OFFICE OF GENERAL COUNSEL

Christian Weiss !!!

Leroy, Ohio 44057

2024 JUL 15 AM 7: 50

Federal Election Commission
Office of Complaints Examination
& Legal Administration
1050 First Street, NE
Washington, DC 20463

MUR #_ 8281

June 30, 2024

Re: Complaint Against The Joshua Super PAC for Violations of the Federal Election Campaign
Act

Dear Sir or Madam:

I am writing to lodge a complaint against The Joshua Super PAC, identification Number C00810499, its Treasurer, Kathy Fishel, and its Designated Agent, Connor Fishel for violations of the Federal Election Campaign Act (FECA).

Specifically, I allege the following violations by The Joshua Super PAC:

- 1. Illegal coordination with the Bernie Moreno for U.S. Senate campaign in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that Kathy & Scott Fishel hosted a number of fundraisers for Bernie Moreno while she held the office of Treasurer and Director of The Joshua Super PAC, I allege that The Joshua Super PAC coordinated expenditures with the Bernie Moreno for U.S. Senate campaign and made excessive and prohibited in-kind contributions to the campaign by paying for communications that constituted coordinated communications under 11 CFR §109.21.
- 2. Illegal coordination with the Committee to Elect Judge Fisher in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that on October 27, 2022 The Joshua Super PAC accepted a donation from Alex Davis with a mailing address of 985 E Broad Columbus, Ohio 43205, and then The Joshua Super PAC paid Roth Davis, LLC with a mailing address of 985 E Broad Street Columbus, Ohio 43205 for printing campaign material that advocated for the election of Michelle Fisher. The Joshua Super PAC took money from a partner in Roth Davis, LLC to print a slate card promoting judicial candidate Michelle Fisher, who was a client of Roth Davis, LLC.
- Failure to disclose true identity of contributors funding its expenditures in violation of 52 U.S.C. §30104(b) and (c). The Joshua Super PAC knowingly accepted a donation from

Alex Davis knowing that the funds received came from the father of Judge Michelle Fisher.

- 4. Illegal coordination with the Friends for Beverly Schilero in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that on August 22, 2023 Scott and Kathy Fishel attended a social fundraiser and donated to the Friends for Beverly Schilero. At this event the Fishels coordinated, on behalf of The Joshua Super PAC, with Beverly Schilero. The Fishels agreed to spend funds raised by the Super PAC on Val Pak advertisements that advocated for the election of Ms. Schilero. On October 6, 2023 The Joshua Super PAC paid for Val Pak advertising that advocated for the election of Ms. Schilero
- 5. Illegal coordination with the Friends of Gil Martello in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that on May 24, 2023 Scott and Kathy Fishel attended a social fundraiser and donated to the Friends of Gil Martello. At this event the Fishels coordinated, on behalf of The Joshua Super PAC, with Gil Martello. The Fishels agreed to spend funds raised by the Super PAC on Val Pak advertisements that advocated for the election of Gil Martello. On October 6, 2023 The Joshua Super PAC paid for Val Pak advertising that advocated for the election of Gil Martello.
- 6. Illegal coordination with the Friends of Denise Brewster in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that on September 12, 2023 Scott and Kathy Fishel attended a social fundraiser and donated to the Friends of Denise Brewster. At this event the Fishels coordinated, on behalf of The Joshua Super PAC, with Denise Brewster. The Fishels agreed to spend funds raised by the Super PAC on Val Pak advertisements that advocated for the election of Denise Brewster. On October 6, 2023 The Joshua Super PAC paid for Val Pak advertising that advocated for the election of Denise Brewster.
- 7. Illegal coordination with the Friends of Denise Verdi in violation of 52 U.S.C. §30116(a) and 11 CFR §109.20. Based on the fact that on September 13, 2023 Scott and Kathy Fishel attended a social fundraiser and donated to the Friends of Denise Verdi. At this event the Fishels coordinated, on behalf of The Joshua Super PAC, with Gil Martello. The Fishels agreed to spend funds raised by the Super PAC on Val Pak advertisements that advocated for the election of Denise Verdi. On October 6, 2023 The Joshua Super PAC paid for Val Pak advertising that advocated for the election of Denise Verdi.

In support of these allegations, I have attached:

- reports filed by The Joshua Super PAC;
- campaign finance reports filed by Friends for Beverly Schilero, Friends of Gil Martello,
 Friends of Denise Verdi, and Friends of Denise Brewster;
- copies of the multiple notices from the FEC stating that Kathy Fishel, Treasure for The Joshua Super PAC, has never filed a complete report documenting donations or expenditures since the forming of the Super PAC;

- copies of the Val-Pac advertisements purchased by The Joshua Super PAC;
- copy of the slate card purchased by The Joshua Super PAC;

our Statister

- copies of The Joshua Super PAC's website listing Bernie Moreno as a supported candidate;
- a picture of an invitation to a Bernie Moreno fundraiser hosted by Kathy Fishel, where Kathy Fishel is listed as a member of the Bernie Moreno Campaign's Leadership Committee.

Also, on June 2, 2023 Scott and Kathy Fishel spoke about The Joshua Super PAC on the Buckeye School Podcast with Joe Miller. During this interview the Fishels' disclosed that both Scott and Kathy conducted work on behalf of The Joshua Super PAC.

I request that the FEC immediately investigate these allegations against The Joshua Super PAC, its Treasurer, Kathy Fishel, and its Designated Agent, Connor Fishel for violations of FECA and impose appropriate sanctions for these serious violations corrupting the campaign process. Please inform me of the action taken in response to this complaint. Thank you for your prompt attention to this matter.

Sincerely,

Christian Weiss, III

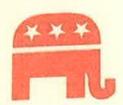
STATE OF OHIO; COUNTY OF LAKE;

Sworn to and subscribed before me by Christian Weiss, III on this date of Jone 25, 2024, 2024.

Man Van



VOTE ON NOVEMBER 8TH!



OFFICIAL REPUBLICAN Judicial Slate Card



Justice Sharon Kennedy for Ohio Supreme Court, Chief Justice



Justice Pat Fischer Ohio Supreme Court



Justice Pat DeWine
Ohio Supreme Court



Judge Eugene Lucci for 11th District Court of Appeals



Judge John Eklund
11th District Court of Appeals



Judge Michelle Fisher
Ashtabula Western County Court

ELECT CONSTITUTIONAL CONSERVATIVES

YOUR OFFICIAL REPUBLICAN

JUDICIAL SLATE CARD

PAID FOR BY THE JOSHUA PAC AND NOT AUTHORIZED BY ANY CANDIDATE OR CANDIDATE'S COMMITTEE 7665 MENTOR AVE.
MENTOR, OH 44060

PRSRT US Post PAIC Clevelanc Permit No MUR828700006



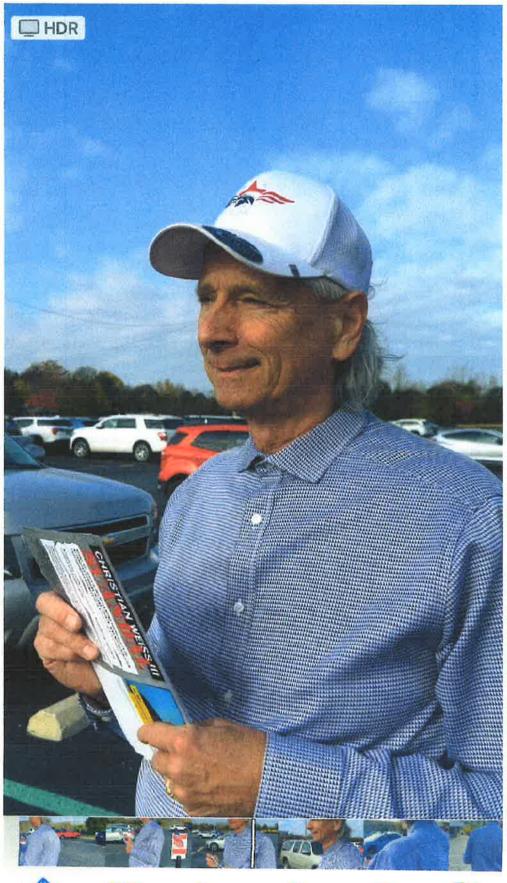


12:38

Painesville November 7 9:54 AM

















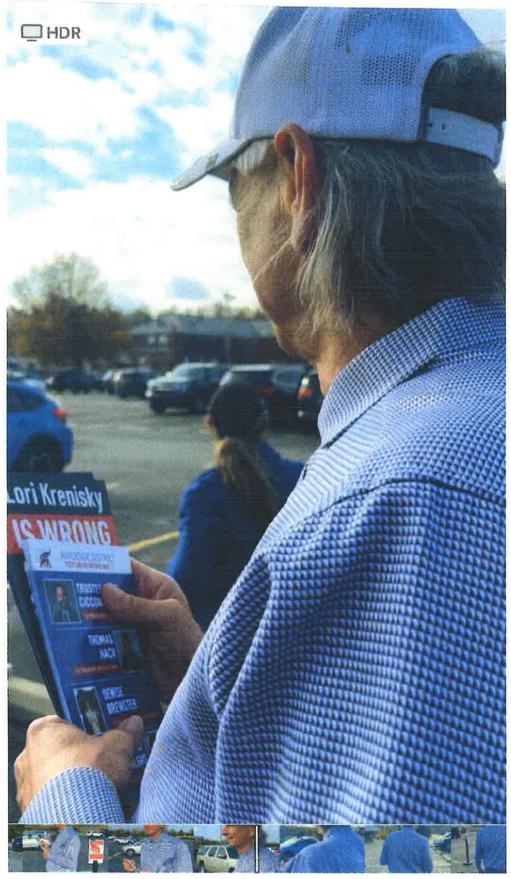




Painesville November 7 9:54 AM





















RIVERSIDE LOCAL SCHOOL BOARD

"We are committed to academic excellence and Parents Rights!"

Academics Over Ideology! It is critical to maintain a focus on the basics while meeting the individual needs of each student.



Paid for by the Joshua Super PAC. Not affiliated with any candidate or campaign.

679213 768080

ELECT Denise Brewster & Beverly Schilero Riverside Local School Board



40 Years Business Owner Century 21 Real Estate Agent, Notary,

ENDORSED BY: Board of Education - Scott Fishel, Painesville Township Trustee - Gabe Cicconetti & Chuck Hillier, Lake County Commissioners - John Plecnik & Rich Regovich, Lake County Treasurer - Mike Zuren, Lake County Clerk of Courts - Faith Andrews, Lake County Recorder - Becky Lynch

Advertise with Valpak of Cleveland, 800-889-1145

OVPDMS, Inc. 10/2023.

Open more great neighborhood deals at valpak.com! 34

1 345306961



You're Invited... It's A Summer Evening Party



... to Take Back the U.S. Senate!

Please Join Our Hosts

Linda Cappelli O'Brien and Bill O'Brien Barbara and Tim Marlowe

And The Leadership Committee

Lynn and Russ Berzin Amy and Stan Brady Denise and Bob Bremec Carmen and Elle Chamoun Kathy and Scott Fishel

Cathy and Allen Griffin Ida and Irwin Haber Michelle and Tim Hickey Amy and Steve Medinger Bob Quinn

Host Committee in formation.

for a special evening in support of

BERNIE MORENO

FOR U.S. SENATE

Wednesday, August 16, 2023

5:00 p.m. * Leadership Committee Reception 6:00-8:00 p.m. * General Reception and Program

The Home of Linda Cappelli O'Brien and Bill O'Brien 29941 Chardon Road | Willoughby Hills, Ohio

Leadership Committee: \$500 * \$1,000 * \$2,500 * \$5,000
Tickets: \$150 per person or \$200 per couple or family

Live Entertainment * Valet Parking Provided

Join us for a fun summer evening party to support Cleveland businessman and conservative outsider, Bernie Moreno, who will be Ohio's next U.S. Senarorl

Please RSVP by August 15 to Susan Humphrey at (513) 508-6143 or susan@berniemoreno.com

QVER to brain more about Bernie

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

			Office U	se Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	r may
The Joshua Super PAC				
ADDRESS (number and street)	6369 Rio Vista Drive			
▼ 1				
Check if different than previously reported. (ACC)	Concord Township		OH 4407	7
E. FEC IDENTIFICATION NUM	MBER ▼ . CIT	TY A	STATE A	ZIP CODE ▲
C C00810499	3. 18	S THIS NEW (N) OR	AMENDED (A)	
I. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M5)) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	feed	20 (M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2) October 15	(c) 12-Day	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)		A CONTRACTOR OF THE PROPERTY O	Y + Y 11 Y 11 Y 12	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Electio	n on	Y - Y - Y - X	in the State of
Covering Period 07	01 7 7 7 2023	through 12	7 D D 7 Y Y 202	The state of the s
certify that I have examined this I	Report and to the best of Fishel, Kathy, , ,	my knowledge and belief it is tr	ue, correct and complet	e.
pe or Print Name of Treasurer	, radity, , ,			
ignature of Treasurer Fishel, K	Cathy, , ,		Date 04 04 24	n / Y Y Y Y Y 2024
OTE: Submission of false, erroneou	s, or incomplete information	may subject the person signing t	his Report to the penaltic	es of 52 U.S.C. § 30109
Office Use Only				FORM 3X ev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name The Joshua Super PAC 07 01 Report Covering the Period: From: 2023 31 2023 To: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 3282.95 January 1, 2023 (b) Cash on Hand at Beginning of Reporting Period..... 4409.65 28786.00 (c) Total Receipts (from Line 19) 30110.45 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... 33195.65 33393.40 32173.85 Total Disbursements (from Line 31)..... 32371.60 8. Cash on Hand at Close of Reporting Period 1021.80 (subtract Line 7 from Line 6(d))..... 1021.80 Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY

the Committee (Itemize all on Schedule C and/or Schedule D).....

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

0.00

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Page 3

The Joshua Super PAC D - D 2023 Report Covering the Period: From: To: 31 2023 COLUMN A **COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 27971.00 29228.50 (i) Itemized (use Schedule A)..... 815.00 881.95 (ii) Unitemized (iii) TOTAL (add 30110.45 28786.00 Lines 11(a)(i) and (ii)...... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 28786.00 30110.45 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 0.00 0.00 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received...... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5)...... 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 0.00 (b) Levin Funds (from Schedule H5) 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))...... 28786.00 30110.45 20. Total Federal Receipts 28786.00 (subtract Line 18(c) from Line 19).......▶ 30110.45

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)	feedback returned on an incidend on a	Partyungangangangangangangangangangangangangan
	(i) Federal Share	0.00	0.00
	(i) Tederal Offare		Landard Mandard Modern de Mar
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	Landani America Sandrets New Marches Secretion	English Kanada aktor Sandar Indelin seba
,	Expenditures	32173.85	32371.60
(C) Total Operating Expenditures	32173.85	32371.60
2 Tr	(add 21(a)(i), (a)(ii), and (b))	32173.65	Exercise (Charles also Star See Academ
	ommittees	0.00	0.00
Co	ontributions to ederal Candidates/Committees	Sanda Sadta Varia da Brata da Maria di programpos programpos programs	hand a second of the second of
ar	d Other Political Committees	0.00	0.00
4. Inc	dependent Expenditures		
b. UC	se Schedule E)	0.00	0.00
(5:	2 U.S.C. § 30116(d)) se Schedule F)	0.00	Sample of the State of the State Sta
(u.	Journal of the state of the sta		0.00
6. Lo	an Repayments Made	0.00	0.00
		production of the street of the street of the street of	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
Z. Lo	ans Made	0.00	0.00
	efunds of Contributions To: Individuals/Persons Other	and and with a second of the second of	
, ,	Than Political Committees	0.00	0.00
/L \	Delitical Party Correction	and the same of the same beautiful and the	and and a female salab also decodes that
(b)	Political Party Committees Other Political Committees	0.00	0.00
(c)	(such as PACs)	0.00	0.00
(d)	20 MW0260230 10100 PT	0.00	O.000
(u)	(add Lines 28(a), (b), and (c))	0.00	0.00
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	her Disbursements (Including	paragraph of the period and the paragraph of the property of the paragraph	THE PROPERTY OF THE PROPERTY O
No	n-Federal Donations)	0.00	0.00
	doral Floriton Astriko (FO LLD O. S. 00404	F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-	hands to the South March of the
	deral Election Activity (52 U.S.C. § 30101 Allocated Federal Election Activity	(20))	
(a)	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	Superfection of the Control of the C	broke Sex Paulin Da Frakeske Sex Control	
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid		
	Entirely With Federal Funds	0.00	0.00
(c)	, , , , , , , , , , , , , , , , , , , ,	Example and two Districts of the Second Sec	n ale salve de entre el producido sel tradicido de entre el producido de entre el produc
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Tot	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	and the of sufficient and a first for the sufficient	20024 co
20,	2-1, 20, 20, 21, 20(d), 28 and 50(6))	32173.85	32371.60
Tot	al Federal Disbursements		
(su	btract Line 21(a)(ii) and Line 30(a)(ii)		
fror	m Line 31)	32173.85	32371.60
		landustration is a first part of the land	and the Fred and the deal of the

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3).....

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

of Disbursements

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 28786.00 30110.45 0.00 0.00 28786.00 30110.45 32371.60 32173.85 0.00 0.00 32173.85 32371.60

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 20 (check only one)
Any information copied from such Reports a	nd Statements m	ay not be sold or used by any	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and a	address of any political committee	ee to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Middle A. Bennett, David, , ,	Date of Receipt		
Mailing Address 7317 Maple St	M . M . \ D = D \ \ A . A . A . A . A . A . A . A . A .		
City Mentor	State Zip Code OH 44060		Transaction ID : SA11AI.4186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed	1	upation (for Individual) ancial Advisor	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle B. Brady, Amy & Stanley, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2684 Ashly Rd			07 05 2023
City	State	Zip Code	Transaction ID : SA11AI.4181
Shaker Heights	ОН	44122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00 Memo Item Contribution
Name of Employer (for Individual) Both Retired		upation (for Individual) n Retired	
Receipt For: Primary General Other (specify) ▼	Leading to	Year-to-Date ▼ 1000,00	
Full Name of Individual (Last, First, Middle C. Caldwell, Charles, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 13550 Leroy Center Rd			M M / D D / V Y Y Y Y 1 17 2023
City Leroy Twp	State OH	Zip Code 44077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired		Memo Item Contribution
Receipt For: Primary General Other (specify)	A	Year-to-Date ▼ 250.00	Name of the last o
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line numb	er only)		

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 20 (check only one)
Any information copied from such Reports ar	nd Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions at to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	the name and a	duress of any political committee	e to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Middle A. Fishel, Kathy, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6369 Rio Vista Drive			07 17 17 2023
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self		upation (for Individual) ce Manager	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 265.45	
Full Name of Individual (Last, First, Middle B. Fishel, Kathy, , , Mailing Address 6369 Rio Vista Drive	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	07 24 2023 Transaction ID : SA11AI.4222
Painesville	ОН	44077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1-7-3-7-1-3-1	250.00 Memo Item
Name of Employer (for Individual) Self		upation (for Individual) ce Manager	
Receipt For:	Aggregate	Year-to-Date ▼	Contribution
Primary General Other (specify) ▼		515.45	
Full Name of Individual (Last, First, Middle C. Fishel, Kathy, , ,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 6369 Rio Vista Drive			08 16 2023
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	275.00		
Name of Employer (for Individual) Self	oyer (for Individual) Occupation (for Individual) Office Manager		Memo Item Contribution
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 790.45	
SUBTOTAL of Receipts This Page (optional).			775.00
TOTAL This Period (last page this line number			

ITEMIZED RECEIPTS	• 9	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a	nd Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions
	the name and a	ddress of any political committe	e to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Middl A. Condon, Patrick, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 272 Colonial Dr	07 17 2023		
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Lake County Ohio	Occi Jud <u>é</u>	upation (for Individual) ge	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dale ▼ 250.00	
Full Name of Individual (Last, First, Middle Dunlap, Darryl, , , Mailing Address 7272 Alexander Rd	Date of Receipt		
City Painesville	State Zip Code 44077		Transaction ID : SA11AI.4189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer (for Individual) Retired	Occu	upation (for Individual) red	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250,00	
Full Name of Individual (Last, First, Middle	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4219 Austin Rd			10 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Geneva	State OH	Zip Code 44041	Transaction ID : SA11AI.4209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee	250.00		
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Financial Planner		Memo Item Contribution
Receipt For: Primary General Other (specify)	Post or Service	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line numb	er only)	•	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 20 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political committee	person for the purpose of soliciting contributions
The Joshua Super PAC		
Full Name of Individual (Last, First, Middle Initi A. Fishel, Scott, , , Mailing Address 6963 Rio Vista Dr City Painesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Owner Receipt For: Primary General Other (specify) ▼	State Zip Code 44077 C Occupation (for Individual) Right on Roofing, Inc Aggregate Year-to-Date ▼	Date of Receipt 07 28 2023 Transaction ID : SA11AI.4190 Amount of Each Receipt this Period 750.00 Memo Item Contribution
Full Name of Individual (Last, First, Middle Initial Fishel, Scott, , , Mailing Address 6963 Rio Vista Dr City Painesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Owner Receipt For: Primary General Other (specify)	State Zip Code OH 44077 C Occupation (for Individual) Right on Roofing, Inc Aggregate Year-to-Date 4750.00	Date of Receipt O7 31 2023 Transaction ID : SA11Al.4191 Amount of Each Receipt this Period 4000.00 Memo Item Contribution
Full Name of Individual (Last, First, Middle Initial Fishel, Scott, , , Mailing Address 6963 Rio Vista Dr City Painesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Owner Receipt For: Primary General Other (specify)	State Zip Code OH 44077 C Occupation (for Individual) Right on Roofing, Inc Aggregate Year-to-Date 16936.00	Date of Receipt 09 13 2023 Transaction ID : SA11AI.4205 Amount of Each Receipt this Period 12186.00 Memo Item Contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on	-	16936.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 20 (check only one)	
Any information copied from such Reports a	and Statements ma	y not be sold or used by any p	person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) The Joshua Super PAC	g the hane and a	across of any political committee	2 to solicit contributions from such committee.	
Full Name of Individual (Last, First, Middle Hardwick, Cynthia, , , Mailing Address 41 East Shore Blvd	Date of Receipt			
City Timberlake	State OH	Zip Code 44095	Transaction ID : SA11AI.4188 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1-2-3-7-1-1	300.00	
Name of Employer (for Individual) Retired	Occu Retir	pation (for I ndividua l) ed	Memo Item Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 300.00		
Full Name of Individual (Last, First, Middl Hebebrand, Matt, , , Mailing Address 403 Heisley Park Ln	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4200 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00 Memo Item Contribution	
Name of Employer (for Individual) Ashtabula County Ohio		pation (for Individual) ecuter		
Receipt For: Primary General Other (specify) ▼	Seatter Street	/ear-to-Date ▼		
Full Name of Individual (Last, First, Middle Kenney, Dennis, , ,	e Initial) or Full Org	ganization Name	Date of Receipt	
Mailing Address 14429 Leroy Center Rd	la.		07 05 2023	
City Leroy Twp	State OH	Zip Code 44077	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Retired Receipt For:	Retire		Contribution	
Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional))		1550.00	
TOTAL This Period (last page this line numb	ber only)	·····	1. 2. 21. 1. 7. 02. 1. 1. 12. 1	

