30-A R.C. 3517.10 REMITING 4

## **Ohio Campaign Finance Report**

							Registra	tion Num	iber, if P.	AC	
Citizens for To	m Weidman										
Ill Name of Candidate	in rreidinar										
Tom Weidman											
reet Address		,	····	····	Office Sought				District	:	
8180 Kemperrid	ge Ct				Trustee				Syc	c Twp	)
ity						S	tate	Zip Cod	le		
Cincinnati						0	H	452	249-27	249	
						v				Annual	Ycar
ype of Report	Pre-Primary		Post-Primary	P	re-General	Х	Post-Ge	neral	<u></u>	201	
lace X to the left of report	July		August	1 (	eptember		1.			Semian	nual
pe)	Monthly		Monthly	N	Monthly		Termina		<u> </u>		
mended Report?		port Electronicall					M		D		Y -
∐ Yes ⊡	No	∐ Yes	☑ No	Date of El	ection	1	1 1	0	7	1	7
	1. Amount brought for	rward from last	report	e de maril de la company			37,64	6.17	1		
					\$				1		
					\$						
	2. Total monetary con	tributions (From	Form No. 31-A)		- In		27,28	39.65	4		
	3. Total other income	(From Form No.	.31-A-2)		\$						
	\$ 	64,935.82									
	5. Total monetary exp	ænditures (From	Form No. 31-B)		\$		25,95	9.99			
	6. Balance on band (I	line 4 minus line	5)		\$	38,975.8					80 A
	o. Dalairee oir nana (i			ALL THE RULE OF MARKET LANGUES					1		
		ontributions recei	ived (From Form No.	31-1-1)	\$					) EC /	80 g
					\$ \$					JEC 14 "	Sp. John
	7. Value of in-kind co	ontributions mad	e (From Form No. 31	J-2)			2,62	20.46	1 -	2017 DEC 14 AMIL.	PD OF POUN
	7. Value of in-kind co 8. Value of in-kind co 9. Outstanding loans	ontributions mad	e (From Form No. 31	-1-2), 31-C)	\$	•	2,62	20.46	1 -	EC 14 AMIL.	OF FOUNTY
	7. Value of in-kind co 8. Value of in-kind co 9. Outstanding loans 10. Outstanding debt	ontributions mad owed by commit	e (From Form No. 31 ttee (From Form No. 1	-J-2), 31-C) (31-N)	\$ \$		2,62	20.46	1 -	PEC 14 AMIL	TO OF POUNTY
	7. Value of in-kind co 8. Value of in-kind co 9. Outstanding loans 10. Outstanding debts	owed by commit s owed by commit s owed by commits s owed to commits	e (From Form No. 31 ttee (From Form No. 1 ttee (From Form No. 1 ttee (From Form No. 1)	-1-2) 31-C) (31-N) 31-K)	\$ \$ \$		2,62	20.46	1 -	PEC 14 AMIL	D OF ELOUNTY
	7. Value of in-kind co 8. Value of in-kind co 9. Outstanding loans 10. Outstanding debts	owed by commits owed by commits owed to commit	e (From Form No. 31 ttee (From Form No. 1 titee (From Form No. 1 titee (From Form No. 1 ttee (From Form No. 1 ts made (From Form 1	-1-2) 31-C) (31-N) 31-K)	\$ \$ \$ \$		2,62	20.46	1 -	EC 14 AMIL	OF FIGURY Y

#### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Tom Weidman Full Name of Contributor				Danista	tioni Mana	has CDA	^		
				Kegisira	tion Num	oer, ii PA			
Jeffery Anderson Street Address	Employe	-/O-20170	ation/Labor Organization*				C (O-1- C	V ( +- \	
	Employe	r/Occupa	mon/Labor Organization"				Form (Cash, C	heck, etc.)	
3825 Edwards Road, #200	<del> </del>		r: 0.1	1	r =	T	Check	· · · · · · · · · · · · · · · · · · ·	
	Str	ate H	Zip Code	M	D	Y	Amount	0.00.00	
Cincinnati Full Name of Contributor	0	11	45209	1 0	19	1 7		2,500.00	
,				Kegisira	tion Num	per, il PA	.C		
David Peterson	1								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
4156 Shelbyville Road							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Louisville	K	Y	40207	10	19	1 7		2,500.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Michael Zicka									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)	
7681 East Kemper Road							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Cincinnati	0	Н	45249	10	19	1 7		1,000.00	
Full Name of Contributor	,			Registra	tion Num	ber, if PA	C		
Jared Davis									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)	
7755 Montgomery Road							Check		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Cincinnati	0	Н	45236	110	1 9	1 7		2,500.00	
Full Name of Contributor	·			Registra	tion Num	ber, it PA	C		
Ohio PAC #739									
Street Address	Employe	r/Occupa	ation/Labor Organization*	. Representation	***********		Form (Cash, C	heck, etc.)	
7265 Montgomery Road							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Cincinnati	01	Н	45236	10	1 9	1 7		250.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	c	<del></del>	
Hamilton County Republican Party				1					
Street Address	Employe	r/Occupa	tion/Labor Organization*	. <b>L</b>			Form (Cash, C	heck, etc.)	
700 Walnut Street, #309							Check		
City	Sta	nte	Zip Code	М	D	Y	Amount		
Cincinnati		Н	45202	110	1 9	1   7		1,600.00	
Full Name of Contributor			1		tion Num	-	C		
Robert Cambruzzi									
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, C	Check, etc.)	
4665 East Galbraith Road			· · · · · · · · · · · · · · · · · · ·				Check		
City	Sta	nte	Zip Code	M	D	Y	Amount	<del></del>	
Cincinnati	0	H	45236	10	1 9	1 7		1,500.00	
Full Name of Contributor	1,0		1 20200		tion Num		c	1,000.00	
Friends of Jonathan Dever						-, , • ·			
Street Address	Employe	r/Occurr	ation/Labor Organization*	<u> </u>		<del></del>	Form (Cash, C	heck, etc.)	
632 Vine Street, #805	F						Check		
City City	St	ate	Zip Code	М	D	Υ	Amount		
Cincinnati		H	45202	1 .	19			1,000.00	
Culturian	$\perp$		1 70404	TIL	リエーブ	111/		1,000.00	

\* 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)]

Page Total S 12,850.00

#### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								<del></del>		
Citizens for Tom Weidman										
Full Name of Contributor				Daniet	ration	Mum	ber, if P/	VC .		
Ed Keady				registi	anon	i isulii	oet, it tr	i.C		
Street Address	Employe	r/Occum	tion/Labor Organization*				<del></del>	Form (Coch	Check, etc.)	
4156 Shelbyville Road	Simpleye	посопра	mon bacon organization					Checl		
City	Sta	ote.	Zip Code	М	1	D	Y	Amount		
Louisville	K	Y	40207	110	- 1		1 7	Milouit	2,500.00	
Full Name of Contributor	<u> </u>				_	_	ber, if P/	IC.	/	
Frank Kling										
Street Address	Employe	r/Occupa	tion/Labor Organization*	<b></b>				Form (Cash	Check, etc.)	
1800 River Heights Lane								Checl	ć	
City	Sta	ite	Zip Code	М	T	D	Y	Amount		
Villa Hills	K	Y	41017	110	1/2	6	1 7		1,000.00	
Full Name of Contributor	<u></u>						ber, if PA	/C		
Carriage Encore 2, LLC, Kathy Bergen				1						
Street Address	Employe	r/Occupa	tion/Labor Organization*	·				Form (Cash,	Check, etc.)	
226 East 8th Street								Checl	c	
City	Sta	ite	Zip Code	M	T	D	Y	Amount		
Cincinnati	0	Η,	45202	110	12	6	1 7	l	10,000.00	
Full Name of Contributor							ber, if PA	/C		
Spectrum Reach (Charter Communicati	ions) -	Ad E	Refund	1						
Street Address			tion/Labor Organization*	. L	<del></del>			Form (Cash,	Check, etc.)	
12405 Powerscourt Drive								Check		
City	Sta	ite	Zip Code	M		D	Υ	Amount		
St. Louis	M	O	63131	1 2	20	8	1 7		939.65	
Full Name of Contributor							ber, if PA	/C		
Street Address	Employe	г/Осспра	tion/Labor Organization*					Form (Cash, Check, etc.)		
			and the second s					l		
City	Sta	ite	Zîp Code	M	Τ	D	Y	Amount		
Full Name of Contributor				Registr	ration	Num	ber, if P/	/C		
e de la companya de l				1						
Street Address	Employe	r/Occupa	tion/Labor Organization*					Form (Cash	Check, etc.)	
City	Sta	ite	Zip Code	М	T	D	Y	Amount		
Full Name of Contributor				Registi	ration	Num	ber, if PA	/C		
Street Address	Employe	r/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)		
City	Sta	ate	Zip Code	М		D	Y	Amount		
						<u> </u>				
Full Name of Contributor				Registr	ration	Num	ber, if P	/C		
Street Address	Employe	τ/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)		
City	St	ate	Zip Code	М	T	D	Y	Amount		
								- 4 1		

