

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ONWARD OHIO

ADDRESS (number and street)

4679 WINTERSET DRIVE

Check if different
than previously
reported. (ACC)

COLUMBUS

OH

43220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00629857

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lycan, Eric, D., ,

Type or Print Name of Treasurer

Signature of Treasurer

Lycan, Eric, D., ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ONWARD OHIO

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		926798.95
(b) Cash on Hand at Beginning of Reporting Period.....	926798.95	
(c) Total Receipts (from Line 19)	14300.00	14300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	941098.95	941098.95
7. Total Disbursements (from Line 31).....	131623.74	131623.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	809475.21	809475.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ONWARD OHIO

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2017

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13050.00

13050.00

(ii) Unitemized

1250.00

1250.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

14300.00

14300.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

14300.00

14300.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

14300.00

14300.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

14300.00

14300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	131273.74	131273.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	131273.74	131273.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	350.00	350.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	131623.74	131623.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131623.74	131623.74

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14300.00	14300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14300.00	14300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	131273.74	131273.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	131273.74	131273.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Belknap, David, S., ,

Mailing Address 2301 N Orchard RE NE

City
BolivarState
OHZip Code
44612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Belknap Belknap & Briggs Chiro

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowen, Richard, L., ,

Mailing Address 13000 Shaker Blvd

City
ClevelandState
OHZip Code
44120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Richard L. Bowen & Associates

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2017

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

7500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cheattle, Jason, A., ,

Mailing Address 940 30th St NW

City
MassillonState
OHZip Code
44647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cheattle Chiropractic and Rehab

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Todd, , ,

Mailing Address 200 W Lincoln Way

City
Minerva

State
OH

Zip Code
44657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dunn, Daryle, R., ,

Mailing Address 4160 Melton Ave

City
Akron

State
OH

Zip Code
44319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fedorko, Jeffrey, S., ,

Mailing Address 7572 Arlington Ave NW

City
Massilon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fedorko Chiropractic Center

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foughty, Joan, L., ,

Mailing Address 303 Fenchurch Circle NE

City

North Canton

State

OH

Zip Code

44720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gloekler, Norman, J., ,

Mailing Address 3170 Lake Road

City

Conneaut

State

OH

Zip Code

44030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gloekler Chiropractor

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jajuga, Michael, P., ,

Mailing Address 10300 Herald Hwy

City

Addison

State

MI

Zip Code

49220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foundation Chiropractic Clinic

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4309

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knight, Susan, E., ,

Mailing Address 6213 Rockside Circle NW

City
Canton

State
OH

Zip Code
44718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Koinoglou, Nick, G., ,

Mailing Address 2794 Shillingford Cir NW

City

North Canton

State
OH

Zip Code
44720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Family Health PhysicalMedicine

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lyons, Chris, A., ,

Mailing Address 8538 Ivy Hill Drive

City

Poland

State
OH

Zip Code
44514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Chiropractic and Reha

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2017

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Novelli, Timothy, P., ,

Mailing Address 525 North Main St

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dr. Timothy Novelli North Cant

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perduk, Ambrose, , , Jr.

Mailing Address 1013 Stone Crossing St NE

City
CantonState
OHZip Code
44721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ambrose, Perduk, DC

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Powell, James, D., ,

Mailing Address 6088 Kinloch Court Cir NW

City
MassillonState
OHZip Code
44646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Powell Chiropractic Center

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmidt, Otto, J, ,

Mailing Address 2960 Whitacre Cir

City

Brecksville

State

OH

Zip Code

44141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pleasant Valley Chiropractor

Occupation (for Individual)

Chiropractor

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shiepis, George, , ,

Mailing Address 2756 Cleveland Ave NW

City

Canton

State

OH

Zip Code

44709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Shiepis Clinic of Chiropractor

Occupation (for Individual)

Chiropractor

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sprandel, Kim, D., ,

Mailing Address 205 Samoa Dr

City

Akron

State

OH

Zip Code

44319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sprandel Chiropractic Center

Occupation (for Individual)

Chiropractor

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Richard, , ,

Mailing Address 551 S Grant Ave

City
Columbus

State
OH

Zip Code
43206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
German Village Chiropractors

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tocco, Salvator, J., ,

Mailing Address 30972 Walden Dr

City
Westlake

State
OH

Zip Code
44145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tocco Chiropractic and Rehabil

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vargo, Ronald, , ,

Mailing Address 2524 Spade Road

City
Uniontown

State
OH

Zip Code
44685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bright and Vargo

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yang, Charles, T., ,

Mailing Address 8537 Regency Dr NW

City
Massilon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Perry Chiropractic and Therapy

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zaika, Jeff, , ,

Mailing Address 1221 Hathaway Rd

City
Bellville

State
OH

Zip Code
44813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jeffrey Zaika Chiropractor

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

13050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Barber, Holly, , ,

Mailing Address 6717 Dunheath Circle

City
DublinState
OHZip Code
43016Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4299

Amount of Each Disbursement this Period

1687.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DINSMORE & SHOHL LLP

Mailing Address PO BOX 639038

City
CINCINNATIState
OHZip Code
45263Purpose of Disbursement
Legal Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4266

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DINSMORE & SHOHL LLP

Mailing Address PO BOX 639038

City
CINCINNATIState
OHZip Code
45263Purpose of Disbursement
Legal Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4278

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7687.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. DINSMORE & SHOHL LLP