ITEMIZED RECEIPTS	·^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 20 (check only one) X 11a
Any information copied from such Reports	and Statements m	ay not be sold or used by any p	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ig the name and a	address of any political committee	e to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Midd A. Koesel, Robert, , ,	lle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 6239 Painesville-Warren	Rd		08 16 2023
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1-2-3-3-3-3	250.00
Name of Employer (for Individual) Budzar Industries	Occ. Sale	upation (for Individual) es	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Midd B. Marks Building Company Mailing Address 346 Hale Rd	le Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	10 27 2023 Transaction ID : SA11AI.4213
Painesville	ОН	44077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Memo Item
Name of Employer (for Individual)	Occi	upation (for Individual)	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Marlowe, Barbara, , ,	e Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 7372 Hunting Lake Dr			07 19 20 23
City Painesville	State	Zip Code 44077	Transaction ID : SA11AI.4177
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 510,00		
Name of Employer (for Individual) Dworken & Bernstein Co, LPA Occupation (for Individual) Secretary			Memo Item Contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional)		1260.00
TOTAL This Period (last page this line num	ber only)		

ITEMIZED RECEIPTS	·^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 20 (check only one)
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	person for the purpose of soliciting contributions
V .	ng the name and a	address of any political committe	e to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Midd A. Marra, Nancy, , ,	de Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 39 Minnewawa Dr			м м / о в / у у у у у о у о о о о о о о о о о о о
City Timberlake	State OH	Zip Code 44095	Transaction ID : SA11AI.4178 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Midd Matteo, Gary, , , Mailing Address, 8250 Fagle Ridge Dr	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8250 Eagle Ridge Dr			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Painesville	State OH	Zip Code 44077	Transaction ID : SA11AI.4182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	FEC ID number of contributing		250.00
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Matteo, Steven, , ,	e Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 9926 Hobart Rd			07 17 2023
City Waite Hill	State OH	Zip Code 44094	Transaction ID : SA11AI.4183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee			500.00
Name of Employer (for Individual) Matteo Aluminum, Inc.	Occupation (for Individual) President		Memo Item Contribution
Receipt For: Primary General Other (specify)	Andrew Street	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	1)		1000.00
TOTAL This Period (last page this line num	ber only)	••••••••••••••••••••••••••••••••••••••	2 7 M 2 5 M 1 - 5 M 7

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 20 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Joshua Super PAC	tatements may not be sold or used by any particular and address of any political committee	person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle Init A. Mihok, Frank, , , Mailing Address 6569 Rio Vista City Painesville FEC ID number of contributing federal political committee Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 44077 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Initi B. O'Brien, William, , , Mailing Address 29941 Chardon Rd City Willoughby Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44094 C Occupation (for Individual) Pipefitter Aggregate Year-to-Date 250.00	Date of Receipt 10 05 2023 Transaction ID : SA11AI.4210 Amount of Each Receipt this Period 250.00 Memo Item Contribution
Full Name of Individual (Last, First, Middle Initial O'Brien, William, , , Mailing Address 29941 Chardon Rd City Willoughby Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zip Code 44094 C Occupation (for Individual) Pipefitter Aggregate Year-to-Date 2200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or		2450.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 20 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) The Joshua Super PAC	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle O'Donnell, John, , , Mailing Address 296 Woodmere Dr City Willowick FEC ID number of contributing federal political committee. Name of Employer (for Individual) Lake County Ohio Receipt For: Primary General Other (specify)	State OH Zip Code 44095 C Occupation (for Individual) Judge Aggregate Year-to-Date 250.00	Date of Receipt 07 05 2023 Transaction ID : SA11AI.4180 Amount of Each Receipt this Period 250.00 Memo Item Contribution
Full Name of Individual (Last, First, Middle R & K Enterprises Mailing Address 36241 Lakeshore Blvd City Eastlake FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	Initial) or Full Organization Name State Zip Code 44095 C Occupation (for Individual) Aggregate Year-to-Date ▼	6
Full Name of Individual (Last, First, Middle REL Limited Partnership Mailing Address 19656 Clearlake Dr City Painesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M M M / D = 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	er only)	

ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 20 (check only one) X 11a
Any information copied from such Reports	and Statements m	nay not be sold or used by any p	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ing the hame and	address of any political committee	e to solicit contributions from such committee.
The Joshua Super PAC			
Full Name of Individual (Last, First, Mid A. Sustar, Roger, , ,	dle Initial) or Full (Organization Name	Date of Receipt
Mailing Address 8990 Tyler Blvd			10 27 7 2023
City Mentor	State OH	Zip Code 44060	Transaction ID : SA11AI.4218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Fredon	Occ CE	supation (for Individual) O	Memo Item Contribution
Receipt For: Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	H H
B. Mailing Address	dle Initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	Ament (Exh Devict the Resid
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼	
Full Name of Individual (Last, First, Midd	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address			N = N / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Contractor Section	Amount of Each Recept this Pendo
Name of Employer (for Individual) Occupation (for Individual)			Memo Item
Receipt For: Primary General Other (specify)	3-0000	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (options	al)	······	1000.00
TOTAL This Period (last page this line num	nber only)	·····	27971.00

ITEMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may	not be sold or use	d by any pers	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Joshua Super PAC				
A. Adriatic Events/American Croation L Mailing Address 34900 Lake Shore Blvd	Date of Disbursement M M / D D / Y Y Y Y 07 22 2023			
-	Ctata	Zin Ondo		held belief bedeleted
City Eastlake Purpose of Disbursement	State OH	Zip Code 44095		FEC Identification Number
Meeting Expense Candidate Name The Joshua Super PAC			007 Category/ Type	Transaction ID: SB21B.4196 Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General		1000.00 Memo Item
B. Adriatic Events/American Croation Mailing Address 34900 Lake Shore Blvd	Lodge/	/AMD		Date of Disbursement O7
City Eastlake Purpose of Disbursement		FEC Identification Number		
Meeting Expense 007 Candidate Name Category/ The Joshua Super PAC Type				Transaction ID : SB21B.4197 Amount of Each Disbursement this Period
Senate	nent For: Primary Other (spe	General		1500.00 Memo Item
Full Name (Last, First, Middle Initial) Creative Governmental Outreach I	LC			Date of Disbursement
Mailing Address 9301 S Brown Rd City	State	Zip Code		11 13 2023
Chardon Purpose of Disbursement Signage Candidate Name	ОН	44024	004 Category/	FEC Identification Number C C00810499 Transaction ID: SB21B.4239 Amount of Each Disbursement this Period
The Joshua Super PAC Office Sought: House Disburser Senate President State: District:	nent For: 2 Primary Other (spe	Meneral General	Туре	1250.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)	*************		······································	3750.00
TOTAL This Period (last page this line number only)				1 1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ITEMIZED DISBURSEMENTS	for ea	separate schedule(s sch category of the ed Summary Page	(check only	NUMBER: PAGE 17 OF 20 y one) 22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the r	tements ma	ay not be sold or u	used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	iame and a	duress of any pon	tical committee to	Solicit contributions from such committee.
The Joshua Super PAC				
Full Name (Last, First, Middle Initial)				
A. Morgan Litho				Date of Disbursement
Mailing Address 4101 Commerce Ave				11 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		
Cleveland	OH	44103		FEC Identification Number
Purpose of Disbursement	10		1-2-1-7	C00810499
Printing			004	Transaction ID : SB21B.4231
Candidate Name			Category/	Amount of Each Disbursement this Period
The Joshua Super PAC			Туре	I was a second of the second
Office Sought: House Disburs Senate President	Primary	2023 ☐ General pecify) ▼		2654.64
State: District:	1 (0	p co, •		Memo Item
Full Name (Last, First, Middle Initial)				
D				Date of Disbursement
SofterWare				M M / D P / Y Y Y Y
Mailing Address 601 Office Center Dr.	07 12 2023			
City	State	Zip Code		FEC Identification Number
Fort Washington	PA	19034		TEO Identification Number
Purpose of Disbursement				C C00810499
Fees for Webpayment				Transaction ID : SB21B.4199
Category/				Amount of Each Disbursement this Period
The Joshua Super PAC			Туре	CO CO
Office Sought: House Disburs Senate	ement For:			99.00
President	Primary	General General		B root
State: District:	Other (sp	becity)		Memo Item
	_			Link.
Full Name (Last, First, Middle Initial)				Date of Dishussement
SofterWare				Date of Disbursement
Mailing Address 601 Office Center Dr.				08 / 14 / 2023
City	State	Zip Code		EEO LL. VE. Y
Fort Washington	PA	19034		FEC Identification Number
Purpose of Disbursement			17 74 H	C C00810499
Fees for Webpayment	Transaction ID : SB21B.4204			
Candidate Name	Amount of Each Disbursement this Period			
The Joshua Super PAC Category/ Type				
Office Sought: House Disbursement For: 2023			99.00	
Senate President Other (specify) ▼ State:			Memo Item	
				2852.64
SUBTOTAL of Disbursements This Page (optional).				2032.04
TOTAL This Period (last page this line number only	/)		***********	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

ITEMIZED DISBURSEMENTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE (check only 21b 28a	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)		color of any point		
The Joshua Super PAC				
Full Name (Last, First, Middle Initial)				
A. SofterWare				Date of Disbursement
Mailing Address 601 Office Center Dr.				09 12 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State	Zip Code		FEC Identification Number
Fort Washington	PA	19034		
Purpose of Disbursement			1 " 11	C C00810499
Fees for Webpayment Candidate Name				Transaction ID : SB21B.4207
The Joshua Super PAC			Category/ Type	Amount of Each Disbursement this Period
	sement For:	2023	туре	99.00
Senate	Primary	✓ General		Control of the Section of the South of
President	Other (sp	pecify) 🔻		Memo Item
State: District:				The Monte Rest
Full Name (Last, First, Middle Initial)				
B. SofterWare				Date of Disbursement
Mailing Address 601 Office Center Dr.				10 12 2023
City.				
Fort Washington	City State Zip Code Fort Washington PA 19034			FEC Identification Number C C00810499
Purpose of Disbursement			1	
Fees or Webpayment				Transaction ID : SB21B.4221
Candidate Name	Category/			Amount of Each Disbursement this Period
The Joshua Super PAC			Туре	And address of the South State East
	bursement For: 2023 Primary General Other (specify)			99.00
Senate President				
State: District:	_ Other (sp	occiry)		Memo Item
Full Name (Last, First, Middle Initial)				
c. SofterWare				Date of Disbursement
Soilerware				M - M / D - D / Y - Y - Y - Y
Mailing Address 601 Office Center Dr.				11 14 2023
City	State	Zip Code		FEC Identification Number
Fort Washington	PA	19034		NEW TRANSPORT TRANSPORT
Purpose of Disbursement			1	C C00810499
Fees for Webpayment Candidate Name				Transaction ID : SB21B.4230
The Joshua Super PAC			Category/ Type	Amount of Each Disbursement this Period
	ement For:	2023	турс	99.00
Senate	Primary	General		En Court site of the English to the Asia of the State of
President State: District:	Other (specify) ▼			Memo Item
				297.00
SUBTOTAL of Disbursements This Page (optional)		*****************************	**********	297.00
TOTAL This Period (last page this line number on	ly)	***************************************		

		ge X 21b 28a	22 23 26 27 28b 28c 29 30b
or for commercial purposes, other than using the na	ements may not be sold o	r used by any pers	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Joshua Super PAC	and and address of any p	onical committee i	5 Solicit Contributions from Such Confinitee.
Full Name (Last, First, Middle Initial) A. SofterWare	Date of Disbursement		
Mailing Address 601 Office Center Dr.			12 12 2023
City Fort Washington Purpose of Disbursement	State Zip Code PA 19034		FEC Identification Number
Fees for Webpayment Candidate Name The Joshua Super PAC	ement For: 2023	Category/ Type	Transaction ID : SB21B.4241 Amount of Each Disbursement this Period
Senate President State: District:	Primary ☐ General Other (specify)	ıl	Memo Item
Full Name (Last, First, Middle Initial) StreamlineCLE Mailing Address 6091 Carey Dr. Suite 6		1	Date of Disbursement
City Valley View Purpose of Disbursement Printing Candidate Name	State Zip Code OH 44125	004	FEC Identification Number C C00810499 Transaction ID : SB21B.4234
The Joshua Super PAC Office Sought: House Senate President State: District:	ement For: 2023 Primary X Genera Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1949.97 Memo Item
Full Name (Last, First, Middle Initial) StreamlineCLE			Date of Disbursement
Mailing Address 6091 Carey Dr. Suite 6			11 22 2023
City Valley View Purpose of Disbursement Printing	State Zip Code OH 44125	004	FEC Identification Number C C00810499
Candidate Name The Joshua Super PAC	Transaction ID: SB21B.4235 Amount of Each Disbursement this Period		
<u> </u>	ment For: 2023 Primary ☐ General Other (specify) ▼	Туре	3103.51 Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5152.48

SCHEDULE B. (EEC Form 3X)

ITEMIZED DISBURSEMENTS	for eacl	parate schedule(s) h category of the d Summary Page	(check	IE NUMBER: nly one) b 22 23 a 28b 28c	26 27 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may	/ not be sold or us	sed by any	erson for the purpose of so	oliciting contributions
NAME OF COMMITTEE (In Full)	ine and ad	diess of any point	car commit	to solicit contributions no	in such commutee.
The Joshua Super PAC					
Full Name (Last, First, Middle Initial)					
A. Torva Local				Date of Disbursemen	nt
Mailing Address P. O. Box 1442				11 / 16	2023
City	State	Zip Code		FEC Identification No	umbor
Willoughby	OH	44096			
Purpose of Disbursement			001	C C00810499	A STATE OF THE STA
Web Page Design Fees Candidate Name			1001	Transaction ID :	SB21B.4236
The Joshua Super PAC			Category		bursement this Period
	ement For:	2023	Type	Andrew Contrake	220.00
Senate	Primary	General		the state of the state of	
President	Other (sp			Memo Item	
State: District:				ivenio ileni	
Full Name (Last, First, Middle Initial)					
^{B.} ValPak				Date of Disbursemer	nt
Mailing Address 1 ValPak Avenue N	10 06 2023				
City State Zip Code					
St. Petersburg FL 33718				FEC Identification Number C C00810499	
Purpose of Disbursement Campaign Literature and Mailing 004					
				Transaction ID : SB21B.4220	
Candidate Name		oursement this Period			
The Joshua Super PAC			Type		19642.74
	ment For:			19042.74	
President	Senate Primary General President Other (specify)			N=41	
State: District:	Other (ope	oony,		Memo Item	
Full Name (Last, First, Middle Initial)					
C. I				Date of Disbursemen	nt
				M - M H / D O J / H Y - Y - Y - Y	
Mailing Address					1-1-1-1-1
City	State	Zip Code		FEC Identification Nu	mber
Purpose of Disbursement		1	1	C	
			1	Broke Broke Jenik	Control and
Candidate Name			Category	Amount of Each Disb	oursement this Period
Office Sought: House Disburse			Туре	- Sankas Braken	The state of the s
Office Sought: House Disburse	ment For: Primary	General		hard at the standard	a Daniel Sandard
President	Other (spe			Tel.	
State: District:	Janes (apre	<i>y</i>		Memo Item	
SUBTOTAL of Disbursements This Page (optional)	*************			5 - 24 1 9	19862.74
TOTAL This Period (last page this line number only					31914.86
	vodernostiche Sii	manuscript of the second	ALCOHOL: VALUE OF THE STREET	The Paris III	

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

					Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If ty er the lines.	ping, type	12FE4M5	5
The Joshua Super PA	C					
Liiiiiii					L.J. J.	
ADDRESS (number and street)	6369 Rio Vista I	Drive	1.1.1.			
Check if different	سيبا					
than previously reported (ACC)	Concord Towns	ship			OH 440	77
2. FEC IDENTIFICATION N	JMBER ▼	CITY ▲		S	TATE A	ZIP CODE ▲
C C00810499	8	3. IS THIS REPORT	×	NEW (N) OR	AMENDED (A)	0
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2		May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3		Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C)1)	Apr 20 (M4)	8 8	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Da	y Election	Primary (12	PP)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q	Repor	t for the:	Convention	(12C)	Special (12S)	
January 31 Year-End Report (Y	E)	Election on	M I M	0 1 1	* * * * * * * * * * * * * * * * * * *	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST	y -Election t for the:	General (30	(G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Нерог	Election on	W = W	0 0 0 Y	V V V	in the State of
5. Covering Period 01	01	v v v v 2023	through	M - M B	41 14	y y y 1
certify that I have examined thi	s Report and to the	he best of my kno	wledge and	belief it is true	correct and comple	ete.
Type or Print Name of Treasurer	Fishal Kathy	4	30			
Signature of Treasurer Fisher	l, Kathy.,.		*	Dat		0 / V Y Y Y Y 3
NOTE: Submission of false, errone	ous, or incomplete	information may su	biect the ne	rson signing this	Report to the negati	ies of 52 U.S.C. 8 30109
Office		I I I I I I I I I I I I I I I I I I I	joot tilo pe	John olgranig tills		
Use Only						C FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name		
The Joshua Super PAC		
Report Covering the Period: From:	01 01 7 2023 To	D: 06 30 V Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		3282.95
(b) Cash on Hand at Beginning of Reporting Period	3282.95	
(c) Total Receipts (from Line 19)	1324.45	1324.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4607.40	4607.40
7. Total Disbursements (from Line 31)	197.75	197.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4409.65	4409.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC Form 3X (Rev. 05/2016)

of Receipts

Page 3

Write or Type Committee Name The Joshua Super PAC 01 01 2023 Report Covering the Period: From: To: 30 2023 COLUMN A **COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1257.50 1257.50 (i) Itemized (use Schedule A)..... 66.95 (ii) Unitemized 66.95 (iii) TOTAL (add 1324.45 1324.45 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1324.45 1324.45 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 0.00 0.00 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 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 0.00 Political Committees..... 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 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 1324.45 1324.45 20. Total Federal Receipts 1324.45 (subtract Line 18(c) from Line 19)....... 1324.45

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1. Op (a)	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)	leaving and a second a second and a second and a second and a second and a second a	prospero programpe appropriate program	
	(i) Federal Share	0.00	0.00	
	(,	Secretary Development Plans Bergard Manager	Mary and the Mary	
//-	(ii) Non-Federal Share	0.00	0.00	
(b)		197.75	197.75	
(c)	Expenditures Total Operating Expenditures		Part of the Phantacological and the state of the part	
(0)	(add 21(a)(i), (a)(ii), and (b))	197.75	197.75	
Tra	ansfers to Affiliated/Other Party			
	ommittees	0.00	0.00	
Fe	deral Candidates/Committees d Other Political Committees	0.00	0.00	
	dependent Expenditures			
Co	se Schedule E)ordinated Party Expenditures	0.00	0.00	
(us	U.S.C. § 30116(d)) se Schedule F)	0.00	0.00	
Lo	an Repayments Made	0.00	0.00	
Lo	ans Made	0.00	0.00	
	funds of Contributions To: Individuals/Persons Other	The Book of the State of the St		
, ,	Than Political Committees	0.00	0.00	
(b)	,	0.00	0.00	
(c)	Other Political Committees (such as PACs)	0.00	0.00	
(d)				
(4)	(add Lines 28(a), (b), and (c))	0.00	0.00	
Oth	ner Disbursements (Including			
	n-Federal Donations)	0.00	0.00	
_			and a street of the street of the street of the	
	deral Election Activity (52 U.S.C. § 30101(2 Allocated Federal Election Activity	0))	£'	
	(from Schedule H6)	And	он в индориванованије и при при при при при при при при при п	
	(i) Federal Share	0.00	0.00	
	(ii) III aviall Chara		from the third than the stand the administration of the standing of the standi	
(h)	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00	
(0)	Entirely With Federal Funds	0.00	0.00	
(c)		and a first wall and a Confirmation of the Con		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Tota	al Disbursements (add Lines 21(c), 22,			
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	197.75	197.75	
	al Federal Disbursements			
	btract Line 21(a)(ii) and Line 30(a)(ii) n Line 31)	107.75		
		197.75	197.75	

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1324.45	1324.45	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1324.45	1324.45	
5. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	197.75	197.75	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	197.75	197.75	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 7 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any and the name and address of any political committee	person for the purpose of soliciting contributions
The Joshua Super PAC		
Full Name of Individual (Last, First, Middle A. Faehrich, Bill, , , Mailing Address 549 Ezmor Ln	e Initial) or Full Organization Name	Date of Receipt
City Wickliffe	State Zip Code OH 44092	Transaction ID : SA11AI.4138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle 3. Jenovic, Michael, , , Mailing Address 29230 Ridge Rd	Initial) or Full Organization Name	Date of Receipt
City Wickliffe	State Zip Code OH 44092	Transaction ID : SA11AI.4135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Village of Bratenahl	Occupation (for Individual) Police Officer	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500,00	
Full Name of Individual (Last, First, Middle Racic, James, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6685 Deer Haven City	Otato 75a Ocata	06 09 7 2023
Painesville	State Zip Code OH 44077	Transaction ID : SA11AI.4134 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	257.50
Name of Employer (for Individual) Lakeland Community College Receipt For:	Occupation (for Individual) Professor	Memo Item Contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 257.50	
SUBTOTAL of Receipts This Page (optional).		1007.50
TOTAL This Period (last page this line number	er only)	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 7 (check only one) X 11a
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Joshua Super PAC	na address of any pointed committee	TO COMMITTED TO THE COM
IGS Energy		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Initial) or Full Name of Individual (Last, First, Middle Initia		Date of Receipt
federal political committee.	Zip Code Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Aggreg	ate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full Name of Individual (Last, First, Middle Initia		Date of Receipt
City State	Zip Code	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) Aggreg	Decupation (for Individual) ate Year-to-Date ▼	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number only)	·····	1257.50

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

				Office U	Jse Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines	yping, type	12FE4M5	N .
The Joshua Super PAC					
Liliiiiiii		1.			
ADDRESS (number and street)	369 Rio Vista Drive		1111		
Check if different		I 			
than previously reported. (ACC)	Concord Township	1.1.1.1.1.1.1.		OH 4407	7
2. FEC IDENTIFICATION NUME	BER ▼	CITY	(STATE A	ZIP CODE ▲
C C00810499	3.	IS THIS REPORT X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report I Due On:	Feb 20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Best trees	field phot		2002	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	San S	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	litarii Securi
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (1	Emi	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the	Convention		Special (12S)	
January 31 Year-End Report (YE)	Ele	ction on	1 1 1	V I V S V S V	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the	Free 1	80G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Ele	ction on	, <u>p</u> , p , t	Y Y Y Z Z Z Z Z Z Z	in the State of
5. Covering Period 04	01 7 202		12 12	/ 0 B / Y Y 20	22
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best Fishel, Kathy, , ,	of my knowledge and	d belief it is true	e, correct and comple	ete.
Signature of Treasurer Fishel, Ka	thy, , ,		Da	ate 04 23	b / Y y Y Y Y 2024
NOTE: Submission of false, erroneous	, or incomplete informa	ition may subject the p	erson signing thi	is Report to the penalti	es of 52 U.S.C. § 30109
Office Use					FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/20		AND DISBURSEMENTS	Page 2
Write or Type Committee Name			
The Joshua Super PAC			
Report Covering the Period; F	rom: 04 / 01		To: 12 31 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2022		0.00
(b) Cash on Hand at Beginning of Reporting Per		0.00	
(c) Total Receipts (from Line 1	9)	12500.00	12500.00
(d) Subtotal (add Lines 6(b) ar 6(c) for Column A and Line 6(a) and 6(c) for Column E	S	12500.00	12500.00
7. Total Disbursements (from Line	31)	9217.05	9217.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	l l	3282.95	3282.95
 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 	Seminarian (m.	0.00	
 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	Bearing Marie	0.00	
This committee has qualified	as a multicandidate commit	tee. (see FEC FORM 1M)	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The Joshua	Super	PAC
------------	-------	-----

