

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Judge Joan Synenberg Committee						Registration Number, if PAC.				
Full Name of Candidate Joan Synenberg										
Street Address [REDACTED]					Office Sought CCP FTC 1/12/17		District Cuyahoga			
City [REDACTED]						State OH	Zip Code [REDACTED]			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election	M	0	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.

1. Amount brought forward from last report	\$	\$1,085.76	✓
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,200.00	✓
3. Total other income (From Form No. 31-A-2)	\$	\$0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$3,285.76	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	\$80.00	✓
6. Balance on hand (line 4 minus line 5)	\$	\$3,205.76	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$84,000.00	✓
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00	
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0.00	

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.

Roger Synenberg

Roger Synenberg

3/3/16

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 2 inc.

Total pages 8 4

This
03/07/16 AM 11:43 CPS

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor JAMES McMONAZLE						Registration Number, if PAC	
Street Address 7300 Stump Hollow Lane				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chapin Falls		State OHIO	Zip Code 44027		M 0	D 1	Y 8
						Amount 500-	
Full Name of Contributor LAWRENCE ACTON SR.						Registration Number, if PAC	
Street Address P.O. BOX 907				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City CUYAHOGA FALLS		State OHIO	Zip Code 44223		M	D	Y
						Amount 600.00	
Full Name of Contributor JIM MACK						Registration Number, if PAC	
Street Address 815 Superior Ave E				Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check	
City Cleveland		State OHIO	Zip Code 44114		M 0	D 2	Y 0
						Amount 500.00	
Full Name of Contributor Heat & Frost Insulators & Allied Workers, Local No. 3						Registration Number, if PAC	
Street Address 1617 E. 30th				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cleveland		State OH	Zip Code 44114		M 0	D 2	Y 1
						Amount 500-	
Full Name of Contributor JOHN BURKE						Registration Number, if PAC	
Street Address 2916 Fairmount Blvd				Employer/Occupation/Labor Organization* SELF		Form (Cash, Check, etc.)	
City Cleveland Hts.		State OHIO	Zip Code 44118		M 9	D 2	Y 1
						Amount 100-	
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	

* 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 lab organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Re-Elect Judge Joan Synenberg Committee							
To Whom Paid			M	D	Y	Amount	
Roger Synenberg			0	6	10	16	\$80.00
Address		Purpose					
[REDACTED]		reimbursement					
City		State	Zip Code		Check Number		
[REDACTED]		OH	[REDACTED]		1378		
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid			M	D	Y	Amount	

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Judge Joan Synenberg											
From Whom Received Roger Synenberg							Prior Amount \$84,000.00		Amt. Incurred this Period \$0.00		
Address [REDACTED]							Outstanding Balance \$84,000.00				
City [REDACTED]		State OH	Zip Code 44106		Loans Received This Period			Payments This Period			
					Date	Amount		Date	Amount		
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y
06			9	5				\$0.00			
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		
Address							Outstanding Balance				
City		State	Zip Code		Loans Received This Period			Payments This Period			
		OH			Date	Amount		Date	Amount		
Date Loan was originally incurred		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		
Address							Outstanding Balance				
City		State	Zip Code		Loans Received This Period			Payments This Period			
		OH			Date	Amount		Date	Amount		
Date Loan was originally incurred		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

* 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).

- 1 Total prior amount \$ \$84,000.00
- 2 Total received this period \$ \$0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$84,000.00 (To Form No. 30-A)