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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Tom Weidman</b>						Registration Number, if PAC					
Full Name of Candidate <b>Tom Weidman</b>											
Street Address <b>8180 Kemperridge Ct</b>						Office Sought <b>Trustee</b>			District <b>Svc Twp</b>		
City <b>Cincinnati</b>						State <b>O   H</b>		Zip Code <b>45249-2249</b>			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year <b>2017</b>	
		July		August		September				Semiannual	
		Monthly		Monthly		Monthly		Termination			
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	
						1	1	0	7	1	7

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 at 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	\$	37,646.17
2. Total monetary contributions (From Form No. 31-A)	\$	27,289.65
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	64,935.82
5. Total monetary expenditures (From Form No. 31-B)	\$	25,959.99
6. Balance on hand (line 4 minus line 5)	\$	38,975.83
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)	\$	2,620.46
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	\$	

**HAMILTON COUNTY  
BOARD OF ELECTIONS  
2017 DEC 14 AM 11:12**

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

**James F. Eichmann, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

*James F. Eichmann*

12/15/2017

Date

Contribution pages 2

Expenditure pages 1

Other pages 45

Total pages 48

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Tom Weidman</b>							
Full Name of Contributor <b>Jeffery Anderson</b>					Registration Number, if PAC		
Street Address <b>3825 Edwards Road, #200</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45209</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>2,500.00</b>	
Full Name of Contributor <b>David Peterson</b>					Registration Number, if PAC		
Street Address <b>4156 Shelbyville Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Louisville</b>	State <b>K   Y</b>	Zip Code <b>40207</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>2,500.00</b>	
Full Name of Contributor <b>Michael Zicka</b>					Registration Number, if PAC		
Street Address <b>7681 East Kemper Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45249</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Jared Davis</b>					Registration Number, if PAC		
Street Address <b>7755 Montgomery Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45236</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>2,500.00</b>	
Full Name of Contributor <b>Ohio PAC #739</b>					Registration Number, if PAC		
Street Address <b>7265 Montgomery Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45236</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Hamilton County Republican Party</b>					Registration Number, if PAC		
Street Address <b>700 Walnut Street, #309</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45202</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>1,600.00</b>	
Full Name of Contributor <b>Robert Cambruzzi</b>					Registration Number, if PAC		
Street Address <b>4665 East Galbraith Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45236</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>1,500.00</b>	
Full Name of Contributor <b>Friends of Jonathan Dever</b>					Registration Number, if PAC		
Street Address <b>632 Vine Street, #805</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45202</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>1,000.00</b>	

\* 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 appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Tom Weidman</b>							
Full Name of Contributor <b>Ed Keady</b>					Registration Number, if PAC		
Street Address <b>4156 Shelbyville Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Louisville</b>	State <b>K   Y</b>	Zip Code <b>40207</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   7</b>	Amount <b>2,500.00</b>	
Full Name of Contributor <b>Frank Kling</b>					Registration Number, if PAC		
Street Address <b>1800 River Heights Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Villa Hills</b>	State <b>K   Y</b>	Zip Code <b>41017</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>1   7</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Carriage Encore 2, LLC, Kathy Bergen</b>					Registration Number, if PAC		
Street Address <b>226 East 8th Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45202</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>1   7</b>	Amount <b>10,000.00</b>	
Full Name of Contributor <b>Spectrum Reach (Charter Communications) - Ad Refund</b>					Registration Number, if PAC		
Street Address <b>12405 Powerscourt Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>St. Louis</b>	State <b>M   O</b>	Zip Code <b>63131</b>	M <b>1   2</b>	D <b>0   8</b>	Y <b>1   7</b>	Amount <b>939.65</b>	
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	

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Tom Weidman</b>												
To Whom Paid <b>Tammy Adelhardt</b>						M	D	Y	Amount			
						1	0	2	6	1	7	2,058.68
Address <b>6191 Charity Drive</b>			Purpose <b>Graphic Design</b>									
City <b>Cincinnati</b>			State <b>O</b>	H	Zip Code <b>45248</b>	Check Number <b>1510</b>						
To Whom Paid <b>United Mail</b>						M	D	Y	Amount			
						1	0	2	6	1	7	1,957.75
Address <b>1221 Harrison Avenue</b>			Purpose <b>Mail Piece</b>									
City <b>Cincinnati</b>			State <b>O</b>	H	Zip Code <b>45214</b>	Check Number <b>1511</b>						
To Whom Paid <b>Spectrun Reach ( Charter Communications)</b>						M	D	Y	Amount			
						1	0	3	0	1	7	10,741.00
Address <b>12405 Powerscourt Drive</b>			Purpose <b>TV/Digital Ads</b>									
City <b>St. Louis</b>			State <b>M</b>	O	Zip Code <b>63131</b>	Check Number <b>1512</b>						
To Whom Paid <b>Commission to Keep Bishop Trustee</b>						M	D	Y	Amount			
						1	1	2	0	1	7	1,413.12
Address <b>7145 Nodding Way</b>			Purpose <b>Contribution</b>									
City <b>Cincinnati</b>			State <b>O</b>	H	Zip Code <b>45243</b>	Check Number <b>1513</b>						
To Whom Paid <b>Tammy Adelhardt</b>						M	D	Y	Amount			
						1	2	0	8	1	7	82.10
Address <b>6191 Charity Drive</b>			Purpose <b>Graphic Design</b>									
City <b>Cincinnati</b>			State <b>O</b>	H	Zip Code <b>45248</b>	Check Number <b>1514</b>						
To Whom Paid <b>Eric Hampton</b>						M	D	Y	Amount			
						1	2	0	8	1	7	300.00
Address <b>20481 Edelweiss Lane</b>			Purpose <b>Edit Commercials</b>									
City <b>Lawrenceberg</b>			State <b>I</b>	N	Zip Code <b>47025</b>	Check Number <b>1515</b>						
To Whom Paid <b>Tom Weidman</b>						M	D	Y	Amount			
						1	2	0	8	1	7	9,407.34
Address <b>8180 Kemper Ridge Court</b>			Purpose <b>See Attached AmEx Expense Receipts</b>									
City <b>Cincinnati</b>			State <b>O</b>	H	Zip Code <b>45249</b>	Check Number <b>1516</b>						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State	Zip Code	Check Number							

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Tom Weidman</b>											
From Whom Received						Prior Amount		Amt. Incurred this Period			
						2,620.46		0.00			
Address								Outstanding Balance			
								2,620.46			
City	State	Zip Code		Loans Received This Period			Payments This Period				
				Date		Amount	Date		Amount		
<b>Date Loan was originally Incurred</b>	M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period			
LOAN from Tom Weidman								0.00			
Address								Outstanding Balance			
8189 Kemper Ridge Court								2,620.46			
City	State	Zip Code		Loans Received This Period			Payments This Period				
Cincinnati	OH	45249		Date		Amount	Date		Amount		
<b>Date Loan was originally Incurred</b>	M	D	Y	M	D	Y	\$	M	D	Y	\$
	0	6	2	3	1	4	1659.29				
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period			
LOAN from Tom Weidman								0.00			
Address								Outstanding Balance			
8189 Kemper Ridge Court								2,620.46			
City	State	Zip Code		Loans Received This Period			Payments This Period				
Cincinnati	OH	45249		Date		Amount	Date		Amount		
<b>Date Loan was originally Incurred</b>	M	D	Y	M	D	Y	\$	M	D	Y	\$
	0	6	2	6	1	4	961.13				
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 2,620.46
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,620.46 (To Form No. 30-A)