I. Receipts		I. Receipts COLUMN A Total This Period	
1. C	Contributions (other than loans) From:		
(a	a) Individuals/Persons Other		
	Than Political Committees	Southand and southern than the standard the	Learning and some content of another developments
	(i) Itemized (use Schedule A)	12500.00	12500.00
	(ii) Uniternized	0.00	0.00
	\$14magail		Inches to the first of the first
	Lines 11(a)(i) and (ii)▶	12500.00	12500.00
/	Delitical Parts Committees	0.00	0.00
(1			I - 2 - 1 - 42 - 4 - 2 - 12 - 12 - 12 - 1
(,	(such as PACs)	0.00	0.00
(1	d) Total Contributions (add Lines	The Control of the Co	B - A - 2 - Mb - A - 2 - 40 - A - 2 - 400 -
,,		and the state of the state of the state of	grander for grand solven in the salary
	Totals to Line 33, page 5)	12500.00	12500.00
2. T			7 7 7 12 12 1
	arty Committees	0.00	0.00
	Post conf.		The second secon
3. A	Il Loans Received	0.00	0.00
1 1	pan Repayments Received	0.00	0.00
	offsets To Operating Expenditures		Land and by Other Land and Distriction Constitution
	Defunda Debates eta \		
	Carry Totals to Line 37, page 5)	0.00	0.00
	efunds of Contributions Made	and a Marian Control of a Control	lande de Sedinte Sed ala Che
	Federal Candidates and Other	United Windows	
	olitical Committees	0.00	0.00
	ther Federal Pensints	and the state of t	have have then the allowed and the state of
	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds	0.00	0.00
	\ Non-Foderal Assessed		
ιa	(from Schedule H3)	0.00	0.00
	Anterior)	endre 20 miller Inches Contra Contra Cont	handred and the horizon the admitted to
/h) Levin Funds (from Schedule H5)	0.00	0.00
u)	Energic		Complete Com
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(0			Terrest to and the second and the section of the se
. To	otal Receipts (add Lines 11(d),		
	2, 13, 14, 15, 16, 17, and 18(c))	12500.00	12500.00
	Euro-Co	in Name Discontinue Berget Victor Court Free Court and	fan is die veren han als Donaster aus Leure II Sparthause France (1992) and
	tal Federal Receipts	natural principles dendered and and	and and a standard and a standard
(si	ubtract Line 18(c) from Line 19)▶	12500.00	12500.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.0
(i) Federal Share		Control of the test of the test of the property of the test of the
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating	Association Secretarists Printing and authority	Business and Autobase describeration of the State Stat
Expenditures		9217.0
(c) Total Operating Expenditures	A A A A A A A A A A A A A A A A A A A	The state of the s
(add 21(a)(i), (a)(ii), and (b))	Desirable of the second of the	9217.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to		6 8 35 4 5 35 8 4 35
Federal Candidates/Committees and Other Political Committees	0.00	0.0
Independent Expenditures		
(use Schedule E)	0.00	0.0
(52 U.S.C. § 30116(d))	Control of the second s	4-12-10-10-11-11-11-11-11-11-11-11-11-11-11-
(use Schedule F)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0.0
Loan Repayments Made	American interest and a second and a second and a second	The state of the s
Local Hopeymone Madd	handrad - De Landa - Bad - Bad - Bad -	0.0
Loans Made	0.00	0.0
Refunds of Contributions To: (a) Individuals/Persons Other		processing account of the account of the second
Than Political Committees	0.00	0.0
	Total and Total and Total and Total and	And the State of t
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees	the state of the s	
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	provides the state of the first	
(add Lines 28(a), (b), and (c)).	0.00	0.00
Other Disbursements (Including	I will produce the second or and the second or a	
Non-Federal Donations)		0.00
Federal Election Activity (52 U.S.C. (a) Allocated Federal Election Activ (from Schedule H6)	vity	
(i) Federal Share	0.00	0.00
(ii) "Lovin" Shara	here all marks or to a former market and the market and	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	And the first hand to be a few density of the state of th	O OC
(c) Total Federal Election Activity (0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(iii)		0.00
Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30	0(a))	9217.05
	9217.05	and and the factor of the dead of the
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a	a)(ii)	Service of the Continue of the Service of the Servi
from Line 31)		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3).....

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

of Disbursements

Page 5 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date 12500.00 12500.00 0.00 12500.00 12500.00 9217.05 9217.05 0.00 0.00 9217.05 9217.05

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS	, I	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any p	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Joshua Super PAC	me name and ac	diess of any political committee	to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle A. Davis, Alex, , ,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 985 E. Broad			10 27 2022
City Columbus	State OH	Zip Code 43205	Transaction ID : SA11AI.4108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11500.00
Name of Employer (for Individual) Self	2017	pation (for Individual) etiing	Memo Item Contribution
Receipt For: Primary	Aggregate \	∕ear-to-Date ▼ 11500.00	
Full Name of Individual (Last, First, Middle Lynch, Becky, , Mrs., Mailing Address 8040 King Memorial Rd.	Initial) or Full Org	ganization Name	Date of Receipt
City	State	Zip Code	04 29 2022 Transaction ID : SA11AI.4100
Mentor	ОН	44060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Lake County Ohio		pation (for Individual) uty Recorder	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address			M = M / O = D / Y : Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Ci .		
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		·····	12500.00
TOTAL This Period (last page this line number	r only)	>	12500.00

SCHEDULE B. (EEC Form 3X)

ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check of X) 21 22				NUMBER: PAGE 7 OF 7 y one) 22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements ma	y not be sold or us	sed by any pers	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Joshua Super PAC		, ,		4
Full Name (Last, First, Middle Initial) A. Morgan Litho Mailing Address 4101 Commerce Ave				Date of Disbursement M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		FEC Identification Number
Cleveland Purpose of Disbursement Printing- Signs and literature Candidate Name The Joshua Super PAC Office Sought: House Disburse Senate President	ement For:	2022 General Decify)	Category/ Type	C C00810499 Transaction ID: SB21B.4113 Amount of Each Disbursement this Period 7111.37
State: District: Full Name (Last, First, Middle Initial) B. Roth Davis, LLC Mailing Address 985 E Broad St				Date of Disbursement 11 02 2022
City Coumbus Purpose of Disbursement Printing-Campaign material Candidate Name The Joshua Super PAC Office Sought: House Disburse Senate President State: District:	State OH ment For: Primary Other (sp	General	Category/ Type	FEC Identification Number C C00810499 Transaction ID : SB21B.4109 Amount of Each Disbursement this Period 2105.68 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address				Date of Disbursement
	State	Zip Code		housed have been had
Purpose of Disbursement Candidate Name			Category/ Type	FEC Identification Number C Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (sp	General ecify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)				9217.05
TOTAL This Period (last page this line number only)				9217.05

30-A RC3517.10 AGZ3 PreGen

Ohio Campaign Finance Report

Full Name of Commince FRIENS Full Name of Candidare BEVERUS Street Address	FOR BEVEF		in-	-		W-		0 -	
BEVERLE	Section of the sectio						Registration N	number (1)	AC
		ررم	SCHILER	۵					
	T A. SCH.	LER	<i>A</i>						
		4			Office Sought	*		Disoic	
11772	GIRMED	RD			SAHOOLE	BOARD	MEMBE	A R	WERSIL
Concort						OH	ZIp (077
1	1	1	1	TV	y			11-	Annul You
Type of Report (place X to the left of report	July Pro-Primary	1	Post-Primary August		Pre-General	- A	Post-General	1	
(Abe)	alomhly	lr.	Monthly		Monhly		Termination	1	Semisanua
Amended Report? 💆 Yes	No Report Electronical	y Filed!	₹ Yes 26 No	Date of	Election	1	1 1	37	213
	1. Amenat brought forwa	ard from la	st repair		S .	4662	45		
5.0	1. America product to we	rg trom 12	st repen		5	4660	4.45		
	2. Total monetary contrib	utlets (Fr	om Form No. 31-A)		5	4170	100		
	3. Tetal other lacome (Fri	m Form !	(s. 31-A-2)		S				
4. Total funds available (rum of ilnes 1, 2, 3)			s {	18.32	45	Г	> > x		
	5. Total monstery expenditures (From Form No. 31-3)				\$	6866	51	1	AUDITEDAMEND LTR
	6. Bulance on hand (line 4 minus 11m S)				S DESCRIPTIONS	1963	94	1	ED LTR
	7. Value of in-kind contributions received (Fram Form No. 31-3-1)			J-1)	5	470	00		1 1
	8. Value of La-Idad contril	outlons me	de (Fram Form No. 31-J-)	2)	\$				SEX
	9. Outstanding lasts over	by comm	letes (From Form No. 31-	c)	5	3500	00		SCANNED_ ENTERED_
	10. Oststanding debts over by committee (Frem Ports No. 31-7)			-71)	5	3624	33		
	11. Outstanding leans own	d to comm	altree (From Form No. 31-	ю	5	-			140
	12. Value of independent	CCLU	The second second	31-U)	s			1	
	13. For Electronic Filing I Sum of lines Z, 7, and	amount of	y new loans received th	ls period	\$				
CONTRIBITION STATES THE INFORMATION CONTRIBUTE OF THE CONTRIBUTION OF THE CONTRIBUTION PROPERTY OF THE	TAZ TREASUA and Deputy Treasurer only)	EP_	SIGNATURE STREET OF SECRETARIES SECRETARIES	AV	HON FALSTFICAT	OH. WHO	EVER COMM Da	Total	MOITS A B B B B B B B B B B B B B B B B B B

31-E RC. 3517.10(B)

Event Date	AC-11-	,,,
Page	40000	

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Secretary of State 3/05	
FRIENDS FOR BF	VERLY SCHILERD	THE THOUSAND PROPERTY OF THE P
1		Registration Number, if PAC
STREET ADDRESS STREET LAND CONTRACTOR RESTORMENTS	EmployeriOccupation/Labor Organization*	M A P I Y Aronam
City MENTOR	State Zio Code	Form(Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employed Day and the control of the	
CITY ONTONSTIE D	State (Zin Code	Form(Carlu Checkere)
Full Name of Contributor	1014 TAA010	I CHECK I WAS A SHOW
DICELLITE HARKE	No.	Registration Humber, if PAC
CITY AL -		M8 D Y Amount 65
Full Name of Contributor	State Zip Code 4/010	Form(Cash, Check, pto)
STEEL ADDRIVEN		Registration Number, IFPAC
151 WILLOWICK)	Employer/Occupation/Labor Organization*	M D Y Amount 100
EAST CAKE	Sizic Zip Code 4 4/195	Form(Cash, Check, etc)
BRANDUN DUQUM		Registration Number, If PAC
CON CONTRACTOR OF	Employer/Occupation/Labor Organization*	M C D Y Amount 100
SOUTH FULLID	State Zip Codn	Form(Cash.Check.etc)
SETT RUGATERO		Registration Number, ITPAC
Chy 6396 GLENWOOD D.		MS PX X AMOUNT X OO
MENTIOR	State Zip Code 14060	Form(Cash, Cherk, etn)
Pull Name of Contributor PEUFRLY VITAZ	1,00	Registration Number, IFPAC
Strom Address 8075 NOPLEHARN	Employer/Occupation/Labor Organization	M D Y Amount
CONCERD	CH Zip Code 440 77	Form(Cash Crieric etc)
nuired for recombination &	110//	ICHECIT !

Fill in the baxes below only on the last page for this event.

Transfer the Total enauthurions for this event to form No. 31-A. Under Full Name of Contributor state "Contributors from form No. 31-E" and list the date of the event in the date column.

Total costributions this event	4.	
The state of the s	Total expenditures this event	
		Page Total 5 6R
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a Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the terms of the individuel'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)]

31-E R.C. 3517.10(B)

Event Date	189-41-1-
Page _	1

Statement of Contributions Received at a Social or Fundraising Event

full transfer and the same of	Prescribed by Secretary of State 3/05	
Name of Committee in Full FRIENDS FOR BEVER		
Full Name of Contributor	SCHILEKO	
SCOTT FISHEL		Registration Number, if PAC
Street Address	10 days 10	
1000 PRIOVISTA DR	Employer/Occupation/Labor Organization*	08 93 43 100
LIAINESVICLE	State Zip Code 4077	Form(Cash, Checkete)
Full Name of Contributor		Registration Number, if PAC
- VINCENT VITALOR	S.F.	regustanos remost, il PAC
COULTERIS CT	Employer/Occupation/Labor Organization*	US SHES AMOUNT OU
W. CCUGHBY	State 4 Zip Cod= 440.94	Form(Cash,Checkete)
Full Name of Contributor		CHECK NEWS AND
ANTHON'T SANDY		Registration Number, if PAC
Struct Address CC BISHOP DR	Employer/Occupation/Labor Organization*	M D Y Amoun
without the 110 and 1110	State Zip Code	C18 大1473 100
Full I came of Contributor	101 HL 7701)	CHEK
MIKE LINCH		Registration Number, if PAC
STIEN ADDYO KING MEMORIAL	Employer/Occupation/Lebor Organization*	M D Y Amount / CO
METTUR	State Zip Code	Form(Cash,Check,ete)
rull Name of Congression	16:14 14000	ICHECK
JAMES CRANKAR		Registration Number, if PAC
Street Address 405 Hubsan AUE	Employer/Occupation/Lahor Organization*	CIS IT IS AMOUNT 100
NEUTOR	Stere, Zin Code	
Full Name of Convibutor	State Zip Code 4060	Form(Cash, Check, rto)
DENISE JEAN		Registration Number, if PAC
Struct Address	Employer/Occupation/Labor Organization*	
IL CLUARSA DR	J. J	M D Y Amount 20
TIMBERLAKE	State Zip Godg	
rul! Name of Contributor	101H 194095	Form(Cash,Check,etc)
MICHAEL ZUREN		Registration Number, if PAC
oli eel Audrets	Employer/Occupation/Labor Organization*	
CONS ASHFORD ST	An oracle transfer of the transfer of	ON HAZIS Amount 30
CONCUES	State Sip Code 440.77	Form(Cash,Cneck.cto)
nuired for contributions from Latina I at	and the second of	J CH - CK

Fill to the boxes below only on the last page for this event.

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		Page Total 5 560

[&]quot; Required for contributions from individuals over \$100 to statewide and general assembly condidates. If contributor is self-employed, the occupation and the terms of the individual's business, if any, rather than employer should be listed. If two or more employees committee via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3317.10(B)(4)]

31-E R.C. 3517.10(B)

Event Date		1
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Page	3	1

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Secretary of State 3/05	
LERIENDS FOR BEUL	ELY SOULERA	CPART OF CHAPTER
France in Country in	1199	Registration Number, if PAC
STICH Address		Separate Figures, II FAC
CITY ON ALISON AVE	Employer/Occupation/Labor Organization	M D Y Ameunt 35
Full Name of Commonor	State Zip Code	Form(Cash, Check etc)
MATTIRYN AUGEC		Registration Number, if PAC
STOR Address 121 WESTBROOK D	Haployer/Occupation/Labor Organization*	MS D Y ADDOUGHT 3-5
Full Name of Contributor	States Zip Code . O I H Y 413-L	Form(Cash, Checkete)
BERNANE TE MACI	a E	Registration Number, if PAC
STOR ROINBOW DR		M D Y H3 Amount 40
Entit Hand of Contributor V	OIA Zip Code 4077	Form(Cash, Check, etc)
Street Address		Registration Number, if PAC
T317 MAPLE ST	Employer/Occupation/Leber Organization*	M S D Y Amount
Full Nems of Contributor	State Sty Code 1060	Form(Ceels, Check, etc)
LINDA GAEGORT		Registration Number, if PAC
Stress Address 76+7 HONGSON RIS	Employer/Occupation/Labor Organization	M D Y Amount
Fall Name of Contributor	State Clip Code 44060	Form(Cesh.Check.co)
BICHARD WATERS		Registration Number, IFPAC
TOST BRANDY WINE		M D Y AMOUNT
MENTOR	State Zip Code 4060	Form(Cash, Chenk, ear)
LORETTA DEVINE		Registration Number, if PAC
TITY LOPE ICH ME	Employer/Occupation/Labor Organization*	M P Y Amount (a.t.)
MENTOR	State Zip Code (74060	Form(Cash,Check.etc)
puited for contributions from individuals over \$100 to statewide		ICHIPCH I

Fill in the boxes below only on the less page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Nune of Captributor state "Contributions from form No. 31-E" and list the date of the event in the date caltume.

in the date calume.	Continuous from for	m No. 31-E" and list the due of the event
Total contributions this event	Total expenditures this event	
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Required for contributors 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 or gardenian of which the employees are members, if any, must appear. [R.C. 3517.10[B](4)]

31-E R.C. 3517,10(B)

Event Date	08-11-1
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Name of Co.	Prescribed by Secretary of State 3/05	
Name of Comminger in Full FRIENDS FOR BEUERU Full Same of Comminger		The state of the s
Full Name of Contributor		TOTAL CONTRACTOR OF THE PARTY O
		Registration Number, if PAC
STEPHEN STOLAT	100	
7390 South MEADER	impleyer/Occupation/Labor Organization*	OK AJA3 Amount
	Stete Zip Code	Form(Cada, Checkete)
Pull Name of Contributer	Stete Zip Code CO 77	CHECK
JOHN PLECKIK	1 150-	Registration Number, WPAC
Birest Address	Employer/Occupation/Labor Organization	-
City L890 RISHOP AD		CB ALKB Amount 35
- WILLOUGHAY HILLS	State Zip Code 409-1	Form(Cash,Check,cic)
Full Name of Contributor	1 1 10 15	ICH THE STATE
Street Address		Registration Number, if PAC
dto Concomine DR	Employer/Occupation/Labor Organization*	Me P Y Amount
City o		08/1/1993 32
MANESVILLE	State Zip Code CO 77	Form(Cash Charlesto)
Full Name of Contributor		- Italian III III III III III III III III III I
DENISC BREWSTER		Registration Number, IFPAC
4	EmployedOccopation/Labor Organization*	M C P Y DAMPUNI
TOTAL TOTAL ROY (CITY AND VER BY)		MS HALL ST 25
Conces	State Zip Codp 44177	Form(Cash, Check, tle)
Full Heige of Contributor	1 111 49077	ICHECK 1
ROCCO VITALONS		Registation Number, if PAC
Street Address	Employer/OccupationA.abor Organization"	M D Y MARROUN
SILO CALE RO		C S JA JI S AMOUNT > 5
LOTTED HEARING	SHID 120 COG 44094	Form(Cath.Check.eto)
Full Name of Contributor	LOIR 1 44094	CULCK
ERANK SUPERICIC		Regionzilos Number, If PAC
Street Address	Employer/Occupetion/Labor Organization*	W 15 1 # 5
7295 WATER FOLUL		ASJAJA 3 Amount
alty	State Zip Code	Form(Cash, Check, etc.)
CONCORD	014 44077	CHECK
Full Name of Contributor		Registration Number, if PAC
SOUDER TORNOS / CRUSADA	- 100 Louis all mortes	
6964 FAMEDAUGE CTO	Employer/Oscupation/Labor Organization?	My Alderia 35
PAINESVIEL	State Zip Code	Form(Cash, Check,etc)
Y 7 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10111 191677	CHECK
quired for contributions from individuals now \$100 vs	The state of the s	

Fill in the boxes below only on the last page for this event.

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	1 cmt experiments 1012 EASY	
		Page Total 5 and 45

Required for counibations 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 employers contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employers are members, if any, must appear. (R.C. 3517.10(B)(4))

31-A R.C. 3517.10

Statement	of	Contributions	Received

1	Page	 -

Liescinco ph	Sectembly	of 2170 TA

	Sime	Zíp Cods	T M	D	1 -	Amount
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Street Address	Employer/Occup	estion/Labor Organization				Porm (Cash, Check, et
FAITH ANDREWS					, ,	
Full Name of Contributor	COL	TTIVE	Registra	tion Num	abor, if F	
WILLOWICK	O IH	Zip Code 44095	M	D	Y	Amount 50
347 BLISSFIELD DE		B. 5.1.	1	-	r =	CHECK
Street Address	Employer/Occur	action/Labor Organization				Form (Cash, Check, et
DEBORAH SUE CLA	RKE					
All Name of Countbutor	The state of the s	17017	Resibtes	tion Non	ber If F	
CONCORD.	OIH	20 Code 44077	M	D	Y	Amount 50
10558 CLEARLANE D		(a)		_		CHECK
irroet Address	Employer/Occup	atlon/Labor Organization	-	the Santon		Porm (Cash, Check, et
ROBERT ZAMES				5 15		
full Name of Commission	1011)	1100	Registra	don Non	ber, if P	The second second second
CONCORD	OIH	25p Codo 440 77	109	118	12	300
7/05 BRIDLE WOOD		190 0.4	1 22			CHECK
Street Address	Employed Oceu	mileo/Labor Organization				Form (Cash, Check, et
AMT BEVAN						
Full Name of Courtbutor			Regions	don Nur	ber, UT	
EASTLAKE	OIH	74075	114	ALC V	VY	Amount 50
SPARO THRESHORE	State	The Cade	13.			CHECK
36260 LAKESHORE	Hamlover/Occup	noitestungo roda.Iunite		-		Porm (Cash, Check, et
JOHN FOX				-		
Full Name of Countrator			Registra	tion Nu		
PAINESVILLE	O 1)+	Zip Code 44077	014	11	213	Amount
Clty A	State	Zip Code	l M	-	1 0	CHECK
216 GILLETTE ST	Employer/Occup	nation/Labor Organization				Form (Cesh, Check, et
ELLIOT PLARCZYK			Kogstra	don Num	ber, if F	AC

31-B R.C. 3517.10

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Statement of Expenditures

		secretary of State 2/01				
Name of Committee in Full FRIENAS FOR BA TO Whom Poid	ENERLY COULS	er,				-
HARLAND CLARKE	O.C. H.I believe		M	2 Box	LX'R	Amount 7. 79
PO BOX 1558	Papaz				F-10	1 01.1
Columbus	5 11-1	Zip Cod= 43216	Check	k Number		-
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City	State	Zip Cods	Chack	Number		
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Address	Purpose				Ш	
City	State	Zip Code	Check	Number		

Page Total 5	87.79
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3 1-B R.C. 3517.10



Statement of Expenditures

	Prescribed by Secretary of State 2/01	
Name of Committee in Full		
To Whom Pale	E CENTRE C	
30 Jungah Pullitah	SIGNE	AS ACCOUNTS 145 CX
1975 POXON OF THE	Purpose Nove Malo	
City A	State Zp Cods	
PAINSVILLE	1614 144077	Check Number
To Whom Paid AND TO THE LITTED		M D Y Amount
Address 1101	Purpage	198/14/18 7093.67
City /	State IZp Code	
C CEU. Edinab	CIL Zp Code	Cheek Number
To Wasin Paid		M D V Amount
Address	Purpuse	1914 14 73 200.00
Ciry	Paratterial D	
CHARACE	State Zip Code	Check Number
- ANTHONE MADISON A		48 25 33 Amount 358.70
1975 BOLLOS TR	Purpuse 11 SICARDS / WRIGH State , Zip Code , June 1997	19300000 338.70
City A	State , Zip Code	Check Number
To Wholm Paid	State Zip Code	1161
VALPAK OF CLEVELAN	7113	09/10+13 AMOUNT 694.58
881 EACT WAX ST	Propose CAMPAIGN INSE	EKTS
cin Euclid	C It Zip Code 41123	Chest: Number
TO WHOM PAIN ANTHONY MADISON DE	ES16NE	18 14 18 Amount 69.24
Address, Anna	Dimers	1011/14/81 301.01
City	1 (5#17(1)	
MAINESVILLE	State Class Code 40 77	Check Number
NURGAN LITHO		019 20 23 Amount 84. 23
Address 4101 COMMERCE AUE	Pupay ARD SIGNS	101/1010101 601:00
"inj	State Zip Corts	Chrek Number
CUEVELAND TO WHOM POID	101H1 44103	Chiek Nurober
EXPENDITURES FILLING FOR	M31-F	M D Y Amount 17:25.03
Adorest	Purpose	11/1/23.63
Dig.	Stone Zip Code	Check Number
	1 (1	

Page Total 5 6778.

