amount
				0	6	0617	\$9,148.80
Address 240 North Portage Path		Purpose Food/Greens Fees/Golf Prizes					
City Akron	State OH	Zip Code 44303	Check Number 103				
To Whom Paid USPS				M	D	Y	Amount
				0	4	0117	\$132.30
Address 4735 Massillon Rd.		Purpose Postage					
City Green	State OH	Zip Code 44720	Check Number Cash				
To Whom Paid Jeananne Chadsey				M	D	Y	Amount
				0	5	3117	\$2,061.00
Address 5002 Timbercreek Cir.		Purpose Fundraising Consulting					
City North Canton	State OH	Zip Code 44720	Check Number 102				
To Whom Paid Alphagraphics				M	D	Y	Amount
				0	5	1217	\$92.02
Address 19645 Progress Dr.		Purpose Signage					
City Strongsville	State OH	Zip Code 44149	Check Number 101				
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
OH							
To Whom Paid				M	D	Y	Amount
Address							
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.

\$11,937.23
 Page Total \$ _____