\* 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)]

Page Total \$ 14,439.65

# **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Tom Weidman				
To Whom Paid			M D Y	Amount
Tammy Adelhardt			1 0 2 6 1 7	
Address	Purpose		11/0/2/0/1//	2,000.00
6191 Charity Drive	Graphic	Design		
City	State	Zip Code	Check Number	
Cincinnati	OIH	45248	1510	
To Whom Paid	1 1 2 2 2	10210	M D Y	Amount
United Mail			102617	
Address	Purpose		11 0 2 0 1 /	1,707.70
1221 Harrison Avenue	Mail Pie	ece		
City	State	Zip Code	Check Number	
Cincinnati	OH	45214	1511	
To Whom Paid			M D Y	Amount
Spectrun Reach (Charter Communicati	ions)		103017	10,741.00
Address	Purpose			
12405 Powerscourt Drive	TV/Dig	ital Ads		
City	State	Zip Code	Check Number	
St. Louis	MIO	63131	1512	
To Whom Paid			M D Y	Amount
Commission to Keep Bishop Trustee			1 1 2 0 1 7	1,413.12
Address	Ригроѕе	**************************************		2/220:22
7145 Nodding Way	Contrib	ution		
City	State	Zip Code	Check Number	
Cincinnati	OH	45243	1513	
To Whom Paid			M D Y	Amount
Tammy Adelhardt			1 2 0 8 1 7	82.10
Address	Purpose	2200 1		
6191 Charity Drive	Graphic			
City	State	Zip Code	Check Number	
Cincinnati	$O \mid H$	45248	1514	
To Whom Paid			M D Y	Amount
Eric Hampton			1 2 0 8 1 7	300.00
Address	Purpose			
20481 Edelweiss Lane		mmercials		
City	State	Zip Code	Check Number	
Lawrenceberg To Whom Paid	IN	47025	1515	
			M D Y	Amount
Tom Weidman Address	In .		1 2 0 8 1 7	9,407.34
	Purpose	4.4 4 7 7	D . 1 .	
8180 Kemper Ridge Court		ched AmEx Expense		
Cincinnati	State	Zip Code	Check Number	
To Whom Paid	$O \mid H$	45249	1516	
to whom taid			M D Y	Amount
Address	In.			<u> </u>
Audi Coo	Purpose			
City	State	Zip Code	Check Number	
	Jule	Eip Code	CHECK INDIFFER	
	I	1	1	