31-N R.C. 3517,10

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee		-	Second Season	market section				
FULLY A. SCHILLED Address LITTOL GIRDLED RD CONCERD	ScHO	LERCI)					
Whom Owed			and the second	Prior Ame			Amt. Incurred this Period	
Address A. SCHILLERO				3	boly.	33	Outstanding Balance	
11770 CURDLED RU							A AND DESCRIPTION OF THE PARTY	
Tity	Sta te	Zip Code		1	- Trians	SIGN	36473	
Cencero	01	1 44	77	1	Date	Paymen	ts This Period Amount	
Onte Debt was originally Incurred	M	D	3/1	M	D	Y	s	
tegistration Number, if PAC	116	10/	7/1	M	12	- Y1		
				M	D	Y		
Whom Owed	with the	22						
				Prior Amo	uni		Amt. Incurred this Period	
ddices				Item or Pu	rpose of Del	ı	Outstanding Balance	
ity		T				-		
.,	Sta te	7 ip Code				Payment	& This Period	
D. D. Lauren, and D. L.	M	D)	YI	M.	Date	T YI	Amount	
ate Debt was originally incurred	1.1							
egistration Number, if PAC				M	D	Y	 	
and sold and a second of the state of the st	THE WEST	in a second	Name of Street					
Whom Owed				M	ש	Y		
Whom Owed	and the street	Programme 1	SCHOOL STREET	Prior Amo	unt		Amt. incurred this Period	
ddeess								
94(5)				Item or Pu	npuse of 1)eh	t	Outstanding Balance	
fty	Sta te	Zip Code		CARETAZANCIA	to the same	CONTRACT OF STREET		
- LL .					Date	Payment	ts This Period Amount	
ste Debt was originally Incurred	ME	D	Y	M	D	Y	Š	
egistration Number, if PAC			1	M	D.	Y		
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	1	1	1200	M	D	Y		
West of the second seco	14.10							
s debt is forgiven, write "Forgiven" in the "Outstanding Halance" column. In	ansfer total of r	ili payments	made in t	his period to	the Stateme	nt of Expen	duntes (Form No. 31-10). Total	
given should be included in the In-Kind Contributions Received (Form No.)	I-J-I). Transfe	r total outsta	ding deb	amount to t	pe cover bat	re		
tal Payments this Period S(also record on	Form 31-B)							
rad Outstanding Balance 5 26 44.33 (also record on	cover halte)							

31-C R.C. 3517.10

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Statement of Loans Received

				Pi	estribed b	y Secret	ary of State3/	0.5				
Full Name of Committee FRIENDS FOR	PE	116	01-	-	o H	,, ,	10 0			_		
BEVERLY 1	4.			ERC		La			Prior Ar	S JO	(3)	Am. Incurred ins Period
11772 GIR	00		Ri		1					30		Outstanding Balance
CONCURD State Zip Code Loans Received This Period Amount							Payments This Period Date Assumt					
Date Lean was originally neutred	MOS	10	1201	M	D	Y 1	2		M	D	Y	Is Section
logismation Number, if PAC				М	D	Y			М	D	Y	
employed Occupation Labor Organization*				M:	D	Y	1		M	D	Y	
rom Whom Received	1200.0	e annu-tone anta	223000			-			Prior Ar	nount	1-1-	Amt, incurred this Period
Address							-			14		Outstanding Ralance
City	State	Zip Co	de	1.0	Louis Received This Period Date Amount			Amount	Payments This Period			
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Registration Number, if PAC		•	•	M	D	Y	1		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
From Whom Received		DO DE				-			Prior A	nount	1	Arot. Incurred this Period
Address							***			gy a ci	FR	Outstanding Balance
City	Stase	Zip Co	de	Lo	Date	ived Thi			1000000			ments Thu Pengo
Data Laan was priginally. Incurred	М	D	Y	M	D	Y	5	Amouat	NE	Da	Y	Amount
Registration Number, if PAC	,		-	Mj	D	v	1		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	1		M	D	Y	
	-	-	-	1						1	1	1

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 Oxistanding Balance to the cover page (Form No. 31-A)

Total prior unount 5	3500	
2 Total received this period S		(To Form No. 31-A-2)
Total Payments this Period S	-	(also record on Form 31-8
Total Outstanding Balance S	3500	(To Form No. 30-A)

and general assembly candidate. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)

31-J-1 R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Pull FRIENDS FOR BEVERLY Pull Name of Contributor PONTS AND TAPPERS LONG	SCHILE	po						
PROVISION IMPRESSIONS	Employer, Oc	cupation, Labor Organization *	Registration Number, If PAC					
Street Address 1634 WILST JACKSON ST	LITERS	Tem or Service THE CARD TO COO 47077	G 9 07 23 Fair Market Value 470,00					
CAY PAINTES / ILLE	OIH	Receiv	YES	dralstag	Event Dano			
Full Name of Contributor	Employer, Oc		ration Nu	mber, li				
Street Address	Description of	M	D	Y	Fair Market Value			
City	State		od at Fon	draising	Evenit NO			
Full Name of Comributor	Employer, Oc	The second section is	ration Nu	mber, il				
Street Address	Description of	liem or Service	M	D	Y	Fair Market Value		
City	State	Received at Fundraining Event?						
Full Name of Contributor	Employer, Occ	Registration Number, If PAC						
Street Address	Description of	M	D	Y	Fair Market Value			
Cly	State	Zip Code	Receiv	ed at Fan	draising	Event)		
Full Name of Contributor	Employer, Oca	Region	ation Nu	mber, il				
Street Address	Description of	Rem of Service	м	D	Y	Fair Marion Value		
Cig.	State	Zip Code	Received at Fundmising Event?					
Full Name of Constitutor	Employer, Oct	upation, Labor Organization *	Registration Number, If PAC					
Street Address	Description of	liem er Service	М	D	Y	Fair Market Value		
City	State	Zip Cods		d at Fun	draistog	Eventi		
Fall Name of Contributor	Employer, Oct	apaden, Labor Organization *		ation Nur	nber, if			
Street Address	Description of	M	D	Y	Fair Market Value			
City	State		d at Fond	training	Event?			
Fall Name of Contributer	Employer, Occ	upadun, Labor Organization *	Distance of the last	ation Non	ober, If			
Travel Address	Description of	lum or Sarvice	М	D	Y	Fair Market Value		
City	State	Zip Code		4 at Fond	insising	Event?		

Page Total S 470

Required for contributions form individual over \$100 to statewide and General Assembly candidates. If contributor is selfemployed, occupation 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)]

31-P R.C. 3517.10

Event Date	0874-4
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/0

Proceedings of the Committee of the Comm						
Name of Committee in Full		3 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
FRIENDS FOR BEVER	5 0	HILEPO			_	·
To Whom Pald RENHAWK GRILL Address			a di	8 2 10	3013	Amount 3 1323, 41
7481 AUBURN BN	Purpose F DO	Ъ				
CONTORN	State	Zip Code 44077		Number 116		
BORBY LEACH			CI8	D	41-13	150,00
R35 BAREN RD	Parpose	8_			-4	
PAINESVILLE.	State	Zip Cod: 44077	10000000	Number		
To Whom Paid		with the same of t	M	D	Y	Amount
ALCHUAN LITTE			101	1 45 18	11-	251.64
Address 4101 Comprede EAVE	Purpose S/Con-	SOR BEARD	1 4	tien	CUI	- CARIDS
CLEVERND	5 1 H	Zip Code	Check	Number	3	
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City	State	Zip Code	Check	Number		
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City	State	Zip Code	Check	Number		
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City	State	Zip Code	Check 1	Number		
Yo Whom Paid		<u> </u>	M	D j	Y	Amount
Address	Purpose			J.,f.	L.,.l.	
City	State	Zip Code	Check ?	Sumber		
	-		-	-		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total S 17065, 05

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31-E R.C. 3517.10(B)

Event 1	Date	
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secretary of State 3/05				
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FUNIVEDUAL CONTRACUT	2005 15 0C	1665	Regism	ation Nu	mber, if	PAC
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	State	Zip Code	Form(C	ash,Chec	k.eie)	
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Fill in the baces below only on the less page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total considerious disserven

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Page Total S / 450

^{*} Required for contributions from individuals over \$100 to statowide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer about he listed. If two or mero employers countibute via payroll deduction and acceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 1517.10(B)

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Page Total 5 360

Statement of Contributions Received at a Social or Fundraising Event

W. Company	Prescribed by Secretary of State 3/05		
PRIENDS FOR BEUE	RIL JEHIVERD		die
DENISE FERGUSEN		Registration Number, if	PAC
Street Address 29207 FOREST GROVE	Employed Occupation/Lobor Organization*	18 JUNI	Amount 40
WILLOWICK	OILL TYOUS	Form(Conty, Check etc.) CASH	
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Pull Name of Countries ARTELLO Street Address		Rogiovazion Number, II	PAC
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MENTOR PLONING PLONING PRINTERS	U14 74060	Porm(Cosh, Check ma)	
DIANE FAEHNNICH		Registration Number, IF	PAC
7723 SALINA RN	Employed Companion Labor Organization	ME HALL	Amount
MOL	OTH Zip Code 4060	Forms (Cosh, Check etc)	
JENN IF ER PERNO		Rogisanton Number, if	PAC
Street Address 61 63 BRAMBLE SIDE ICTIV	Employer/Occupation/Lubor Organization	MA DIY	Amount
WENTOR	OIH THOLO	Ferm Cent. Check err)	
Full Name of Constitutor DINA NANCYRO HALL	ITEK .	Registration Number, if	PAC
469 SANDTRAP GRELE	Simpleyer/Occupation/Leter Organization	0182124	Amount
PAINESVILLE.	01 H 210 Code 4077	Form(Cash, Check,ean)	
Pull Konse of Completion DAVID DEDDLER		Registration Number, 171	PAC
STOR ALLE	Employer/Companies/Labor Coperisation	ÖRBBWW.	Amount 410
PAINESVILLE	01 H 210 Code 4077	Form(Cosh,Cheek,eac)	
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^{*} Required for contribution from infividuals over \$100 to sunswide and general resembly smalldance. If contributor is salf-employed, the occupation and the same of the individual's business. If any, rather than comployer should be listed. If two or name employees contribute via payroll deduction and record the appropries of \$100, the labor organization of which the employees are members. If any, must appear. [F.C. 3517.10(8)[4]]

31-E R.C. 1517.10(B)

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Event Date	68-44-4	2
Page	6	

Statement of Contributions Received at a Social or Fundraising Event

	Presented by Socretary of State 3/05	The second secon
Name of Committee in Full A RIENDS FOY BLU!	102 (cd/120 x)	The state of the s
Full Name of Contributor	Sec serio	The Association of the Control of th
ROBERT CRANE		Registration Number, if PAC
Street Address	Employer/Occupation/Lebor Organization*	M D Y Amount
101 AS CANDLE STEK LA		CIS OLIVIS 100
City	State Zip Code	Ponn(Cush Check etc)
Carricultà	014 44077	CHECK
Full Name of Contributor TOSFOH SCHISSO		Registraties Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M I D I Y HAmpani
7004 BRISTLE WOODS	The state of the s	C18 112 12 Amount 100
City	State Zip Code .	Form(Cash,Check;etc)
Concied	10111 44077	CASH
Full Name of Contributor		Registration Number, ITPAC
ANTHONY SCHILERO		
Street Address	Employer/Occupation/Labor Organization*	M D Y MAMOUNT
7024 BRISTIELEUCES		M D Y AMOUNT 700
City	State Zp Code	Form(Cash, Checl; etc)
CONCORN	101H 44077	I CASH
Full Rame of Commouter NEIL HASSING	A STATE OF THE STA	Registration Number, IFPAC
STORY ADDRESS TO PLANT P	Employed Occupation Labor Organization*	M D Y Amount 35
City	State / Zip Code	Form(Cash, Cheek, etc)
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RETTY TURNER		Registration Number, if PAC
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EHILDKE	1011+1 44095	COSH
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Cly F	State Zip Code	Form(Cash,Check,etc)
EASTLAKE	State Zip Code 35560	Form(Cash, Check, etc)
Full Name of Contributor LUNY GLASHEY		Registration Number, If PAC
Street Address	In	
Clock HEDRESSY	Employer/Occupation/Labor Organization®	CR JU JA JAMOUNI 50
City Idea was a los of	State / Zip Code	Form(Cash, Check, etc.)
HILBERT HTS	JOIH 1 44143	LCASH LONG
		The World Control of the Control of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expendinges this event	
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144		

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 fined. If two or more employers contribute via payroll deduction and exceed the aggregate of \$100, the labor
organization of which the employers are members, if any, must eppear. (R.C. 3517.10(BX4))

31-E R.C. 3517.10(B)

Event Date	13	3.	14.5
Page	1	7.5	2

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full Full Name of Contributer MACTIC PALLIPS III Street Address City W. L. Duch Hist State City C	
MACTIC PALLES III Street Address City W. L. Duichest Controller Full Name of Controller City C. L. Duichest Controller Full Name of Controller City C. L. C.	
Street Address City W. CLOUCHST State City	
State Zip Code Zip Code Contributor Call Name of Contributor Call T State Zip Code Call Ca)
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	7
State Zip Code Form(Cath, Check, coo)	100
PATRICIA DESCHUER Registration Number, IFPAC	李· 克,各位下
13/10 MOUNTAIN QUALL Employer/Occupation/Labor Organization" MC D Y Amount	
CONCERN Checketo) Size Do Code (Cath, Checketo) Full Name of Contributor CHECK	No.
TERRY CIARCIA Registration Number, IFPAC	
Street Address 472 WATERBURT NO Employed Occupation Labor Organization M D Y Amount Glass Color	
FULL CATTER State En Code FoundCash, Check; etc) Full Water of Countbatter CHICK	2777
MARY GREEK PAC	
Screet Address Let INT VERNON CT Employer/Occupation/Lebor Organization* MS DI VI Amount 3 C	_
City State Sta	海温
KATHLESO JAKUBEN Registration Number, if PAC	
Site Site AND EYSHIRE WAY	5
State Zip Code Form(Caub, Check em) Full Name of Contributer State Zip Code Contributer	
E. ABRIELE OLINCIIC Registretton Number, if PAC	
City TOUR ACACIA AVE Comparison Organization MS ALL AND Amount 30	5
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FILL to the baxes below only on the less page for this event.

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a Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-couplayed, the occupation and the same of the individual's business, if any, rather than compleyer should be listed. If two or more employees countibute 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)]

Not an Ungmail Document LESSTEIN 2027 PostGen Ohio Campaign Finance Report

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CONCOR	2			OH Zip	44077
po of Report nea X to the left of report	Pre-Primary	1 Post-Primary	Pro-General	Pess-Grannel	Append Year
10)	Monthly	Angerel Montely	September Montely	L_ Terrolandon	September 1
neaded Report! Tyes	No Report Electronically	Filed? To Yes TO Pio	Date of Election	1111	5723
andidates only, faring an e ther forms are required for	post-primary or post-general p	u and expendinues each total \$500 exiod, if shows assesses upplies. S	er less during the combined pro co R.C. 3517.10(H) for details.	- nad post-parieds at one elec	dan, ekeek bax 🖸
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	1. Assess brought forward	d from last report	S /	765 94	
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	3. Thesi other lacome (From	n Form Ns. 31-4-2)	S		
	4. Total fonds avuilable just	m of lines 1, 2, 3)	s d	065 94	
	5. Total monotory expression	urus (From Form No. 31-B)	s		AME
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	7. Volum of in-idea countries	ations rundved (From Form No. 3	11-3-1) 5		F
		tions made (From Form No. 31-	F2) S		
		by committee (From Form No. J	1-C) s	350000	WOO
	10. Constanding dehas one	d by committee (Fram Porm No.	31-31) 5	3624.23	COMPLETE
	11. Outstanding loans over	d to committee (From Form No. 1	S (24-15)		ED
		speed heres main (Frem Form N	A 31-U) S		
	13. For Blemmente Philag E	excount of any new loans received	this period 5		
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31-C R.C. 3317,10

Statement of Loans Received

Prescribed by Secretary of State5705

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee	ZWZIWZ KOJES	artin andr	// (41,-31			CONTRACTO	The state of the s
FRISHDS FOR BEVERLY SCI IN WHOM DIVED BENTACY A. SCHILLRO Address	NICE	£ C)	rangers con	Prior Amor		2 15	Amt. Incurred this Period
11771 CORMED RD		How War			pose of Deb		Outstanding Balance 36,44,33
CENTURD	Sta te	Zip Code	077		Date		This Period
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If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Times forgiven chould be included in the In-Kind Convibutions Received (Form No. 31-J	sfer total of a I-1). Transfe	ill payment r total outsu	s made in (inding deb	his period to Lamount to t	the Stateme	nt of Expend	L. Com No. 31-0). Total anoma
Total Payments this Period S (also record on Fed							
Total Outstanding Balance S 364433 (also record on co	iver mage)						

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31-A R.C. 3517.10

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Statement of Contributions Received

Name of Committee in Pall						
FRENDS FOR REV	FDIS SCHILL	FRD	-			
ull Name of Contributor	LEO / DERIC		Registra	tion Num	aber, if	PAC
CHRIS GALLOWAY						
4401 NEWTORANE	#640 Exapleyer/Occa	pation/Labor Organization				Porm (Cash, Check, etc.)
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30-A 2023 PreGen

LAKE BOARD OF ELECTION OCT 23 2023 AM11:14

Ohio Campaign Finance Report

l Name of Committee						Registra	tion Nuit	her, if P/	VC.
Friends of Gil	Martello					10.5			
oll Name of Candidate Cilbert Martel	lo III								
Inet Address	10/111			Office Sough	1			District	
6880 S Camelot	Drive				I Board				entor Ex Vi
Sity					S	ate	Zip Cod		
Mentor			_		0	Н	440	060	Annual Year
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place X to the left of report	July	Augusi		September					Sentiannus
inended Report?	Monthly	Monthly		Monthly		Тенила	_		
	10000	ronically filed? Yes 🖸 No	Date of	Flection	90	M	0	7	2 ± 3
	lection year. if total contributions						ut inne elec	ction,	
neck hox. No other forms are	required at a post-primary or post	-general period, if above states	ment applies		(11) for details			i	
	1 Amount brought forward from	n last report		5					
	2. Total monetary contributions ((From Form No.11-A)		\$		5,88	6.00		
	3. Total other income (From For	m No 31-A-2)		\$		1,61	4.34		T R P
	4. Total funds available (sum of i	ines 1, 2, 3)		\$		7,50	0.34		AMEND LTR
	5 Total monetary expenditures (From Porm No. 31-B)		\$		5,86	3.60		1 E
	h. Dalance on hand (line 4 minus	line 5)		S		1,630	6.74		A service
	7 Value of in-kind contributions	received (From Form No. 31-J	F1)	\$	1	15,67	5.57		8
	B Value of in-kind contributions:	made (From Form No. 34-J-2)		\$		(0.00		COMPLETED
	9. Outstanding loans owed by cor	ministee (From Form No. 31-C)	\$		(0.00		TED
	10. Outstanding debts awed by co	ommittee (From Form No. 31-)	N)	.\$		(0,00		
	11 Outstanding loans owed to co	emmittee (From Form No. 31-N	K)	\$		(0.00		Lie
	12 Value of independent expendi		1-47)	\$		(00.0		
	 For Electronic Fiting Entities Sum of lines 2, 7 and amount of a 	-	iod	5					
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Printed from Lake County Website

FULL NAME OF COMMITTEE: Friends of Gil Martello

FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Michelle	Gole	3900 Scobie Rd	Peninsula	ОН	44264	6/30/2023		\$50.00
Marcia	Goodhue	5463 Blue Heron Way	Mentor	ОН	44060	7/5/2023		\$30.00
Theodore	Dellas	33730 Rosewood Trail	Willoughby Hills	ОН	44094	6/22/2023		\$50.00
Donald	Santiago-Meyers	8089 S Bedford Rd	Macedonia	ОН	44056	5/23/2023		\$50.00
John	O'Donnell (Committee to	E296 Woodmere Dr	Willowick	ОН	44095	5/11/2023		\$100.00
John	Racic	2922 Lamplite	Willoughby Hills	ОН	44094	5/6/2023		\$250.00
Scott	Marn (Citizens for)	8194 Baythorne Dr	Mentor	ОН	44060	5/1/2023		\$100.00
Cathie	McAdams	9730 Yellowwood Dr	Concord Township	ОН	44060	4/16/2023		\$50.00
Judith	McCracken	9592 Dublin Ln	Mentor	ОН	44060	7/24/2023		\$100.00
Mike	Williams	6064 Walden Ct	Mentor	ОН	44060	9/8/2023		\$100.00
Tara	Carcioppolo	8310 Eagle Ridge Dr	Concord Township	ОН	44060	5/24/2023		\$500.00
Gabe	Cicconetti	365 Owego St.	Painesville	ОН	44077	4/15/2023		\$50.00
Kathy Miracle	Miracle Resources LLC	1144 Partridge Dr	Wadsworth	ОН	44281	5/24/2023	Paynal	\$100.00
Ronald	Wassum	8782 Edgehill Rd	Mentor	ОН	44060	8/4/2023		\$100.00
David	Usnik	6121 Brownstone Ct	Mentor	ОН	44060	8/31/2023		\$50.00
Kathy	Krause	4912 Jody Lynn Dr	Mentor	ОН	44060	9/5/2023		\$5.00
Margaret	Smith	7480 Beliflower Road	Mentor	ОН	44060	9/6/2023		\$25.00
James	Racic	6685 Dear Haven Ct	Concord	ОН	44077	5/11/2023		\$25.00
Roddy	Capra	1841 Eldon Drive	Wickliffe	ОН	44092	5/25/2023		\$50.00
Amy	Kissinger	825 North 16th Street	Cambridge	ОН	43725	5/24/2023		\$25.00
Fonda	Wade	38629 Ninadell Avenue	Willoughby	ОН	44094	5/19/2023		\$50.00
Raymond	Paganini	6155 Grandridge Pointe Dr	Concord	OH	44077	10/4/2023		\$100.00
Kumba	Alafi	5428 Marshview Lane	Mentor	ОН	44060	10/13/2023		\$500.00
Friends of Fal	per	4679 Winterset Drive	Columbus	ОН	43220	10/6/2023		\$500.00
Kenneth	Werner	6655 Pear Tree Lane	Mentor	ОН	44060	10/18/2023		\$25.00
Leslie	Williams	6064 Walden Ct	Mentor	ОН	44060	10/14/2023		\$100.00
Cornerstone I		7333 Corporate Blvd	Mentor	ОН	44060	10/2/2023		\$100.00
			History	1011	74000	IUIZIZUZO	raypai	\$100.00

PAGE	TOTAL	\$3,185.00

^{*} 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)]

