



Committee Name <i>FRIENDS OF ROBERT THEWES</i>		Office Sought		District
Street Address <i>2229 Demi Dr</i>		City <i>Twinsburg</i>	State <i>OH</i>	Zip <i>44087</i>
Candidate Name OR PAC Registration Number <i>ROBERT THEWES</i>		Treasurer Name <i>ROBERT THEWES - TREASURER</i>		Election Date (MM/DD/YYYY) <i>11/07/2017</i>

Type of Report (choose one):

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

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report	<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	<i>444.17</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	—
3. Total other income (From Form 31-A-2)	—
4. Total funds available (sum of lines 1, 2, 3)	<i>444.17</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>444.17</i>
6. Balance on hand (line 4 minus line 5)	<i>0</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 29 PM 1:36

BOARD OF ELECTIONS
AKRON, OHIO

#2689 Avr

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

Robert Thewes - Treasurer

Signature of Treasurer or Deputy Treasurer

01/24/2019

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
--------------------	-------------------	-------------	-------------



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>FRIENDS OF ROBERT TREWES</i>				
To Whom Paid <i>BARBARA TREWES</i>		Date (MM/DD/YYYY)	Amount <i>396.17</i>	
Street Address <i>2229 Demi Drive</i>		Purpose <i>REPAY LOAN</i>		
City <i>TWINSBURG</i>	State <i>OH</i>	Zip Code <i>44087</i>	Check Number <i>1003</i>	
To Whom Paid <i>CITIZENS BANK</i>		Date (MM/DD/YYYY)	Amount <i>48.00</i>	
Street Address <i>8968 Darrow Road</i>		Purpose <i>SERVICE CHARGES</i>		
City <i>TWINSBURG</i>	State <i>OH</i>	Zip Code <i>44087</i>	Check Number <i>NON</i>	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	

Page Total \$ *444.17*