



#2813 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

2019 JAN 30 PM 3:44

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) 11/07/17

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	338.73
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)	338.73
5. Total monetary expenditures (From Forms 31-B and 31-F)	338.73
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
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

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.


Signature of Treasurer or Deputy Treasurer

01/30/2019
Date (MM/DD/YYYY)

Contribution Pages

- 0 -

Expenditure Pages

- 1 -

Other Pages

- 1 -

Total Pages

BOARD OF DIRECTORS
GENERAL COUNCIL
OFFICIAL COPY



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Re-Elect Hal DeSaussure for Council			
To Whom Paid Hal DeSaussure		Date (MM/DD/YYYY) 12/19/2017	Amount 338.73
Street Address 7563 Sugarbush Trail		Purpose Re-payment of loan	
City Hudson	State OH	Zip Code 44236	Check Number 1005
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 \$ 338.73



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee 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 FORGIVEN
City Hudson	State OH	Zip Code 44236	Loans Received This Period		Payments This Period
	Date Loan was Originally Incurred (MM/DD/YYYY) 08/24/2017		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 12/19/2017
					338.73
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	Loans Received This Period		Payments This Period
	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)
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)

* 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 \$ 338.73 (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on Form 30-A)