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Commutee in Full							
Friends of Gil Martello				_			
To Whom Paid	4.000.00		M	24	Y	Amount	
Expenditures from FORM			0,5	124	23		166.60
Address	Purpose						
City	State	Zip Code	Check !	Number	_	_	-
		Trip titles					
To Whom Paid	TARGETT AND THE PARTY OF THE PA		M	D	Y	Amount	-
Expeditures from FORM	31 F (Event 2)		019	133	213		412.14
Address	Purposo						
City	State	Zip Code	Check!	Vumber		1	10.00
			,,,,,,	-unio ex		1	7
To Whom Pard			М	D	Y	Amount	
Expeditures form FORM	31 F (Event 3)				-1		0.00
Address	Purpose			111111111111111111111111111111111111111			
City	State	Zip Code	Check	Vumber		1	
	1	Sip Coo	C. Iour	-			
To Whom Paid		-	М	D	Y	Amount	
Expeditures form FORM	31 F (Event 4)						0.00
Address	Purpose		-				
City	State	Zip Code	Charle N	da alama		_	
City .	State	Zap Code	C BECK I	Check Number			
To Whom Paid		-	М	D	Y	Amount	
 Expeditures form FORM : 	31 F (Event 5)			1	1		0.00
Address	Purpose						
City	State	Zip Code	Check N	Junahar	-	-	
r.i.g	State	zap code	CHECK	Ammoer		1 1 1 1 1 1 1 1	
To Whom Paid			M	D	Y	Amount	
Expeditures form FORM	31 F (Event 6)				1		0.00
Address	Purpose		-				
City	State	Zip Code	Check N	Land & say		_	3
City	State	Zip Code	Cheek	Affillipet			
To Whom Paid			M	D	Y	Amount	
					1		
Address	Purpese		•				
City	Ctata	Tria Cada	Ichard N	l b	-	-	
City	State	Zip Code	Lateck P	Check Number			
To Whom Paid			М	D	Y	Amount	
111							
Address	Purpose						
City	State	Zip Code	C'heck N	lumber	-		W12-7
C						Labor.	
				_	_	-	

Page Total \$ 578.74

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31-A R C 3517.10

Page 1	
	- 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		Secretary of State Syns				
Name of Committee in Full						
Full Name of Contributor			Regist	ration Nu	mber, if P	AC'
Contributions from Form 31 E (Even	(1)					
Street Address		supation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M 015	122	123	Amount 2,176.00
Full Name of Contributor					mber, if P.	AC
Contributions from Form 31 E (Event						
Street Address	Employer/Oce	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	O!	D 2 3	1 × 3	Amount 525.00
Full Name of Contributor					nber, if P.	
Contributions from Form 31 E (Event	3)		18			
Street Address	Employer/Occ	repation/Labor Organization*			Form (Cash, Cheek, etc.)	
City	State	Zip Code	M	D	Y	Amount 0.00
Full Name of Contributor			Registr	ation Nun	nber, if P	
Contributions from Form 31 E (Event	4)					
Street Address		upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount ().00
Full Name of Contributor			Registr	ation Nun	nber, if P/	
Contributions from Form 31 E (Event	5)					
Street Address		upation/Labor Organization*				Form (Cush, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
				ĺ	1	0.00
Fall Name of Contributor Contributions from Form 31 E (Event	6)		Registra	uion Nun	aber, if PA	AC.
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zrp Code	M	b	Y	Amount
Full Name of Contributor			Registra	Mion Num	ber, if PA	0.00
Street Address	Employer/Occu	apation/Labor Organization*	Anna			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
fulf Name of Contributor	-		Registra	ition Num	iber, it PA	c
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)
Sity	State	Zip Code	M	D	Ÿ.	Amount
and the seast-house to make the state of the						

Page Total 3 2,701.00

^{*} 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 commute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, most appear. [R.C. 3517.10(B)(4))

Statement of Expenditures

NAME OF COMMITTEE:	Friends of Gil Martello

To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK#	AMOUNT
Gary Vaccariello	P.O. Box 1373	Mentor	ОН	44060	6/15/2023		2968	\$666.11
Gilbert A. Martello	6880 South Camelot Dr.	Mentor	ОН	44060		Reimb of opening acct	998	\$1,614.34
24 Hour Wristbands	14550 Beechnut Street	Houston	TX	77083		Wristbands	AMEX	\$133.80
Divyne Designs	2922 Lamplight Lane	Willoughby Hills	ОН	44094	5/17/2023	Political Signs	996	\$80.00
Amazon	410 Terry Ave N	Seattle	WA	98109	6/21/2023		Debit Ca	\$149.97
Vistaprint	275 Wyman Street	Waltham	MA	2451	7/20/2023	500 Business Cards	Debit Ca	\$57.91
Vistaprint	275 Wyman Street	Waltham	MA	2451	6/20/2023	1000 Business Cards	Debit Ca	\$106.17
Sheetz	7766 Lake Shore Blvd	Mentor	ОН	44060		Gas for the RV	Debit Ca	\$150.00
Amazon	410 Terry Ave N	Seattle	WA	98109		Cityfest Candy for 8/18-8/1		\$109.99
Amazon	410 Terry Ave N	Seattle	WA	98109	8/7/2023	Parade Candy for 8/19/23	Debit Ca	\$259.61
Vistaprint	275 Wyman Street	Waltham	WA	2451	8/24/2023	2500 Business Cards	Debit Ca	\$107.23
Sam's Club	5600 Emerald Ct.	Mentor	ОН	44060		Parade: Water & Dog Trea		\$43.49
Independence Place Condo A	8040 Independence Drive	Mentor	ОН	44060	3/30/2023	Hall Rental for Meeting	Check	\$125.00
Office Max	36415 Euclid Ave	Willoughby Hills	ОН	44094	4/3/2023	Visual aid	AMEX	\$65.48
Burger Ace Hardware	7320 Lakeshore Blvd	Mentor	ОН	44060			AMEX	\$36.10
Lake County BOE	105 Main Street	Painesville	ОН	44077	4/6/2023	Filing Fee	Cash	\$30.00
Home Depot	9615 Diamond Center	Mentor	ОН	44060		Banner Hanging Hardware		\$73.90
Sam's Club	5600 Emerald Ct.	Mentor	ОН	44060	10/16/2023		Debit Ca	\$2.55
	5018 Hutchison Street	South Bloomfield	OH	43103		Door Hangers	Debit Ca	\$341.92
Target	9669 Mentor Ave	Mentor	ОН	44060			Debit Ca	\$41.27
United States Postal Service	8600 Tyler Blvd	Mentor	ОН	44060			Debit Ca	\$198.00
United States Postal Service	8600 Tyler Blvd	Mentor	ОН	44060			Debit Ca	\$462.00
Sam's Club	5600 Emerald Ct.	Mentor	ОН	44060			Debit Ca	\$47.94
Dunkin	7742 Lakeshore Blvd	Mentor	ОН	44060			Debit Ca	\$37.25
United States Postal Service	8600 Tyler Blvd	Mentor	ОН	44060	10/18/2023		Debit Ca	\$198.00
Sam's Club	Diamond Center	Mentor	ОН	44060	10/17/2023		Debit Ca	\$15.96
			N. Committee	11000	10/1//2020	2.11010000	DCDII GG	\$10.00

PAGE	TOTAL	\$5,154.05

31-E R.C.3517.10(B)

Statement of Contributions Received at a Social or Fundraising Event

Page 1 of Event Two

	E OF COMMITTEE:	Friends of Gil Martello				EVENT	DATE:	9/23/23
FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Douglas	Lynn	6028 Weymouth Drive	Mentor	ОН	44060	8/7/2023	Ck 6576	\$50.00
om	DeLong	5522 Cat Tail Ct	Mentor	OH	44060	8/31/2023		\$50.00
Karen	Godec	9510 Remington Dr	Mentor	OH	44060	8/25/2023		\$50.0
Diane	Paroubek	8703 Blue Heron Way	Mentor	OH	44060	8/24/2023		\$50.0
Betty	Walsh	5532 W Heisley Rd	Mentor	OH	44060	8/31/2023		\$25.0
Mike	Carcioppolo	8310 Eagle Ridge Drive	Painesville	ОН	44077	9/23/2023		\$25.0
on no	Schutz	7775 Little Mountain Road	Mentor	OH	44060	9/23/2023		\$50.0
lelen	Crawford	9595 Green Valley Drive	Mentor	ОН	44060	9/23/2023		\$50.0
awn .	Gelsinger	7256 Hopkins Road	Mentor	ОН	44060	9/23/2023		\$25.0
en	Gamiere	7590 King Memorial	Mentor	OH	44060	9/23/2023		\$50.0
leather	Capra	1841 Eldon Dr	Wickliffe	ОН	44092	9/23/2023		\$25.0
ohn	Fox	36260 Lakeshore Blvd	Eastlake	ОН	44095	9/21/2023		
lope	Kucinski	6145 Bryson Drive	Mentor	ОН	44060	9/23/2023		\$50.0
			THE THE T	ION I	44000	3/23/2023	Cash	\$25.0
					-			
	No. of the last of							
	N Total				-			
					-			

Total contributions this event \$525.00

Total expenditure this event

PAGE TOTAL \$525.00

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

^{*} 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)]

31-E R.C.3517.10(B)

Statement of Contributions Received at a Social or Fundraising Event

Page	2 of		
	Event	One	

FULL NAME OF COMMITTEE:

Friends of Gil Martello

DATE:

FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Marcel	Rasic	6394 Carter Bld	Mentor	ОН	44094	5/24/2023	Cash	\$100.0
Larry	Blankenship	191 Grand River Ave	Painesville	ОН	44077	5/24/2023		\$60.0
Cathie	McAdams	9730 Yellowwood Dr	Concord	ОН	44060	5/24/2023	Cash	\$60.0
Kim	Brazan	8703 Marjory Dr	Mentor	ОН	44060	5/24/2023		\$50.0
Carol	Ashdown	6085 Maplewood Rd	Mentor-on-the-Lake	ОН	44060	5/24/2023		\$40.0
William	Mohat	8623 Hilltop Dr	Mentor	OH	44060	5/24/2023		\$20.0
Susan	Sedenik	7539 Little Mountain Rd	Mentor	ОН	44060	5/24/2023		\$30.0
Beverly	Sichilero	11772 Girdled Rd	Concord	ОН	44060	5/24/2023		\$100.0
Lynn	Wolcehovich	8099 South Bedord Rd	Macedonia	ОН	44056	5/24/2023		\$50.0
Daniel	DeMichele	6213 Brooks Blvd	Mentor	ОН	44060	5/24/2023		\$100.0
Anita	Kalkhof	6150 Eagles Nest Rd	Mentor	ОН	44060	5/24/2023		\$25.0
Daniel	Kral	8365 Findley Drive	Mentor	ОН	44060	5/5/2023		\$50.0
Roni	Regovich	9774 Knightsbridge Ln	Concord	ОН	44060	5/24/2023		\$50.0
Annie	Payne	9614 Yellowwood Drive	Mentor	ОН	44060	4/24/2023		\$50.0
Darko	Komso	8344 Mentorwood Drive	Mentor	ОН	44060	5/3/2023		\$50.0
Jason	Balint	11463 Viceroy Street	Painesville	ОН	44077	5/4/2023		\$50.0
	1/							
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Total contributions this event \$2,176.00

Total expenditure this event \$166.60 PAGE TOTAL \$885.00

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

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31-E R.C.3517.10(B)

Statement of Contributions Received at a Social or Fundraising Event

Page 1 of Event

One

	E OF COMMITTEE:	Friends of Gil Martello		EVENT	DATE:	5/24/23		
FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Diane	Popelas	5874 Hopkins Rd.	Mentor	ŌН	44060	5/22/2023	Check	\$25.00
Frank	Suponcic	7956 Deborah Ct.	Mentor	ОН	44060	5/24/2023		\$50.00
Elliot	Pilarczyk	216 Gillette St. PO Box 2100	Painesville	ОН	44077	5/24/2023	Check	\$30.00
Becky	Lynch	8040 King Memorial Rd.	Mentor	ОН	44060	5/24/2023		\$50.00
Robert	Roberts	2429 Michelle Ct.	Willoughby Hills	ОН	44094	5/24/2023	Check	\$50.00
Leslie	Williams	6064 Walden Ct.	Mentor	ОН	44060	5/24/2023	Check	\$125.00
Karen	Brittain	9425 Deer Holw	Mentor	ОН	44060	5/24/2023	Check	\$50.00
William	Petsche	8069 S Bedford Rd	Macedonia	ОН	44056	5/24/2023	Check	\$100.00
Dale	Fellows	2812 Fowler Dr.	Willoughby Hills	ОН	44094	5/24/2023		\$50.00
Scott	Fishel	6369 Rio Vista Dr.	Painesville	ОН	44077	5/24/2023		\$50.00
Curtis Carso	on Lau	6748 Connecticut Colony Cir.	Mentor	ОН	44060	5/28/2023		\$25.06
Campaign 4		9614 Yellowwood Dr.	Mentor	ОН	44060	5/24/2023		\$50.00
Rob	Quaranto	345 Trails End	Aurorar	OH	44202	5/24/2023		\$50.0
Tammy	Samac	8169 Conover Ct	Mentor	OH	44060	5/24/2023	Cash	\$70.00
Jackie	Angelo	787 Nautilus Trail	Aurora	ОН	44202	5/24/2023		\$40.00
Shawn	Mayernik	4895 Glenwood Ave	Willoughby	ОН	44094	5/24/2023		\$25.00
Lori	Valentino	7420 Jasani Ct	Mentor	ОН	44060	5/24/2023		\$25.00
Laura	Sellers	7483 Reynolds Rd	Mentor	ОН	44060	5/24/2023		\$25.00
Colleen	Rossetti	7868 Sharon Dr	Mentor-on-the-Lake	ОН	44060	5/24/2023		\$25.00
Joe	D'Ambrosio	859 Audrey Dr	Eastlake	ОН	44095	5/24/2023		\$25.08
Don	Stein	6145 Bryson Dr	Mentor	ОН	44060	5/24/2023		\$25.08
Hope	Kucinski	6145 Bryson Dr	Mentor	ОН	44060	5/24/2023		\$26.00
Connie	Paraskevas	6077 Maplewood Rd	Mentor	ОН	44060	5/24/2023		\$25.00
Brian	Caron	1500 Detroit Ave	Cleveland	ОН	44115	5/24/2023	Venmo	\$50.08
Marcie	Patterson	6480 Bryson Dr	Mentor	ОН	44060	5/24/2023	Cash	\$50.00
Katherine	Tatterson	7406 Holly Park Dr	Concord	ОН	44060	5/24/2023	Cash	\$25.00
Roger	Jewell	7418 Hart St	Mentor	ОН	44060	5/24/2023	Cash	\$25.00
Rich	Valentino	9774 Knightsbridge Ln	Concord	ОН	44060	5/24/2023	Cash	\$50.09
Bob	Cherkes	3804 Harvard Dr	Willoughby	ОН	44060	5/24/2023		\$25.00
Michael	Mastrodonato	7402 Spring Blossom Dr	Mentor	ОН	44060	5/24/2023		\$50.00

Total contributions this event \$2,176.00

Total expenditure this event

PAGE TOTAL \$1,291.00

Fill in the boxes below only on the last page for this event,

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

^{*} 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)]

NAME OF COMMITTEE:

To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK#	AMOUNT
Paypal-Cicconetti	2211 N 1st St	San Jose	CA	95131	4/15/2023			\$1.50
Paypal-Miracle	2211 N 1st St	San Jose	CA	95131	5/24/2023			\$2.99
Paypal-Wassum	2211 N 1st St	San Jose	CA	95131	8/4/2023	Fees		\$2.99
Paypal-Usnik	2211 N 1st St	San Jose	CA	95131	8/31/2023	Fees		\$1.50
Paypal-Krause	2211 N 1st St	San Jose	CA	95131	9/5/2023	Fees		\$0.15
Paypal-Smith	2211 N 1st St	San Jose	CA	95131	9/6/2023			\$0.75
Paypal-Racic	2211 N 1st St	San Jose	CA	95131	5/11/2023			\$0.75
Paypal-Capra	2211 N 1st St	San Jose	CA	95131	5/25/2023			\$1.50
Paypal-Kissinger Paypal-Wade	2211 N 1st St	San Jose	CA	95131	5/24/2023			\$0.75
Paypal-Wade	2211 N 1st St	San Jose	CA	95131	5/19/2023			\$1.50
Paypal-Cicconetti (extra fee)	2211 N 1st St	San Jose	CA	95131	5/1/2023			\$0.73
Paypal-Alafi	2211 N 1st St	San Jose	CA	95131	10/13/2023			\$14.95
Paypal-Werner	2211 N 1st St	San Jose	CA	95131	10/18/2023			\$0.75
Paypal-Cornerstone IT	2211 N 1st St	San Jose	CA	95131	10/2/2023			\$2.99
Paypal-Cornerstone IT	2211 N 1st St	San Jose	CA	95131	10/13/2023			\$97.01
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PAGE	TOTAL	\$130.81

31-K R.C 3512.10

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Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee						-		
Friends of Gil Martello								
To Whom Made				Prior A	nount		Ann. Loaned this Period	
Gil Martello							1,000.00	
Address						(12.21	Duistanding Balance	
6880 South Camelot Drive				14.7	[7.1]	à	0.00	
City	State	Zip Cot			Pay	ments Re	eceived This Period	
Mentor	OH		060_	<u></u>	Date		Amount	
Date Loan was originally Made	м 0 [4	0 i 7	2)3	м 0]7	0 8	2 3	1,000.00	
				M	D	Y		
				М	D	Y		
To Whom Made			- do-	Prior Ar	nount		Amt. Loaned this Period	
Gil Martello							614.34	
Address				对"。	8 M	1 38	Outstanding Balance	
6880 South Camelot Drive				, (X	100	15.7	0.00	
City	State	Zip Cod	ė		Payr	nėnis Re	seived This Period	
Mentor	OH	44	060		Date		Amount	
Date Loan was originally Made	м 0 3	3 0	y 2 3	м 0 7	0 8	2 3	614.34	
				M	D	Y		
	12			М	D	Y		
To Whom Made				Prior An	nount		Amt. Loaned this Period	
Addross				Outstanding Balance		Outstanding Balance		
				Payments Received This Period				
City	State	Zip Cod	e		_	nents Re		
City	Ĭ		e Y	M	Date		ceived This Period Amount	
	State M	Zip Cod D		М	_	gents Re		
City	Ĭ			M	Date			
City	Ĭ				Date D	Y		

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31-J-1 RC 351710

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In-Kind Contributions Received

Prescribed by Secretary of State 3:05

Name of Committee in Full			_	-	-	
Friends of Gil Martello			-			
Full Name of Contributor	Employer, Oct	opation, Labor Organization *	Rogistr	ation Nu	mber, if I	PAC
Friends of Rose Ioppolo			-	1	-	
Street Address	The second second second	Item or Service	M	D	Y	Fair Market Value
9899 Judges Ct		for 9/23 Fundraise		2 2		3 28,17
City	State O 1	Zip Code	110000000000000000000000000000000000000		draising I	
Concornd Full Name of Contributor	Committee of the Commit			TES		□ 80
A CONTRACTOR OF THE CONTRACTOR	timployer, Occ	upation, Labor Organization *	Registra	WHOSE LANS	nber, a P	NC.
Michael Kaim Street Address			-	_		Tare present the Control
12.300.3003.8		Item or Service	M	D	· ·	Fair Market Value
7583 Salida Rd Ciiv				1 5		
	State	Zip Code			draising l	
Mentor Full Name of Contributor	O H			YES		₩ NO
	Employer, Occ	opotion, Labor Organization*	Registr	ation Nui	nher, if P	AC
Brittany Cirino Photography	-		-	-		
Street Address	Description of		M	D	Y	Fair Murker Value
35837 Ridge Road		Photography			21:	
City	State	The state of the s	1000000		draising f	
Willoughby	0 H			Yes		☑ NO
Full Name of Contributor	Employer, Occ	opation, Labor Organization *	Registra	ation Nur	iber, if P	AC
B & B Copiers					_	
Street Address	Description of Item or Service		M	D		Fair Market Value
1098 Lost Nation Road		es-ballot chaser lette				
City	Store	Zip Code			draising E	
Willoughby	OH			YES		₽ NO
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	stics Nur	nber, if P	AC
Ron Micchia					_	
Street Address	Description of l		M	D	Y	Fair Market Value
9140 Lakeshore Blvd		mo Chapsticks			2 3	
City	State	A STATE OF THE PARTY OF THE PAR			fraising E	
Mentor	OIH			TES		☑ NO
Full Name of Contributor	Employer, Occi	apation, Labor Organization *	Registra	ation Nun	aber, if P	AC
Street Address	Description of t	tem or Service	М	D	TY	Früt Market Value
	100000000000000000000000000000000000000		1		II Y	
City	State	Zip Code	Receive	d at Fund	raising E	Cent?
			1000	YES		□ NO
Fult Name of Contributor	Employer, Occa	opation, Labor Organization *			bet, dP	
	100000					
Street Address	Description of t	rent or Service	M	D	Y	Fait Market Value
	1 200		1	1		
City	State	Zip Code	Receive	d at Fund	inising E	ivent?
	1		П	YES		□ NO
Full Name of Contributor	Employer, Occi	ipation, Labor Organization *	Registra	nion Nun	ber, if P.	
				1	1	Tall to the
Sued Address	Description of I	tom or Service	M	D	Y	Fair Market Value
Put.		Tana a				05.00
City	State	Zip Code			lraising E	ivent/
	1			YES		□ NO

Page Total 5 1,353.17

^{*} 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 employee 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)}

31-J-1 RC 3517 10

	2
Page	J

In-Kind Contributions Received

Prescribed by Socretary of State 3/05

Name of Committee in Full		
Friends of Gil Martello		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppole	The second secon	
Street Address	Description of Item or Service	M D Y Fait Market Value
9899 Judges Ct	Mentor Mag	0 9 1 5 2 3 200.00
City	State Zip Code	Received in Fundraising Event?
Concord	O H 44060	TYES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Neighborhood Promotions		
Street Address	Description of Item or Service	M D Y Fau Merket Value
P.O. Box 669	Literature donation	0 9 0 1 2 3 350.00
City	State Zip Code	Received at Fundraising Event?
Columbia Station	O H 44028	TYPS IN NO
Full Name of Contributor	fimployer, Occupation, Labor Organization	Registration Number, if PAC
Friends of Rose loppolo		
Street Address	Description of Benrar Service	M D V Fair Market Value
9899 Judges Ct	Ad in Football Program	0 6 1 8 2 3 250.00
City	State Zip Code	Received at Fundraising Event?
Concord	O H 44060	□ YFS □ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose Ioppola		
Street Address	Description of Item or Service	M D Y Fair Market Value
9899 Judges Ct	Large Banners	0 6 2 1 2 3 488.28
City	State Zip Code	Received at Fundraising Event?
Concord	0 H 44060	□ YES □ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose Ioppolo		
Street Address	Description of Item or Service	M D Y Fair Market Value
9899 Judges Ct	City Fest Booth	0 6 0 6 2 3 300.00
City	State Zip Code	Received at Pandraising Event?
		□YES ☑ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppolo		
	Description of Item or Service	M D V Pair Market Value
9899 Judges Ct	200 Small Signs	0 9 2 5 2 3 1.909.44
Chy	State Zip Cede	Received at Fundrating Event?
Full Name of Contributor	Feet 0 - Library	
	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose Joppolo Street Address	Description of Item or Service	To I a lease to the
9899 Judges Ct		M D Y Pair Murker Value 362.71
City	Reprint of OSBCC Lit	0 9 2 9 2 3 362.71 Received at Fundratising Event?
	State Pap Code	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
Friends of Rose Ioppolo	introduct, occupation, Labor organization	Registration trainies, it erec.
Street Address	Description of Item or Service	M D Y Fair Market Value
9899 Judges Ct	Deposit for Carr's Catering	
Chy	State Zip Code	Received at Fundraising Event?
· ·		☑ YES ☐ SO