	_
Page_	<u> I</u>

### **Statement of Loans Received**

Prescribed by Secretary of State3/05

					P	rescribed	by S	ccret	ary of t	State3/05					
Full Name of Committee			·												
Citizens for Tom Weig	dman														
From Whom Received	-										Prior A	unount	*	Aint, Incurred	this Period
													620.46	5	0.00
Address						·						/	020.10	Outstanding Ba	
														Cutstanding D	2,620.46
City	State	Zip Co	ode	T	Lo	ans Rece	ived	This	Perio	<u> </u>			Dave	ments This Perio	
		İ		ı		Date	.,		2 0210	Amount		D:	rayı ate		n nount
Date Loan was originally Incurred	М	D	Y	]	М	D	Τ	Y	\$		М	D	Y	s	iloun.
Registration Number, if PAC	1		<del>- L -   -</del>	†	М	D	T	Y	$\dagger$		М	D	Y	<u> </u>	
Employer/Occupation/Labor Organization*				+	M	D	╁	Y	╀┈		M	D	Y	<del>                                     </del>	
				1		1 1		1	1			1			
From Whom Received											Prior A	mount		Amt. Incurred t	his Parind
LOAN from Tom Wei	dmar	ì										ano ant		Tanti montrou t	0.00
Address									····	<del>, i , , , , , , , , , , , , , , , , , ,</del>				Outstanding Ba	
8189 Kemper Ridge Co	ourt													Catsunding Da	2,620.46
City		Zip Co	de	T	Lo	ıns Rece	ived '	This	Period			······································	77		
Cincinnati	OH			1	200	Date		1 1113	1 11100	Àmount		Da	-	nents This Period	ı 10unt
Date Loan was originally	M	D	Y	1	M	D	T	Ý	s		M	T D	Y	s	Kant
Incurred	0 6	213	3 1 4							1659.29					
Registration Number, if PAC		<u> </u>	<del>- 1 - 1</del> -	****	м	D		Y		1007.27	М	D D	Y		
Employer/Occupation/Labor Organization*	***************************************			<del>-</del>	M	D	+-,	<u>-</u>	<b> </b>	7,71	M	D	1		
7,			٠.	,	**			į	l		IVI	1 4	Υ	1	
From Whom Received		-	<del> </del>	-	٠,,,,	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ		Date A		1,,		
LOAN from Tom Wei	dman	ı									Prior A	iiiouiii		Amt. Incurred t	
Address	annan		<del>,</del>	<del></del>		<del></del>									0.00
8189 Kemper Ridge Co	riant													Outstanding Ba	
City		Zip Co	de	-											2,620.46
Cincinnati	ОН	1		ı	LO	ns Recei Date	ved .	l nis .	l'ertod	Amount		75.	~	ients This Period	
Date Loan was originally	M	D	Y	+,	vi I	Date	1 3	·	e	Amount	10	Da	<del></del>	An	ount
Incurred	0 6	i	5   1   4		1	1 .		4	٥	961.13	М	D	Y	5	
Registration Number, if PAC	UU	1410	71.1.	± U	_	<u>           </u>	+		-	901.13		╅┷	+	1	
					"		Ι,	1	ŀ	• •	М	D	Y		
Employer/Occupation/Labor Organization*	<del></del>		<del></del>	- N		D	+,	ــــــــــــــــــــــــــــــــــــــ	<del> </del>		14	╅		ļ.,	
organization				1 "	V1		'	1			М	D	Y		
	<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		1		<u></u>	1	<u></u>						
* Required for contributions over \$100 to st	atewide a	nd gene	ral assemi	oly ca	ndida	les. If cor	tribu	tor is	self-c	nployed, occupation and	I the nar	ne of the	individual's	s business,	
if any, rather than employer should be listed	l. If two o	rmore e	mployees	donat	e via p	ayroll de	đucti	on ar	id exce	ed the aggregate of \$10	0, the lat	bor organ	ization of v	which	
the employees are members, if any, must ap	pear. R.C	. 3517.	10(B)(4)								•				
	•														
If a loan is forgiven, write "Forgiven" in the	"Outstand	dino Ral	ancell sha	e Tr	nnefor	total of	11 1.50	MC FA	onicad	this maried to the State-		<b>``*</b>	- (F	N- 21 A 2)	
Transfer total of all payments made in this p	remod to t	ha Stata	mant of E		nitatet	(Carora	24 M TO	י לכווי	L C	uns period to the Staten	nent of C	Mer inco	me (rom	No. 31-A-2).	
riansor total of an payments made in titls p	oction to t	ne state	ment of C	xpeno	ntures	(rom N	0. 31	-B).	Lranst	er Lotal Outstanding Ba	iance to	the cover	page (Fon	m No. 30-A).	
1 Total prior amount \$		2,6	520.46	_											
2 Total received this period \$				0.	.00	(To For	m No	o. 31-	-A-2)						
3 Total Payments this Period \$				Λ	ഹ	(also re				mi.					