Mailing Address PO BOX 639038

City
CINCINNATIState
OHZip Code
45263Purpose of Disbursement
Legal Services

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DINSMORE & SHOHL LLP

Mailing Address PO BOX 639038

City
CINCINNATIState
OHZip Code
45263Purpose of Disbursement
Legal Services

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EUTON, BEATRICE, , ,

Mailing Address 1255 CURVE ROAD

City
DELRWAREState
OHZip Code
43015Purpose of Disbursement
Salary

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4271

Amount of Each Disbursement this Period

20824.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

29824.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. EUTON, BEATRICE, , ,

Mailing Address 1255 CURVE ROAD

City
DELMAREState
OHZip Code
43015Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4280

Amount of Each Disbursement this Period

9975.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EUTON, BEATRICE, , ,

Mailing Address 1255 CURVE ROAD

City
DELMAREState
OHZip Code
43015Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4298

Amount of Each Disbursement this Period

6602.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kohr Royer Griffith, Inc.

Mailing Address 1450 Dublin Road

City
ColumbusState
OHZip Code
43215Purpose of Disbursement
Deposit & rent

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4283

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20577.93

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Ohio College Republican Federation

Mailing Address 211 S. Fifth Street

City
ColumbusState
OHZip Code
43216

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2017

FEC Identification Number

C**Transaction ID : SB21B.4263**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLSEN + COMPANY LPMailing Address 1069 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Consulting - Strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2017

FEC Identification Number

C**Transaction ID : SB21B.4267**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLSEN + COMPANY LPMailing Address 1069 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2017

FEC Identification Number

C**Transaction ID : SB21B.4268**

Amount of Each Disbursement this Period

4460.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7960.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. OLSEN + COMPANY LPMailing Address 1069 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Consulting - Strategy

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4288

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLSEN + COMPANY LPMailing Address 1069 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Consulting - Strategy

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4302

Amount of Each Disbursement this Period

2357.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLSEN + COMPANY LPMailing Address 1069 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4303

Amount of Each Disbursement this Period

7518.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12875.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. SHAFFER, GRANT, , ,

Mailing Address PO BOX 6012

City
COLUMBUSState
OHZip Code
43206Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4269

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAFFER, GRANT, , ,

Mailing Address PO BOX 6012

City
COLUMBUSState
OHZip Code
43206Purpose of Disbursement
Reimbursement - mileage

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4270

Amount of Each Disbursement this Period

1475.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAFFER, GRANT, , ,

Mailing Address PO BOX 6012

City
COLUMBUSState
OHZip Code
43206Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4279

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11975.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. SHAFFER, GRANT, , ,

Mailing Address PO BOX 6012

City
COLUMBUSState
OHZip Code
43206Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

FEC Identification Number

C

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SMITH, KATHERINE, , ,

Mailing Address 1265 ASHLAND AVENUE

City
COLUMBUSState
OHZip Code
43212Purpose of Disbursement
Consulting

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2017

FEC Identification Number

C

Transaction ID : SB21B.4272

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SMITH, KATHERINE, , ,

Mailing Address 1265 ASHLAND AVENUE

City
COLUMBUSState
OHZip Code
43212Purpose of Disbursement
Consulting

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2017

FEC Identification Number

C

Transaction ID : SB21B.4281

Amount of Each Disbursement this Period

1160.77

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5160.77

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. SMITH, KATHERINE, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Mailing Address 1265 ASHLAND AVENUE

City
COLUMBUSState
OHZip Code
43212Purpose of Disbursement
Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4297

Amount of Each Disbursement this Period

803.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UPSTREAM COMMUNICATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Mailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4273

Amount of Each Disbursement this Period

2126.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UPSTREAM COMMUNICATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Mailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4275

Amount of Each Disbursement this Period

2327.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5257.48

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Reimbursement - travel

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4276

Amount of Each Disbursement this Period

14131.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Reimbursement - travel

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4285

Amount of Each Disbursement this Period

2433.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Consulting - Media

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20064.58

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Reimbursement subscription

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

488.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Social media - February

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4257

Amount of Each Disbursement this Period

2749.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UPSTREAM COMMUNICATIONSMailing Address 1609 SHOAL CREEK BLVD
STE 203City
AUSTINState
TXZip Code
78701Purpose of Disbursement
Expense reimbursement - travel

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

2991.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6230.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Wills, Matt, , ,

Mailing Address 3806 Dowitcher Lane

City
ColumbusState
OHZip Code
43230Purpose of Disbursement
Reimbursement - mileage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

440.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wills, Matt, , ,

Mailing Address 3806 Dowitcher Lane

City
ColumbusState
OHZip Code
43230Purpose of Disbursement
Reimbursement - mileage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

129.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winterset CPA Group

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
Accounting services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4265

Amount of Each Disbursement this Period

1088.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1657.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Winterset CPA Group

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
Accounting services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4277

Amount of Each Disbursement this Period

415.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Winterset CPA Group

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
Accounting services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4282

Amount of Each Disbursement this Period

1100.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winterset CPA Group

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
Accounting services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	4		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4304

Amount of Each Disbursement this Period

233.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1749.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Winterset CPA Group

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
Accounting services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4253

Amount of Each Disbursement this Period

233.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

233.75

131255.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONWARD OHIO

Full Name (Last, First, Middle Initial)

A. Warren County Republican Party

Mailing Address 30 West Main Street

City
LebanonState
OHZip Code
45036Purpose of Disbursement
Event tickets

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB29.4289

Amount of Each Disbursement this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

260.00