Page Total \$ 4,360.43

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If exetribution 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 disduction and exceed the aggregate of \$100, the labor organization of which the conployees are members, if any, must appear. [R C 3517.10(B)(4)]

31-J-1 R.C. 1517.10

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Pose	4

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Plans of Committee in Pull		
Friends of Gil Martello		
Full Manu of Courilisers	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppolo	Description of hom or Service	M D Y Fair Mashet Value
The state of the s	Food for Fundraiser	0 9 2 3 2 3 2,252.25
9899 Judges Ct	rood for rundraiser	Received at Pundraining Event?
Concord	O I H 44060	□YES □ NO
Fell Number of Contributor	Employer, Occupation, Labor Organization *	Registration Number, I PAC
Friends of Rose Ioppolo		
Street Address	Description of heat or Service	M D Y Fair Murlet Value
9899 Judges Ct	Political Signs	0 6 2 1 2 3 3,186.00
City	State Zip Code	Received a Fundacing Event
Mentor	O H 44060	☐ YES ☑ NO
Fell Nurse of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppolo		
Maria Address	Date ipsion of Steen or Service	M D Y Fair Market Value
9899 Judges Ct	Car Magnets and Stickers	0 6 2 2 2 3 252.72
Chr	State Zip Code	Received at Fundaming Event? YES E NO
Concord PANNers of Courthern	O H 44060	Regularistics Humber, I' PAC
Friends of Rose loppolo	codesia, occidenta cross Organization	Registrates Horses, a Pric
Sunt Address	Description of State or Service	M D Y Fair Market Value
9899 Judges Ct	T-shirts	0 8 0 8 2 3 396.87
City City	State Top Code	Received at Fundraining Event?
Concord	O H 44060	□ AE2 ⑤ NO
Full Name of Countbook	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppolo		
Stroot Address	Description of Dem or Service	M D Y Pair Market Value
9899 Judges Ct	RD Consulting -Literature	
Cky	Stone Zip Code	Received at Fundralising Event?
Concord	O H 44060	☐YES ☐NO
Full Misso of Contributor	Emplayer, Occupation, Labor Organization *	Registration Number, if PAC
Friends of Rose loppolo	Description of Item or Service	M D Y Free Market Value
The second second		0 8 2 3 2 3 165.52
9899 Judges Ct	Facebook Boost	Received at Fundaming Event?
EAST COMMENT OF THE PARTY OF TH	O I H 44060	☐ YES ☑ NO
Concord-	Employer, Occupation, Labor Organization *	Reviewsien Murrher, if PAC
Friends of Rose loppolo		A THE STATE OF THE
Sweet Address	Description of Items or Service	M D Y Pair Market Volum
9899 Judges Ct	Valpak (Sept-Oct)	0 9 2 2 2 3 1,385.16
City	Sinte Zip Code	Received at Pundraising Event?
Concord	O H 44060	D YES D NO
Full Have of Contributor	Employer, Consuperion, Luber Organization *	Regionation Number, if PAC
Friends of Rose loppolo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Street Address	Description of Stem or Service	M D Y Fair Market Value
9899 Judges Ct	Mentor Mag (Aug-Oct)	0 9 2 1 2 3 600.00
Coy	State Sip Code	Received a Fundacing Event
Concord	O H 44060	DAER SHO

Page Total 5 8,757.33

^{*} Required for contributions from individuals over \$100 to attention and general assembly contribute is salf-amployed, the occupation and the name of the individual's business. If any, rather than comployer should be listed. If one or once employers contribute via payvoil deduction and accept the higgs gain of \$100, the information of which the employers are nombors, if any, sound spoor. (R.C. 3517.10(B)(4)]

Not an Unginal Document

31-J-1 RC 351710

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In-Kind Contributions Received

Prescribed by Socretary of State 3705

er, if PAC		
10.11.2.11.5		
Y Fair Market Value		
0 3 203.00		
ising Event?		
[] NO		
er, If PAC		
Y Fair Market Value		
2 3 7.55		
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☑ NO		
Registration Number, if PAC		
Y Fair Market Value		
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ising Event?		
₽ NO		
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Y Fair Market Value		
2 3 544.01		
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Y Fair Market Value		
2 3 35.67		
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□ NO		
TH PAC		
Y Fair Market Value		
29.73		
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Y Fair Market Value		
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Y Fair Market Value		
2 3 100.00		
sing Event?		
□ NO		

Page Tanal \$ 1,370.16

^{*} Required for eventributions 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)]

31-F R.C.3517.10

Statement of Expenditures for Social or Fundraising Event

Page 1 of

Event

Two

FULL NAME of Committee: Friends of Gil Martello

Event Date:

To Whom Paid	Address	City	State	Zip	Purpose	DATE	Check #	AMOUNT
Catherine Calhoun	Carr's Catering	Timberlake	OH	44095	Balance of food for fundraiser	9/23/2023	24872	\$372.5
mazon	410 Terry Ave N	Seatile	WA	98109	Wristbands & Rubberbands	9/11/2023	Debit Card	\$39.6
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111111111111111111111111111111111111111								
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			_					_
						PAGE	TOTAL I	6440
	s event to Form No 31-B: Under the "To Wh					PAGE	TOTAL	\$412.1

31-F R.C.3517.10

Statement of Expenditures for Social or Fundraising Event

Page	1 of		
Е	vent	One	

FULL NAME of Committee: Friends of Gil Martello

To Whom Paid	Address	City	State	Zip	Purpose	DATE	Check #	5/24/2
y Leach Entertainment		Mentor	ОН		DJ Services	5/24/2023		
	2211 N 1st St	San Jose	CA	95131	4/24/2023	F000	Casii	\$150.0 \$1.5
al-Komso	2211 N 1st St	San Jose	CA	95131	5/3/2023	Fage	1914	\$1.5
al-Balint	2211 N 1st St	San Jose	CA	95131	5/4/2023			\$1.5
-Payne (extra Fees)	2211 N 1st St	San Jose	CA	95131	5/1/2023	Food		\$0.7
o Expenses	117 Barrow St	New York	NY	10014	5/30/2023	Fees	-	\$11.3
								w11.
							1	
			and a second					
							1	
						11-2		
		_						
	ent to Form No. 31-B Under the "To Who					PAGE	TOTAL	\$166.

31-A-2 R C 3517.10(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/0

Name of Committee in Full						
Friends of Gil Martello						
Full Name			Regist	ration Nu	imber, if	PAC
Gil Martello						
Address	Type*	1 1 1 1 1 1	M	a	Y	Amount
6880 S Camelot Drive	LN		014	1017	213	3 1,000.00
City	State	Zip Code	Form(Cash,Che	ck,etc)	The second second
Mentor	OH	44060		Trans		A CHARLES
Full Name			Regist	ration Nu	mber, if I	PAC
Gil Martello						
Address	Type*	The same of the same	M	D	Y	Amount
6880 S Camelot Drive	LN	1.00 - 100 00	017	0 2	213	614.34
City	State	Zsp Code		Cash Che		0.00
Mentor	OIH	44060	I C	ash, Al	MEX	to a second
Full Name				ration Nu		AC
Address	Type*	The Participation	М	D	TY	Amount
(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	1 1	11	
City	State	Zip Code	Form	ash, Ches	(k.etc)	1001 1001
					,,	
Full Name			Registr	ation No	other if F	PAC
			i co co		1100, 11 1	110
Address	Type*	1 1 1 1 1 1 1 1 1 1	M	D	Y	Amount
	,,,,	The state of the s	1		. 3	-Anionii
City	Stare	Zip Code	Warmit!	Soch Phas	Je samb	1-
	State	an conce	Form(Cash,Check,etc)			Name of the last o
Full Name			Daniela	ation Non	whom if D	2 4 4
			iceRist.	ation Nu	ROCT, II P	AC
Address	Type*	T - 7 - 7 - 7	M	a	TV	Transition of the same of the
100.00	Type		NI.		,	Amount
City	State	Zip Code	F	1 0		-
and y	State	sap Code	Loun(C	ash,Chec	k,etc)	The said of
Full Name			n		1 100	10
Total State of the			Registr	ation Nur	nber, il P	AC
Address	Tours.	P	111	1 6	1 4	
- COLOR C. S. C.	Type*		M	D	Y	Amount
City	r.	2. C. b.	10 /0	1 0		
	State	Zip Code	Porm(C	ash.Chec	k,eto)	117 34
Full Name						y 10
LIT HADING			Registra	ation Nun	nber, if P.	AC
Address						
Autress	Type*		M	D	Y	Amount
City		23 * _e1 a/65			-1	
Lity	State	Zip Code	Form(C	ash,Chec	k,etc)	3
311						10.00
Foll Name			Registra	ation Nur	ber, if P	AC
The second secon			-	,		
Address	Type*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M	D	Y	Amount
**		S. S			1	
City	State	Zip Code	Form(C	ash,Chec	k,etg)	
			M = =			

Page Total \$ 1,614.34

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.

SA for the sale of committee assets, or LN for payments received on a lean made.

30-A R C 3517.10

2023 PostGen

UKI MORTO OF ELECTION DEC 11 2X 28 PH12:89

Ohio Campaign Finance Report

						Registrat	on Nom	her, if PA	C.	
riends of Gil M	lartello									
Name of Candidate Gilbert Martello	111									
et Address	111			Office Sought				District	-	
68805 Camelot D	rive			School Bo	pard					Ex Vil
y						tate	Zip Cud			
Mentor					0	11	440	060		
se of Report	Pre-Primary	Post-Primary	Pre	-General		Post-Gen	eral	X	Annual	Year
ce X to the left of report	July	August	Sep	tember					Sentiani	nual
0	Monthly	Monthly	Mo	nthly		Terminati	on			
ended Report?		etronically filed? Yes ☑ No			2	М		D		Y
L les E	140) 163 (E) NO	Date of Elect	20B	1	2	0	9	2	3
12	Total monetary contribution		s 1,160.00							
T.	. Amount brought forward fr	rom last vervet		\$		1,636	71	1		
12	2 Total monetary contributions (From Form No. 31-A)			1,160.00						
	\$									-
	Total other income (From F	om No. 31-75-2)		ŝ		().00			
ıq	Total funds available (sum o	of lines 1, 2, 3)		2,796.74						1
- 1				\$						1
5	Total monetary expenditure	s (From Form No 31-B)		1,704.29						1
	Pul	r - r>		\$						1
15	Balance on hand (line 4 min	us Ime 5)		6		1,092	2.45			
7.	Value of in-kind contribution	ns received (From Form No. 31.	-J-1)	\$		-	0.00			1
				5	-	- (,,,,,()			
	Value of in-kind contribution	ons made (From Form No. 31-J-	2)			(00.6			
15.				\$						1
Ī		committee (From Form No. 31)	C)	0.0			00,0			
Ī	Outstanding loans owed by				5					
9.		- 110	(-N)	\$			ا مو			
9.		y committee (From Form No. 31	I-N)			(00.0			_
9.). Outstanding debts awed by	- 110		\$						1
9.). Outstanding debts awed by	y committee (From Form No. 31					00.0			-
9. 10 1.	Outstanding debts owed by Outstanding loans owed to Value of independent expe	y committee (From Form No. 31) committee (From Form No. 31)	-K)	5		C				L
9. 11 1. 12	Outstanding debts owed by Outstanding loans owed to Value of independent expe	y committee (From Form No. 31) committee (From Form No. 31)	-K) 31-W)	\$		C	0.00			L

Printed from Lake County Website

Statement of Contributions

Page 8

FULL NAME OF COMMITTEE: Friends of Gil Martello

LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Laughlin	10090 Weathersfield Dr	Mentor	ОН	44060	10/14/2023	Check	\$50.00
Lynn	6028 Weymouth Dr	Mentor					\$200.00
Freeman	7281 Taft St	Mentor					\$50.00
Markiewicz	7421 N Chestnut Commons	Mentor		44060			\$500.00
Owens	970 E. 250th Street	Euclid	ОН				\$10.00
	8304 Mentor Avenue	Mentor	ОН	44060			\$200.00
	5463 Blue Heron Way	Mentor	ОН	44060			\$50.00
Gaffny	8472 Hilltop Dr.	Mentor	ОН	44060	11/2/2023	Paypal	\$100.00
	+		-				-
-							
1				-			
The property of the second							
46							
	Laughlin Lynn Freeman Markiewicz	Laughlin 10090 Weathersfield Dr Lynn 6028 Weymouth Dr Freeman 7281 Taft St Markiewicz 7421 N Chestnut Commons Owens 970 E. 250th Street McCracken 8304 Mentor Avenue Goodhue 5463 Blue Heron Way	Laughlin10090 Weathersfield DrMentorLynn6028 Weymouth DrMentorFreeman7281 Taft StMentorMarkiewicz7421 N Chestnut CommonsMentorOwens970 E. 250th StreetEuclidMcCracken8304 Mentor AvenueMentorGoodhue5463 Blue Heron WayMentor	Laughlin 10090 Weathersfield Dr Mentor OH Lynn 6028 Weymouth Dr Mentor OH Freeman 7281 Taft St Mentor OH Markiewicz 7421 N Chestnut Commons Mentor OH Owens 970 E. 250th Street Euclid OH McCracken 8304 Mentor Avenue Mentor OH Goodhue 5463 Blue Heron Way Mentor OH	Laughlin 10090 Weathersfield Dr Mentor OH 44060 Lynn 6028 Weymouth Dr Mentor OH 44060 Freeman 7281 Taft St Mentor OH 44060 Markiewicz 7421 N Chestnut Commons Mentor OH 44060 Owens 970 E. 250th Street Euclid OH 44132 McCracken 8304 Mentor Avenue Mentor OH 44060 Goodhue 5463 Blue Heron Way Mentor OH 44060	Laughlin 10090 Weathersfield Dr Mentor OH 44060 10/14/2023 Lynn 6028 Weymouth Dr Mentor OH 44060 11/2/2023 Freeman 7281 Taft St Mentor OH 44060 10/26/2023 Markiewicz 7421 N Chestnut Commons Mentor OH 44060 11/6/2023 Owens 970 E. 250th Street Euclid OH 44132 10/19/2023 McCracken 8304 Mentor Avenue Mentor OH 44060 11/1/2023 Goodhue 5463 Blue Heron Way Mentor OH 44060 11/2/2023	Laughlin 10090 Weathersfield Dr Mentor OH 44060 10/14/2023 Check Lynn 6028 Weymouth Dr Mentor OH 44060 11/2/2023 Check Freeman 7281 Taft St Mentor OH 44060 10/26/2023 Check Markiewicz 7421 N Chestnut Commons Mentor OH 44060 11/6/2023 Paypal Owens 970 E. 250th Street Euclid OH 44132 10/19/2023 Paypal McCracken 8304 Mentor Avenue Mentor OH 44060 11/1/2023 Paypal Goodhue 5463 Blue Heron Way Mentor OH 44060 11/2/2023 Paypal

PAGE	TOTAL	\$1,160.00

^{*} 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)]

Statement of Expenditures

NAME OF COMMITTEE: Friends of Gil Martello

To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK#	AMOUNT
		Mentor	ОН	44060	10/23/2023	Stamps for Ballot Chase	Debit Ca	\$66.00
Morgan Litho	4101 Commerce Ave	Cleveland	ОН	44103	11/21/2023	Yard Signs	Кеуbалк	\$1,044.0
Morgan Litho	4101 Commerce Ave	Cleveland	ОН	44103	11/30/2023	Yard Signs Tax	Keybank	\$83.5
Paypal-Markiewicz	2211 N 1st St	San Jose	CA	95131	11/6/2023	Fees	The yours	\$14.9
Paypal-Markiewicz Refund	7421 N Chestnut Commons	Mentor	OH	44060	11/23/2023	Refund	Paypal	\$485.0
Paypal-Owens	2211 N 1st St	San Jose	CA	44103		Fees	1 4,54	\$0.30
Paypal-McCracken	2211 N 1st St	San Jose	CA	44103	11/1/2023	Fees		\$5.98
Paypal-Goodhue	2211 N 1st St	San Jose	CA	44103		Fees		\$1.50
Paypal-DiFranco	2211 N 1st St	San Jose	CA	44103			1	\$2.9
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PAGE	TOTAL	\$1,704.29

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Ohio Campaign Finance Report

2023 PreGen

Form 30-A

ORC 3517.10

Committee Name				Office So	ught				District
FRIENDS OF DENISE V	/ERDI			SCHOOL BOARD					WE
Street Address		City			State	Zír)		
12 OWAISSA DRIVE		TIMBERLA	AKE		ОН	44	1095		
Candidate Name OR PAG	C Registration Number	Treasurer Nam					Election Date (MM/DD/	YYYY)
DENISE VERID	11///23				11/7/23				
Type of Report (cho									
∐ Annual [Se	emiannual 🔲 Pre-Primary	Post-P	Primary 🔀	Pre-General		Pos	t-General		
Statewide Candidate	s Only:							Year	
July Monthly	August Monthly Se	eptember Mor	nthly						
Amended Report	Termination		Short Forn	n Report (R.	C. 351	7.10)(H))		
☐ No ⊠ Yes	Check this box if the co			this box if the erm report. S			e is filing a d instructions		
1. Amount brough	ht forward from last report				00				
2. Total monetary	contributions (From Forms	31-A and 31-	-E)	\$1	,850.00	3 14 1	Z		
3. Total other inco	ome (From Form 31-A-2)	SAMULI MILANE	110/12 (41)	\$1,682.53					
4. Total funds ave	allable (sum of lines 1, 2, 3)	A CONTRACTOR OF THE PARTY OF TH		\$3,532.53				AMI	AU
5. Total monetary	expenditures (From Forms	31-B and 31-	F)	\$2,018.03 🗸				AMEND LTR	AUDITED
6. Balance on har	nd (line 4 minus line 5)	制地。		\$1,514.50				1 7	17
7. Value of in-kind	d contributions received (Fr	rom Form 31-	J-1)	00					13
8. Value of in-kind	l contributions made (From	Form 31-J-2)).	00				COM	ENT
9. Outstanding loa	ans owed by committee (Fr	om Form 31-0	0)	\$1,682.53 🗸					
10. Outstanding d	lebts owed by committee (F	rom Form 31	-N)		00			PLETED_	10/2
11. Outstanding lo	oans owed to committee (F	rom Form 31-	K)	00			3	17	
12. Value of Indep	endent expenditures made	(From Form	31-U)		00 11				
THIS STATEMENT WHOEVER COMM	IS MADE UNDER PENALT	Y OF ELECT	ION FALSIFIC	CATION.			EGREE.		
Brean	- Hace	ae -			2/12/2	4			
Signature of Treasurer or	Deputy Treasurer	49-291-2015	-	_	Date (M	M/DI	D/YYYY)		
Contribution Pages	Expenditure Pages	Other	Pages	Total Pag	jes				
				35			Last U	odated	09/201



Page 1

Statement of Contributions Received

Form 31-A

ORC 3517.10

			Registration Numb	er, if PAC
Employe	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
				CHECK
State	Zip Code	Date (MM/D	D/YYYY)	Amount
он 🖣	44095		9/12/23	\$50.00
	de service.		Registration Numb	er, if PAC
Employe	r/Occupation/Lab	or Organization*	4.00	Form (Cash, Check, etc.)
				CHECK
State	Zip Code	Date (MM/D	D/YYYY)	Amount
он 💌	43040		8/31/23	\$50.00
			Registration Number	er, if PAC
Employe	r/Occupation/Lab	or Organization*	Learn services in the services	Form (Cash, Check, etc.)
				CHECK
State	Zip Code	Date (MM/D	D/YYYY)	Amount
он 🖹	44095		9/12/23	\$100.00
			Registration Number	er, if PAC
11/4	Okask Parane			
Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
				CHECK
State	Zíp Code	Date (MM/D	D/YYYY)	Amount
OH 💌	44094		9/22/23	\$500.00
Andrew State of the State of th			Registration Number	er, if PAC
				n-3 **
Employe	//Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
				CHECK
State	Zip Code	Date (MM/D	D/YY.YY)	Amount
OH F	44077		10/1/23	\$75.00
	State OH Employe State OH Employe State OH State OH State OH State OH State OH State OH State	State Zip Code OH A4095 Employer/Occupation/Lab State Zip Code OH Zip Code 43040 Employer/Occupation/Lab State Zip Code OH Zip Code OH Zip Code 44095	Employer/Occupation/Labor Organization* State Zip Code 43040 Employer/Occupation/Labor Organization* State Zip Code 44095 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code 44095 Employer/Occupation/Labor Organization* State Zip Code Date (MM/D OH 44094 Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code

*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)]

Page Total \$ 775.00



Page 2

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF DENISE VERDI					
Full Name of Contributor MARY SCHWARZ			R	Registration Number	er, if PAC
Street Address 3703 LAKE ROAD E	Employe	er/Occupation/Lab	or Organization*	- 10 - 5 ft and 10 - 10	Form (Cash, Check, etc.) CASH
City ASHTABULA	State OH	Grade -			Amount 10.00
Full Name of Contributor BILL FEINERICH	1 0 1 V			Registration Number	er, if PAC
Street Address 549 EZMOR LANE	Employe	er/Occupation/Lab	or Organization*	4	Form (Cash, Check, etc.) CASH
City WICKLIFFE	State OH	Zip Code 44092	Date (MM/D	D/YYYY) 7/30/23	Amount \$25.00
Full Name of Contributor JUNE SLADER				Registration Number	er, if PAC
Street Address 6759 EASTGATE DRIVE	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.) CASH
City MAYFIELD VILLAGE	State OH	Zip Code 44143	Date (MM/D	D/YYYY) 9/19/23	Amount \$40.00
Full Name of Contributor GEORGE TRANSKY	1 532			Registration Number	er, if PAC
Street Address 35 MINNEWAWA DRIVE	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.) CASH
City TIMBERLAKE	State OH	Zip Code 44095	Date (MM/DI	D/YYYY) 9/19/23	Amount \$20.00
Full Name of Contributor TERRY CIARCIA				Registration Number	er, if PAC
Street Address 473 WATERBURY DRIVE	Employer	r/Occupation/Labo	or Organization*		Form (Cash, Check, etc.) CASH
City EASTLAKE	State	Zip Code 44095	Date (MM/DI	D/YYYY) 9/19/23	Amount \$35.00

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

Page Total 130.00



Statement of Contributions Received

Form 31-A

ORC 3517.10

			-		The second secon
Full Name of Committee FRIENDS OF DENISE VERDI					
Full Name of Contributor				Registration Numb	er, if PAC
LUCY STICKEN					
Street Address	Employe	r/Occupation/Lat	oor Organization*		Form (Cash, Check, etc.)
1012 WEST MILL DRIVE		100			CASH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
HIGHLAND HEIGHTS	он 🔽	44143		9/17/23	\$30.00
Full Name of Contributor		***	* +	Registration Numb	er, if PAC
ANONYMOUS [SEE EXPLANATION OF THIS CON	NTRIBUTION]				
Street Address	Employe	r/Occupation/Lat	or Organization*		Form (Cash, Check, etc.)
			4 6		CASH
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
\$ 1 m		1.	90 E N		\$20.00
Full Name of Contributor				Registration Numb	er, if PAC
CONTRIBUTIONS FROM FORM NO. 31 E					
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
jug ka ve k					
City	State	Zlp Code	Date (MM/DI	D/YYYY)	Amount
	er.	le .			\$895.00
Full Name of Contributor	***************************************	*		Registration Numb	er, If PAC
			fire .		
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
	4.8				-
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
A The Australian Collection	*		-		
Full Name of Contributor				Registration Number	er, if PAC
end Markette					
Street Address	Employe	/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
* × 4		7 7 3	2.0		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	-	in the second second			Control of the Contro

*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)]

Page Total 945.00



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Statement of Expenditures

Form 31-E

R.C. 3517.10

Full Name of Committee FRIENDS OF DENISE VERDI			A				
To Whom Paid			Date (MM/DD/YYYY)		Amount		
KATHY FISHEL		8/9/23 \$200					
Street Address	Purpose	Purpose					
6369 RIO VISTA	FLYERS						
City	State	Zip	Code	Che	eck Number		
CONCORD TOWNSHIP	ОН	44	077	70	03		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose				L		
City	State	Zirs	Code	Tche	ack Number		
Siny and the second sec	ОН	Zip	Code	Crie	eck Number		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	eck Number		
	он		2				
To Whom Paid			Date (MM/DD/YYYY)	_	Amount		
Street Address	Purpose	!			~		
City	State	Zip	Code	Che	ock Number		
	ОН						
To Whom Pald			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose	1	- W				
City	State	Zip t	Code	Che	ck Number		
	ОН		-		-		

Page	Total	\$ 200.00	



Page 2

Statement of Loans Received

Form 31-C

R.C. 3517.10

From Whom Received					Prior Amount	Amt. Incurred this Period	
DENISE VERDI					00	\$593.00	
Street Address 12 OWAISSA DRIV	MA.					Outstanding Balance \$593.00	
City TIMBERLAKE	State OH	Zip Code 44095	Loans Received To	his Period	Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/3/23			Date of Loan (MM/DD/YYYY) 8/3/23		Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
From Whom Received DENISE VERDI					Prior Amount	Amt. Incurred this Period	
Street Address 12 OWAISSA DRIVE			- Inc.			Outstanding Balance \$44.74	
City TIMBERLAKE	State OH	Zip Code 44095	Loans Received Ti	nis Period	Period Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 9/12/23			Date of Loan (MM/DD/YYYY) 9/12/23		Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY) Amount	

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).

Total Prior Amount \$ 00	
Total Received This Period \$ 637.74	(also record on Form 31-A-2)
Total Payments Received this Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 637.74	(also record on Form 30-A)

^{*} 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)]



Page 1

Statement of Loans Received

Form 31-0

2517 40

Full Name of Committ							
FRIENDS OF DENISE From Whom Received	VERDI				Prior Amount	Amt. Incurred this Period	
DENISE VERDI					00	\$150.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$150.00	
City TIMBERLAKE	State OH	Zip Gode 44095	Loans Received T	his Period	Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 7/21/2			Date of Loan (MM/DD/YYYY) 7/21/23		Date of Payment (M	M/DD/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor (Ccupation/Labor Organization* Date of Loan (MM/DD/YYYY) Amount Date of Payment (MM/DD/YYYY)				M/DD/YYYY) Amount		
From Whom Received					Prior Amount	Amt. Incurred this Period	
DENISE VERDI					00	\$478.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$478.00	
City TIMBERLAKD	State OH	Zip Code 44095	Loans Received T	eived This Period Payments This Period			
Date Loan was Origin	nally Incurred (N	MM/DD/YYYY) 8/10/23	Date of Loan (MM/DD/YYYY) 8/10/23		Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor C	Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY) Amount	

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).

Total Prior Amount \$ 00	
Total Received This Period \$ 628,00	(also record on Form 31-A-2
Total Payments Received this Period \$	(also record on Form 31-B)
Total Outstanding Balance \$ 628.00	(also record on Form 30-A)

^{*} 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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF DENISE VERDI					
To Whom Paid	32	-	Date (MM/DD/YYYY)		Amount
ANTHONY MADISON DESIGN LLC	112		. 10/1:	2/23	\$329.50
Street Address	Purpose	,			
1975 BOXWOOD TRAIL	YARD SIG	SNS		3	
City	State	Zip	Code	Che	eck Number
PAINESVILLE	ОН	44	077	20	17119055
To Whom Paid	<u> </u>	-	Date (MM/DD/YYYY)	•	Amount
HUNTINGTON BANK			10/1;	2/23	\$6.00
Street Address	Purpose				L
CRILE ROAD	BANK CHARGES FOR CHECK TO AMD				
City	State	Zip	Code	Che	ock Number
CONCORD TOWNSHIP	ОН	44	077	DIF	RECT CHARGE
To Whom Paid			Date (MM/DD/YYYY)		Amaunt
Street Address	Purpose	1			
City	State	Zip	Code	Che	ck Number
	ОН		× gT		8.
To Whom Paid	ul.		Date (MM/DD/YYYY)	•	Amount
Street Address	Purpose				
	12.		4		
City	State	Zip	Code	Che	ck Number
	OH				4.
To Whom Paid		-	Date (MM/DD/YYYY)		Amount
	8 . 1 . 6			Ì	22
Street Address	Purpose				ALLANDA COLORADO DE CONTRACTOR
	War and				
City	State	Zip	Code	Che	ck Number
	ОН				
		1	v - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		and the second second

	335.50	
Page	Total \$ 335.50	

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Statement of Expenditures

Form 31-F

R.C. 3517.10

T-UA	-	-			11.0. 0017.11		
Full Name of Committee							
FREIENDS OF RYAN DIFRANCO	-				P-0-10-11-11-11-11-11-11-11-11-11-11-11-1		
To Whom Paid			Date (MM/DD/YYYY)	4 (C) III	Amount		
ANTHONY MADISON DESIGNS LLC		7/21/23 \$150.00					
Street Address	Purpose	Purpose					
1975 BOXWOOD TRAIL	FLYERS				77		
City	State	Zip	Code	Che	eck Number		
PAINESVILLE TOWNSHIP	OH 44077			UŊ	IKNOWN		
To Whom Paid		-	Date (MM/DD/YYYY)	-	Amount		
ANTHONY MADISON DESIGNS LLC			8/10	0/23	\$478.00		
Street Address	Purpose						
1975 BOXWOOD TRAIL	YARD SIGNS				9		
City	State	State Zip Code		Che	eck Number		
PAINESVILLE TOWNSHIP	ОН	44077		UN	KNOWN		
To Whom Paid	——-da-,—	Date (MM/DD/YYYY)		Amount			
ANTHONY MADISON DESIGNS LLC			8/3/23 \$593,00				
Street Address	Purpose						
1975 BOXWOOD TRAIL	CARDS, H	ANE	OUTS , YARD SIGN				
City	State	Zip	Code	Che	ck Number		
PAINESVILLE TOWNSHIP	OH	44	077	UN	IKNOWN		
To Whom Paid		Date (MM/DD/YYYY)		Amount			
SAMS CLUB			9/12	2/23	\$44.74		
Street Address	Purpose	_					
			9				
City	State	Zip	Code	Che	ck Number		
MENTOR	ÓН	441	060	NC	ONE		
To Whom Pald		-	Date (MM/DD/YYYY)	\vdash	Amount		
GIANT EAGLE (LOST RECEIPT)			N.		\$216.79		
Street Address	Purpose						
95							
City	State	Zip	Code	Che	ck Number		
	ОН			NO	NE		

Page	Total	\$ ^{1,482.53}	



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Statement of Loans Received

Form 31-C

R C. 3517.10

Full Name of Commi FRIENDS OF DENIS						
From Whom Received DENISE VERDI				Prior Amount	Amt. Incurred this Period	
Street Address 12 OWAISSA DRIVE				No. of	Outstanding Balance \$216.79	
City State Zip Code TIMBERLAKE OH 44095			Loans Received T	his Period	Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 9/13/23			Date of Loan (MM/DD/YYYY) 9/13/23		Date of Payment (M	M/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Peyment (M	M/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount	
From Whom Received DENISE BREWSTER					Prior Amount	Amt, Incurred this Period \$200.00
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$200.00
CITY TIMBERLAKE	Lange Page to A This Page 1		Payme	nts This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/9/23			Date of Loan (MM/DD/YYYY) 8/9/23		Date of Payment (MM/DD/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYŸ) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY). Amount

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).

Total Prior Amount \$ 00	
Total Received This Period \$416,79	(also record on Form 31-A-2)
Total Payments Received this Period \$ 0	(also record on Form 31-8)
Total Outstanding Balance \$ 416.79	(also record on Form 30-A)

^{*} 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)]



9/13/23	Page 3
	9/13/23

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

Full Name of Committee FRIENDS OF DENISE VERDI				R.C, 3517.10(B
Full Name of Contributor SHERI FALKENBERG			Registration Number, If PAC	
Street Address 15 E SHORE BLVD	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
City TIMBERLAKE	State OH	Zip Code 44095	Form (Cash, Check, Etc CASH	
Full Name of Contributor KEITH KOKAL			Registration Number, if PAC	
Street Address 15 E SHORE BLVD	Employer/Occupal	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
City TIMBERLAKE	State OH	Zip Code 44095	Form (Cash, Check, Etc CASH	
Full Name of Contributor BILL FAEHNRICH		h—15	Registration Number, if PAC	
Street Address 549 EZMORLN	Employer/Occupat	ion/Labor Organization⁴	Date (MM/DD/YYYY) 9/13/23	Amount 15.00
City Sta OH		Zip Code 44092	Form (Cash, Check, Etc CASH	
Full Name of Contributor DIANA KATZ			Registration Number, if PAC	
Street Address 170 TRAYMORE BLVD	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
City EASTLAKE	State OH	Zip Code 44095	Form (Cash, Check, Etc CASH	- Alle
Full Name of Contributor ERICA HAQQI			Registration Number, if PAC	
Street Address 340 E. OVERLOOK DRIVE	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
City EASTLAKE	State OH	Zip Code 44095	Form (Cash, Check, Etc CASH	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event	

Total Expenditures This Event

Page Total \$ 55.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]

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Event Date	9/13/23	Page 2

Statement of Contributions Received at a Social or Fund-Raising Event

			R.C. 3517.10(B)
Full Name of Committee			
ull Name of Contributor DANTE LEWIS		Registration Number, if PAC	
treet Address 222 PENNSYLVANIA AVENUE	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 20.00
da.	Total True Oute	E. 10. 1 DI 1 E.	

City Zip Code Form (Cash, Check, Etc. POLAND OH X 44514 CHECK Full Name of Contributor Registration Number, if PAC **BECKY AND MIKE LYNCH** Street Address Employer/Occupation/Labor Organization Amount Date (MM/DD/YYYY) 8040 KING MEMORIAL ROAD 9/13/23 50.00 City State Zip Code Form (Cash, Check, Etc. MENTOR OH 4060 CHECK Full Name of Contributor Registration Number, if PAC SCOTT AND KATHY FISHEL Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 6369 RIO VISTA DRIVE 9/13/23 100.00 City State Zip Code Form (Cash, Check, Etc. PAINESVILLE OH M 44077 CHECK Full Name of Contributor Registration Number, if PAC MICHAEL PETERS Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 2742 BURDEN DRIVE 9/13/23 50.00 City Zip Code Form (Cash, Check, Etc. State PARMA 44134 CHECK Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount City State Zip Code Form (Cash, Check, Etc.

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total Expenditures This Event

Page Total \$ 220.00

^{*} 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 also appear. [R.C. 3517,10(B)(4)]

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Event Date	9/13/23	Page 1

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

Full Name of Committee FRIENDS OF DENISE VERDI				R.C. 3517.10(B
Full Name of Contributor JAN CLAIR			Registration Number, if PAC	
Street Address 763 MENTOR AVENUE #6	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 25.00
City State Zip Code PAINESVILLE OH 44077		Form (Cash, Check, Etc.		
Full Name of Contributor JAMES HOPKINS			Registration Number, if PAC	
Street Address 35953 LAKE SHORE BLVD	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 20.00
City EASTLAKE	State OH	Zip Code 44095	Form (Cash, Check, Etc CHEC	
Full Name of Contributor : FAITH ANDREWS			Registration Number, if PAC	
Street Address 10441 PROUTY ROAD	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 35.00
City PAINESVILLE	State OH	Zip Code 44077	Form (Cash, Check, Etc CHECK	
Full Name of Contributor BEVERL_SCHILERO			Registration Number, if PAC	
P.O. BOX 1337	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 50.00
City PAINESVILLE	State OH	Zip Code 44077	Form (Cash, Check, Etc CHECK	
Full Name of Contributor JOHN PLECNIK		44	Registration Number, if PAC	
Street Address 2890 BISHOP ROAD	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 25.00
City WILLOUGHBY HILLS	Slate OH	Zip Code	Form (Cash, Check, Etc CHECK	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and ilst the date of the event in the date column

Total Contributions	This Event

Total Expenditures This Event

Page Total \$ 155.00

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 also appear. [R.C. 3517.10(B)(4)]

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Event Date	9/13/23	Page 5

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

Full Name of Committee			R.C. 3517,10(B
FRIENDS OF DENISE VERDI	EL BALLES	6 A	
Full Name of Contributor	the state of the s	Registration Number, if PAC	
ROB AND MADELYN WILLINGHAM			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
11710 STONE CREEK LANE		9/13/23	20.00
City	State Zip Code	Form (Cash, Check, Etc	
CONCORD TOWNSHIP	он 44077	CASH	
Full Name of Contributor	2 2	Registration Number, if PAC	
SALE OF RAFFLE TICKETS SPLIT 50	% - 50% WITH RYAN DIFRANCO	E 187	α
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
		9/13/23	240.00
City	State Zip Code	Form (Cash, Check, Etc	
and the second second second		, 21 ,	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
	er sens		2 2 2 2 2 2
City	State Zip Code	Form (Cash, Check, Etc	
a et al alaman de e			
Full Name of Contributor		Registration Number, if PAC	
s and the second se			2.51
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
was en of the few of	1 2 2	. to an a	And the second
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor	the state of the s	Registration Number, if PAC	
	S. F. Gardelline		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
dia malakan a	W .		
Required for contributions from individuals over \$			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total	Cor	Irib	utions	This E	vent
10.75	Ø	8	95	00	1

Total Expenditures This Event

Page Total \$ 260.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]

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9/13/23	Page 4
	9/13/23

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

			-	R.C. 3517.10(B)
Full Name of Committee FRIENDS OF DENISE VERDI			The state of the s	
Full Name of Contributor LYNN EGENSPERGER			Registration Number, if PAC	
Street Address 1538 STUMPVILLE ROAD	Employer/Occupe	ation/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 100.00
JEFFERSON	State OH	Zip Code 44047	Form (Cash, Check, Etc GASH	
Full Name of Contributor JOHN METRSIN			Registration Number, if PAC	
Street Address 38427 WOOD DRIVE	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
City WILLOUGHBY	State OH	Zip Code 44094	Form (Cash, Check, Etc CASH	
Full Name of Contributor B. NEDA			Registration Number, If PAC	
Street Address 5 TURTLE	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount 20.00
City WILLOUGHY	State OH	Zip Code 44094	Form (Cash, Check, Etc CASH	
Full Name of Contributor DAVID BENNETT			Registration Number, if PAC	
Street Address 7317 MAPLE	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Amount 25.00
City MENTOR	State OH	Zip Code 44094	Form (Cash, Check, Etc CASH	
Full Name of Contributor DALE FELLOWS	ase Julia	01 m 32	Registration Number, if PAC	
Street Address 2812 FOWLER DRIVE	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 9/13/23	Arriount 50.00
City WILLOUGHBY HILLS	State OH	Zip Code	Form (Cash, Check, Etc.	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Con	tribut	ions	This	Event	

Total Expenditures This Event

Page Total \$ 205.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]

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2023 PostGen

Ohio Campaign Finance Report

Form 30-A

DEC d 5053 END: 1	ORC 3517.
FIND CONC V JEU	
CHALL BURKE OF ELET	

Committée Name FRIENDS OF DENISE VERDI			Office Sought SCHOOL BOARD				District WE		
				Jenoc					
Street Address 12 OWAISSA DRIVE		TIMBERLA	\KE	State Zip OH 44095					
Candidate Name OR PAC	Registration Number	Treasurer Nam	e	-			Election Date (MM/DD/	YYYY)
DENISE BREWSTER	DENISE BREWSTER BRIAN MASSIE						11/7/23		
Type of Report (cho	ose one):	1							
☐ Annual ☐ Se	miannual 🗍 Pre-Primary	/ Dest-P	rimary Pi	re-Genera	l 🔀	Post	-General		
Statewide Candidate	s Only:							Year	-
July Monthly	August Monthly S	eptember Mor	ithly						
Amended Report	Termination		Short Form	Report (R	.C. 351	7.10	P(H))		
⊠ No ☐ Yes	Check this box if the co						e is filing a d instructions	Š.	
1. Amount broug	ht forward from last report			5	1,514.5	0			
2. Total monetary	contributions (From Forms	s 31-A and 31	-E)	\$50.00					
3. Total other inc	ome (From Form 31-A-2)			00				~	h 70 1
4. Total funds ava	allable (sum of lines 1, 2, 3)			\$1,564.50				AMEND LTR	RECEIPT
5. Total monetary	expenditures (From Forms	31-B and 31-	F)	\$1,564.50				0 17	EB PT
6. Balance on har	nd (line 4 minus line 5)			.00					M
7. Value of in-king	d contributions received (F	rom Form 31-	J-1)	\$350.53					N
8. Value of in-kind	d contributions made (Fron	n Form 31-J-2)	00			COMPLET	SCANNED	
9. Outstanding lo	ans owed by committee (F	rom Form 31-	C)	00				RED_	
10. Outstanding o	lebts owed by committee (From Form 31	I-N)	00				8	12
11. Outstanding loans owed to committee (From Form 31-K)			-K)	00					18
12. Value of Indep	endent expenditures mad	e (From Form	31-U)		00	7			1
	I IS MADE UNDER PENAL.				HE FIF	THI	DEGREE.		
Brian	marin	<u> </u>	***************************************		12/4/2	23			
Signature of Treasurer or	Deputy Treasurer				Date (N	M/D	DYYYY)		
Contribution Pages	Expenditure Pages 6	Other 5	Pages	Total Pa	ages		Last L	Jpdated	d 09/2017

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Page 1

Statement of Contributions Received

Form 31-4

ORC	351	7.10

Full Name of Committee					
FRIENDS OF DENISE VERDI					
Full Name of Contributor				Registration Numb	er, il PAC
L. J. ETHERIDGE					
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
3668 MEDBROOK WAY N		-			CHECK
City	I Ctata	Tin Code	1		
·	State	Zip Code	Date (MM/D		Amount
COLUMBUS	он 🔀	43214		10/31/23	\$50.00
Full Name of Contributor				Registration Numb	er, if PAC
		1926			
Street Address	Employe	r/Occupation/Labo	or Örganizalion*	L.	Form (Cash, Check, etc.)
		3"			, , , , , , , , , , , , , , , , , , , ,
		·			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
		+1 72	-		n , v
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Templaya	r/Occupation/Labo	r Deannivation*		Terra (Cosh Charle ath)
Street Autiless	Employe	n/Occupation/Labo	or Organization		Form (Cash, Check, etc.)
	22				
City	State	Zip Code	Date (MM/D	D/YYYY)	Arnount
*	×				
Full Name of Contributor				Registration Numb	er, if PAC
(2)		100		J	
Charled	1-			Income the second	
Street Address	Employer	r/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
		5			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	4				12
Full Name of Contributor				Registration Number	er if PAC
				, agonalon radiibi	ארן וו זי רוש
ay many are 2 many demonstration.					·
Street Address	Employer	/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
	per les	Control of the Contro			
Cíly	State	Zip Gode	Date (MM/D	D/YYYY)	Amount
	~				
The state of the s	لسا				

*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)]

page	Total	\$50.00
aye	JUIGI	220.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF DENISE VERDI	8	W			
To Whom Paid		Ta		·	
ANTHONY MADISON DESIGN LLC		Date (MM/DD/YYYY)		Amount \$92.50	
Street Address	12		10/25/23	\$92.50	
1975 BOXWOOD TRAIL	T dipose				
City				- Indian	
PAINESVILLE TOWNSHIP	State	Zip Code		ck Number	
All the state of t	OH	OH 44077 UNKNOWN			
To Whom Paid		Date (MM/DD/	,	Amount	
ANTHONY MADISON DESIGN LLC			11/1/23	\$140.00	
Street Address	Purpose				
1975 BOXWOOD TRAIL	FLYERS				
City	State	Zip Code	Che	čk Number	
PAINESVILLE TOWNSHIP	ОН	44077	UN	UNKNOWN	
To Whom Paid		Date (MM/DD/	YYYY)	Amount	
DENISE VERDI			11/28/23 \$1,332.00		
Street Address	Purpose				
12 OWAISSA DRIVE	REPAYN	ETN OF CAMPAI	GN EXPENSES	3	
Dity	State	Zip Code	Che	ck Number	
TIMBERLAKE	ОН	44095	207	119162	
o Whom Paid		Date (MM/DD/	YYYY)	Amount	
Street Address	Purpose				
	Element of the second				
Sity	State	Zip Code	Chec	ck Number	
	OH				
o Whom Paid		Date (MM/DD/)	YYYY)	Amount	
				-	
Ireet Address	Purpose				
F 190	13				
lity	State	Zip Code	Cher	k Number	
	ОН		0.1100		

Page Total \$ 1,564.50



Page 1

Statement of Loans Received

Form 31-C

R.C. 3517,10

Full Name of Committee FRIENDS OF DENISE VE	RDI						
From Whom Received DENISE BREWSTER	1				Prior Amount \$1,682.53	Aint. Incurred this Period	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$1.682:53	
City TIMBERLAKE	State OH	Zip Gode 44095	Loans Received T	his Period	Payme	nts This Period	
Date Loan was Originall	y Incurred (MM/DD/YYYY) 8/23	Date of Loan (MM/DD/YYYY)	Amount		M/DD/YYYY) Amount 11/28/23 1,332.00	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MI	W/DD/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State	Zip Code	Loans Received Ti	his Period	Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Dale of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Orga	nization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mil	W/DD/YYYY) Amount	

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).

Total Prior Amount \$ 1,682.53	
Total Received This Period \$ 00	(also record on Form 31-A-2
Total Payments Received this Period \$ 1,332.00	(also record on Form 31-B)
Total Outstanding Balance \$ \$350.53	(also record on Form 30-A)

^{*} 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)]



Ohio Campaign Finance Report

Form 30-A

ORC 3517-10

Committee Name			Office Sought				District
FRIENDS OF DENISE BREWSTER			SCHOOL BOARD				RIVERS!
Street Address 7227 ALEXANDER ROAD	Crly CONCORD	TOWNSHIP	1	State Zip OH 44077			
Candidate Name OR PAC Registration Number DENISE BREWSTER		· · · · · · · · · · · · · · · · · · ·	line	Election Date 11/7/23	(MM/DD/Y	YYY)	
Type of Report (choose one):			The second secon		***************************************		
Annual Semiannual Pre-Prima	ary Post-Pr	imary 🛛 P	re-General	Pos	st-General		
Statewide Candidates Only:						Year	
July Monthly August Monthly	September Mont	hly				L	
Amended Report Termination		Short Form	Report (R.C. 3	517.1	O(H))		
No ☐ Yes ☐ Check this box if the wishes to terminate			nis box if the co m report. See a			ıs.	ALCOHOLD FILE
Amount brought forward from last report	ort		00				
2. Total monetary contributions (From Fo.	E)	\$3,435.00					
3. Total other income (From Form 31-A-2)			\$550.00			Γ	AME
4. Total funds available (sum of lines 1, 2, 3)			\$3,985.00				AUDITED LTR
5. Total monetary expenditures (From Forms 31-B and 31-F)			\$3,952.30				A L
6. Balance on hand (line 4 minus line 5)		\$32.70			100	1	
7. Value of in-kind contributions received (From Form 31-J-1)			\$1,552.00			1	S EN SCA
8. Value of in-kind contributions made (From Form 31-J-2)			00			TAMP I	SCANNED
9. Outstanding loans owed by committee (From Form 31-C)			\$550.00			Ē	
10. Outstanding debts owed by committee (From Form 31-N)			\$1,486.92				The second secon
11. Outstanding loans owed to committe	e (From Form 31-	-K)	00)			-
12. Value of independent expenditures made (From Form 31-U)			00				
THIS STATEMENT IS MADE UNDER PEN WHOEVER COMMITS ELECTION FALSIF	ALTY OF ELECT	ION FALSIFI	CATION. LONY OF THE	FIFTH	DEGREE.	,	
R. My		1194		/23/23	3		
Signature of Treasurer or Deputy Treasurer			De	te (MN)	PRE BUAR	DOFE	LECTIO
	1 [Donata	Total Pages	1	OCT 23 2	023 FR	12:19
Contribution Pages Expenditure Pages	Olhei	Pages	Total Fages	1			



Paga 1

Statement of Contributions Received

Form 31-A

ORC 3517-10

C. II Name of Committee						
Full Name of Committee FRIENDS OF DENISE BREWSTER						
Full Name of Contributor Registr				Registration Number	er, if PAC	
ROBERT ZAMES						
Street Address	Employer	/Occupation/Labor Or	ganizatioh*	V	Form (Cash, Check, etc.)	
10556 CLEARLAKE DRIVE					CHECK	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
CONCORD TOWNSHIP	он 🕶	44077		7/20/23	\$100.00	
Fuli Name of Contributor		 		Registration Number	er. If PAC	
ROBERT SANDERSON						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
7796 ROCKDOVE LANE					CHECK	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
CONCORD TOWNSHIP	OH -	44077		8/1/23	\$100.00	
Full Name of Contributor	Registration Numb				er, if PAC	
ROBERT PATTERSON						
Street Address	Employer	/Occupation/Labor Or	Form (Cash: Check, etc.)			
10940 GIRLDED ROAD			CHECK			
City	State	Zip Code Date (MM/DD/YYYY)			Amount	
CONCORD TOWNSHIP	он 🕶	44077 8/1/23 \$200.00			\$200.00	
Full Name of Contributor	Registration Numb				er. If PAC	
ANTOINETTE DIBLASIO AND CARLA PETRO						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7626 BUCHANAN COURT	CHECK				CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
MENTOR	он 🔽	44060	8/16/23		\$30.00	
Full Name of Contributor	Registration Number				er, if PAC	
MELODY SIKULA						
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6969 AUBURN RIDGE DRIVE	CHECK				CHECK	
City	State	Zip Code Date (MM/DD/YYYY) Amount			Amount	
PAINESVILLE	OH -	44077		8/10/23	\$30.00	

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

Page Total \$460.00



Page 2

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					V	
FRIENDS OF DENISE BREWSTER						
Full Name of Contributor Registration Num				Registration Number	er, if PAC	
BRIAN AND BERNADETTE MASSIE						
Street Address	Employed	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
8196 RAINBOW DRIVE				,	CHECK	
City	State Zip Code Date (MM/DD/YYYY)			Amount		
COONCORD TOWNSHIP	он 🔽	44077		8/21/23	\$60.00	
Full Name of Contributor				Registration Number	er, if PAC	
RICKY AND MICHELLE MOSS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
491 LYNDON					CHECK	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
CLEVELAND	он 🔽	44143		8/20/23	\$50.00	
Full Name of Contributor	e of Contributor Registration Number					
ROY SMITHN						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7119 S. MEADOW DRIVE					CHECK	
Cily	State	2ip Code Date (MM/DD/YYYY)			Amount	
CONCORD TOWNSHIP	он 🔽	44077 8/17/23			\$100.00	
Full Name of Contributor	Registration Number			er, if PAC		
JOSEPH AND CHERYL BAIBAK						
Street Address	Employer/Occupation/Labor Organization*			Formi (Cash, Check, etc.)		
7040 BRIDLEWOOD DRIVE	CHECK					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
CONCORD TOWNSHIP	он 🔽	44077	8/20/23		50.00	
Full Name of Contributor	r Registration Number				er, if PAC	
SANDRA S. LAFORCE						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5392 PEBBLE CREEK LANE	CHECK				CHECK	
City	State	Zip Cade	Date (MM/D	D/YYYY)	Amount	
PAINESVILLE	OH 44077 8/28/23			\$30.00		

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

Page Total \$290.0	00



Page 3

Statement of Contributions Received

Form 31-A

ORG 3517/10

Full Name of Committee FRIENDS OF DENISE BREWSTER					
· · · · · · · · · · · · · · · · · · ·				Registration Number	er, if PAC
MELODY SIKULA					
Street Address	Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
6989 AUBURN RIDGE ROAD					CHECK
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
PAINESVILLE	он 🔽	44077		9/1/23	\$200.00
Full Name of Contributor				Registration Number	er. if PAC
BRIAN BLY					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
497 BEECHWOOD LANE					CHECK
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
PAINESVILLE	он 🔽	44077		9/1/23	\$100.00
Full Name of Contributor	Registration Number				er, if PAC
LINDA MITCHELL					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
641 MIDWAY ROAD					CHECK
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
STATESVILLE	NC 🔽	28625 9/4/23 5			\$200.00
Full Name of Contributor	Registration Numb			er, if PAC	
FAITH ANDREWS					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
10441 PROUTY ROAD				CHECK	
City	State	Zip Code Date (MM/DD/YYYY)		Amount	
PAINESVILLE	OH 🔻	44077		9/12/23	\$50.00
Full Name of Contributor	Registration Number				er, if PAC
DENNIS CREWS					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7291 MOUNTAIN GLEN PLACE					CHECK
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
CONCORD TOWNSHIP	он 🔽	44077		9/9/23	\$100.00

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

Page	Total	650.00	
			-



rage 4

Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee						
FRIENDS OF DENISE BREWSTEE	R					
Full Name of Contributor			Registration Numb	er, if PAC		
GRETCHEN REED						
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)		
5782 TRASK ROAD		CHECK				
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
MADISON	OH -	44057	9/11/23	\$100.00		
Full Name of Contributor			Registration Numb	er, if PAC		
JOHN NIEDZIALEK						
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)		
105 MAIN STREET				CHECK		
Cily	State	Zìp Code	Date (MM/DD/YYYY)	Amount		
PAINESVILLE	OH -	44077	8/28/23	\$100.00		
Full Name of Contributor			Registration Numb	er, if PAC		
VANESSA PESEC						
Street Address	Employe	er/Occupation/Lab	Form (Cash, Check, etc.)			
11705 CALI COURT			CHECK			
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
CONCORD TOWNSHIP	OH -	44077	9/19/23	\$100.00		
Full Name of Contributor			Registration Number	er, if PAC		
MICHAEL KILROY						
Street Address	Employe	ar/Occupation/Lab	Form (Cash, Check, etc.)			
9465 MARSH HAWK RUN				CHECK		
Cily	State	Zip Code	Date (MM/DÖ/YYYY)	Amount		
CHESTERLAND	. OH ▼	44026	10/6/23	\$300.00		
Full Name of Contributor	****		Registration Number	er, if PAC		
RACHEL WRIGHT						
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)		
695 MEADOWLARK ROAD				CASH		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
PAINESVILLE	OH -	44077	7/30/23	\$100.00		

Page Total \$700.00

^{*}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 also appear. [R.C. 3517.10(B)(4)]



Cour 5

Statement of Contributions Received

orm 31-

ORC 3517.10

Full Name of Committee FRIENDS OF DENISE BREWSTER				
Full Name of Contributor			Registration Num	ber, if PAC
JERRY FOX				
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
10783 BUCKINGHAM PLACE				CASH
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
CONCORD TOWNSHIP	OH -	44077	8/3/2	3 \$100.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E			Registration Nur	ober. if PAC
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zíp Code	Date (MM/DD/YYYY)	Amount
	-	1		\$1,235.00
Full Name of Contributor Street Address	Employs	er/Occupation/Lab	Registration Num or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor		1	Registration Num	ther, if PAC
Street Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor		1	Registration Nun	nber, if PAC
	Employ	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
Street Address				

*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)]

Page Total \$1,335.00



Plage 1

Statement of Expenditures

Form 31-B

R.C. 3517.10

		-		-	
Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
To Whom Paid			Date (MM/DD/YYYY)		Amount
ANTHONY MADISON DESIGNS LLC			8/24	/23	\$135.00
Street Address	Purpose		<u> </u>		·
1975 BOXWOOD TRAIL	ADVERTIS	NG	DESIGN		
City	State	Zip	Code	Che	ack Number
PAINESVILLE TOWNSHIP	ОН	44	077	11	514993
To Whom Paid			Date (MM/DD/YYYY)		Amount
FULTON SIGNS			9/7	/23	\$317.00
Street Address	Purpose				
7144 INDUSTRIAL PARK BLVD.	YARD SIGN	IS			
City	State	Zip	Code	Che	eck Number
MENTOR	ОН	44060		11	515587
To Whom Paid			Date (MM/DD/YYYY) Amount		
VALPAK OF CLEVELAND		9/30/23 \$692.58			\$692.58
Street Address					
881 EAST 222ND STREET	ADVERTIS	NG			
City	State	Zip	Code	Che	eck Number
EUCLID	он	44	123	11	514995 (ELEC. DEBIT)
To Whom Paid			Date (MM/DD/YYYY)		Amount
ANTHONY MADISON DESIGN LLC		8/4/23 \$1.032.72		\$1.032.72	
Street Address	Purpose				
1975 BOXWOOD TRAIL	BUSINEES	S C	ARDS, SHIRT DESIGN	1. M	AGNETS
City	State	Ζiρ	Code	Che	eck Number
PAINESVILLE TRAIL	OH	44	077	01	663319221
To Whom Paid	h		Date (MM/DD:YYYY)		Amount
Street Address	Purposa				
			white data of the control of the con		
City	State	Zio	Code	Che	eck Number
	98				

Page Total \$ 2,177.30



Page 1

Statement of Other Income

Form 31-A-2

R.C. 3517 10/8)

				(10) 3011110(0)	
Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
Full Name of Contributor			Registration Number	er, If PAC	
DENISE BREWSTER					
Street Address	Турег	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
72207 ALEXANDER ROAD	Lon's Playonerias Received		8/1/23	CHECK	
City	State	Zip Code	COLUMN TO A SECTION OF THE SECTION O	Amount	
CONCORD TOWNSHIP	ОН	44077		\$500.00	
Full Name of Contributor			Registration Number	er, if PAC	
DENISE BREWSTER					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash. Check, etc.)	
72207 ALEXANDER ROAD	tuen Paymonts Received		8/1/23	CASH	
City	State	Zip Code		Amount	
CONCORD TOWNSHIP	OH	44077		\$50.00	
Full Name of Contributor			Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Halona				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor		L	Registration Number, if PAC		
Street Address	Type'	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Retunci				
City	State	Zip Gode		Amount	
	OH				
Full Name of Contributor			Registration Number	er, if PAC	
Streel Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Rehinit				
City	State	Zip Code		Amount	
	ОН				
	the same of the sa	ACCRECATION OF THE PERSON.	MANUFACTURE WAY PROPERTY.		

Page	Total	\$550.00		
	ALTERNATION AND ADDRESS OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN CO		 	

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received. RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Fage 1

Statement of Loans Received

Form 31-0

R.C. 3517.10

Full Name of Committee				77.			
FRIENDS OF DENISE BR	EWSTER	₹					
From Whom Received					Prior Amount	Aml. Incurred this Period	
DENISE BREWSTER					00	\$500.00	
Street Address						Outstanding Balance	
72207 ALEXANDER ROAI	D		V-1			\$500.00	
CONCORD TOWNSHIP	State OH 🕶	Zip Code 44077	Loans Received T	his Períod	Payments This Period		
Date Loan was Originally	y Incurred (MM/DD/YYYY) 8/1/23	Date of Loan (MM/DD/YYYY) 8/1/23		Date of Payment (MM)	DD/YYYY) Amount	
Registration Number, if PAC		**************************************	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM)	DD/YYYY) Amount	
Employer/Occupation/Labor Orga	inization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MA)	DD/YYYY) Amount	
From Whom Received DENISE BREWSTER		ODII DARAMINI MARIONI MARI	ATT A TOTAL OF THE STATE OF THE		Prior Amount 00	Amt. Incurred this Period \$50.00	
Street Address						Outstanding Balance	
72207 ALEXANDER ROAD					\$50.00		
CONCORD TOWNSHIP	State OH -	Zip Code 44077	Loans Received T	his Period	Paymen	ts This Period	
Date Loan was Originally	/ Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM:	DD/YYYY) Amount	
		8/1/23	8/1/23	\$50.00			
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM)	DD/YYYY) Amount	
Employer/Occupation/Labor Orga	nization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ if a loan is forgiven, write "Forgive (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	if any, rath nization of v n" in the "O	er than employer si which the employee utstanding Balance	hould be listed. If two or more is are members, if any, must a se space. Transfer total of all lo	employees contrit Iso appear, [R.C. ans received this	oute via payroll deducti 3517.10(B)(4)] period to the Statemei	on and exceed the	
Total Prior Amount \$ 00							
Total Received This Period	5.550,00)	(also rec	erd on Form: 31-A	-2;		
Total Payments Received t	this Perio	d \$ <u>00</u>		ord on Form 3448)			
Total Outstanding Balance	\$ 550.00)	(also reco	ord on Form 30-Ai			



Finge 2

Statement of Expenditures

Form 31-E

R₂C₂ 3517.10

		_		_	
Full Name of Committee			*		
FRIENDS OF DENISE BREWSTER					
To Whom Paid			Date (MM/DD/YYYY)		Amount
DENISE BREWSTER			9/15	/23	\$1,300.00
Street Address	Purpose	- 7			
72207 ALEXANDER ROAD	REPAYMEN	IT (OF OUTSTANDING DE	ВТ	
City	State	Zip	Code	Che	eck Number
CONCORD TOWNSHIP	ОН	44(077	11.	515586
To Whom Paid	·		Date (MM/DD/YYYY)		Amount
DENISE BREWSTER		3	10/10	/23	\$475.00
Street Address	Purpose				2727
72207 ALEXANDER ROAD	REPAYMEN	iT (OF OUTSTANDING DE	ВТ	
City	Stale	Zip	Code	Che	ck Number
CONCORD TOWNSHIP	OH				
To Whom Paid	1	- :-	Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Ghe	ck Number
	ОН				
To Whom Paid	L		Date (MM/DD/YYYY)		Amount
Street Address	Purpose	-			
City	State	Zip	Code	Che	eck Number
	СН				
To Whom Paid	L	_	Date (MM/DD/YYYY)	-	Amount
Street Address	Purpose				
City	State	Zip	Code	Che	ack Number
	рн				
			Carrier Carrier Company		

Page Total \$ \$1,775.00



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Page 1		Europe Library
	_	E 4 11,0927

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

100					R.C. 3517.10(B)
Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
Full Name of Contributor				Registration Number, if PAC	
STEVEN STOLDT					NAME OF TAXABLE PARTY.
Street Address	Employ	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
7390 S. MEADOW DRIVE				9/12/23	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc.	
CONCORD TOWNSHIP		ОН 🔻	44077	CHECK	W. 77 (V. 1) W. 1.53
Full Name of Contributor			Registration Number, if PAC		
DIANE FAEHRICH					
Street Address	Employ	/er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7723 SALIDA ROAD				9/12/23	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc	
MENTOR ON THE LAKE		он ▼	44077	CASH	
Full Name of Contributor				Registration Number, if PAC	
SONIA RODRIGUS					
Street Address	Employ	/er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
517 ROBERTA DRIVE				9/12/23	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc.	
PAINESVILLE		он 🕶	44077	CASH	
Full Name of Contributor				Registration Number, if PAC	
ADAM AND JOANN WOLF					
Street Address	Employ	rer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7863 VIEWMOUNT DRIVE				9/12/23	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc.	
CONCORD TOWNSHIP		он 🕶	44077	CHECK	
Full Name of Contributor				Registration Number, if PAC	
PEGGY STOUT					
Street Address	Employ	/er/Occupat	ion:Labor Organization*	Date (MM/DD/YYYY)	Amount
7255 BRIDLEWOOD DRIVE				9/12/23	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc.	and the same of
CONCORD TOWNSHIP		OH -	44077	CHECK	
* Required for contributions from individuals ov	er \$100 to slatev	vide and Ge	perat Assembly candida	tes. If contributor is self-employe	d, the occupation and the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contribution state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total Expenditures This Event

Page Total \$ 290.00

Required for contributions from individuals over \$100 to slatewide 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)]



P+		
Event Date	9/12/23	Page 2

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

Full Name of Committee FRIENDS OF DENISE BREWSTE	ER			
Full Name of Contributor		- Contract of the Contract of	Registration Number, if PAC	
TOM HACH				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
11575 FAY ROAD			9/12/23	30.00
Cîly	State	Zip Code	Form (Cash, Check, Etc	
CONCORD TOWNSHIP	он 🔻		CASH	
Full Name of Contributor		Registration Number, if PAC	A STATE OF THE STA	
JOHN MILEY				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6975 AUBURN ROAD			9/12/23	30.00
City	State	Zip Code	Form (Cash, Check, Etc	建 克尼尼亚
CONCORD TOWNSHIP	OH 🕶	44077	CHECK	
Full Name of Contributor	Registration Number, II PAC	NEW		
BEVERLY SCHILERO				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
11772 GIRLDED ROAD			9/12/23	150.00
City	State	Zip Code	Form (Cash, Check, Etc	TOTAL
CONCORD TOWNSHIP	OH 🕶	44077	CHECK	
Full Name of Contributor			Registration Number, if PAC	
BOB ZAMES				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
10556 CLEARLAKE			9/12/23	100.00
City	State	Zip Code	Form (Cash, Check, Etc.	
PAINESVILLE	OH 🔨	44077	CHECK	
Full Name of Contributor		lie -	Registration Number, if PAC	
DALE FELLOWS				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Aniount
2812 FARSIDE DROVE			9/12/23	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
WILLOUGHBY	ОН ▼	44094	CASH	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total Expenditures This Event

Page Total \$ 350.00

^{*} 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 also appear, [R.C. 3517.10(B)[4]]



Event Cate	9/12/23	Page 3

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

					R.C. 3517-10(B	
Full Name of Committee						
FRIENDS OF DENISE BREWSTER						
Full Name of Contributor				Registration Number, if PAC		
BOB PETERMAN						
Street Address	Employ	er/Occupat	lion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
646 RIVERSIDE DRIVE				9/12/23	\$50.00	
City		State	Zip Code	Form (Cash, Check, Etc.	an ex	
PAINESVILLE		OH ▼	44077	CHECK		
Full Name of Contributor				Registration Number, il PAC		
PAT CONDON						
Street Address	Employ	er/Occupat	lon/Labor Organization*	Date (MM/DD/YYYY)	Amount	
272 COLONIAL DRIVE				9/12/23	\$30.00	
City	-	State	Zip Code	Form (Cash, Check, Etc		
PAINESVILLE		он 🔻	44077	CHECK		
Full Name of Contributor	Registration Number, if PAC					
SCOTT AND KATHY FISHEL						
Street Address	Employ	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
6369 RIO VISTA DRIVE				9/12/23	\$100.00	
City		State	Zip Code	Form (Cash, Check_Etc		
CONCORD TOWNSHIP		он 🕶	44077	CHECK		
Full Name of Contributor				Registration Number, if PAC		
MIKE AND BECKY LYNCH						
Street Address	Employ	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
8040 KING MEMORIAL ROAD				9/12/23	\$100.00	
City		State	Zip Code	Form (Cash, Check, Etc.		
MENTOR		ОН	44060	CHECK		
Full Name of Contributor				Registration Number, if PAC		
SALE OF RAFFLE TICKETS						
Street Address	Employ	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
					\$315.00	
City		State	Zip Code	Form (Cash, Check, Etc.		
* Required for contributions from individuals over	r \$100 to statew	ide and Ge	garai Assanshly candida	tax. If contributor is self-employe	ri, the occupation and the	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.

Total Contributions	This	Event
\$1,235.00		

Total Expenditures This Event \$1,176.53

Page Total \$ 595.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

CONTRACTOR OF THE PROPERTY OF							-	
Full Name of Committee FRIENDS OF DENISE BREWSTER								
Full Name of Contributor				Employer, Occupation, Labor Organization*		Registration Number, if PAC		
PROVISION IMPRESSIONS								
Street Address	Descript	tion of Iter	ti or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
1634 WEST JACKSON STREET	POST	CARDS				9/7/23	\$515.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
PAINESVILLE TOWNSHIP OH			-	44077	☐ Yes ☒ No			
Full Name of Contributor				Employer, Occupa	ation, Labor Organization	Registration Number,	if PAC	
BRIAN MASSIE								
Street Address	Street Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value	
8196 RAINBOW DRIVE	LIGHT	THOUSE	E PI	CTURE		9/1/23	\$75.00	
City	1	State		Zip Code	Received at Fundralsi	ng Event?		
CONCORD TOWNSHIP OH			-	44077	X Yes No			
Full Name of Contributor				Employer, Occupa	ation, Labor Organization*	Registration Number,	if PAC	
DENISE BREWSTER								
Street Address	Descrip	tion of Ite	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
72207 ALEXANDER ROAD	THEM	IED BAS	SKE	TS		9/1/23	\$17.00	
City	1	State		Zip Code	Received at Fundraisi	ng Event?	1, 32	
CONCORD TOWNSHIP		ОН	·	44077	X Yes ☐ No			
Full Name of Contributor		Ti		Employer, Occupa	ation, Labor Organization*	or Organization* Registration Number, if PAC		
STARBUCKS								
Street Address	Descrip	tion of Iter	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
7639 CRILE ROAD	BASK	ET				9/1/23	\$30.00	
City		State		Zip Code	Received at Fundralsi	ng Event?		
CONCORD TOWNSHIP		ОН	-	44077	X Yes No			
Full Name of Contributor				Employer, Occupation, Labor Organization* Registration Number, if PAC		IF PAC		
DENISE BREWSTER						7		
Street Address	Descrip	tion of Iter	11 or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
72207 ALEXANDER ROAD	GOLF	FANAT	TC L	AMP		9/1/23	\$20.00	
City		State	-	Zip Code	Received at Fundrals	ng Event?		
CONCORD TOWNSHIP		СН		44077	Yes [] No			

Ì			657.00	
I	Page	Total	\$	
J	- 5			T.

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates, if contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroli 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)]



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

	Y) Fair Market Value
WORLD OF WINES Street Address B760 MENTOR AVENUE WINE BOTTLE State Zip Code Received at Fundraising Event? MENTOR Full Name of Contributor Date (MM/DD/YY) Provided State Date (MM/DD/YY) State Street Address Date (MM/DD/YY) Provided State Date (MM/DD/YY) State State State Date (MM/DD/YY) State State Sign Code Received at Fundraising Event? MENTOR Full Name of Contributor Employer, Occupation, Labor Organization' Registration Numbers	Fair Market Value S \$20.00 er, if PAG
Street Address B760 MENTOR AVENUE WINE BOTTLE State Zip Code Received at Fundraising Event? MENTOR OH WYSS No Employer, Occupation, Labor Organization' Registration Numbers	\$20.00 er, if PAG
8760 MENTOR AVENUE WINE BOTTLE 9/12/ City State Zip Code Received at Fundraising Event? MENTOR OH 44077 Sign No Full Name of Contributor Employer, Occupation, Labor Organization' Registration Number	\$20.00 er, if PAG
City State Zip Code Received at Fundraising Event? MENTOR OH 44077 Sign Secured Secur	er, if PAC
MENTOR OH 44077 Since See See No Full Name of Contributor Employer, Occupation, Labor Organization' Registration Number	
Full Name of Contributor Employer, Occupation, Labor Organization' Registration Number	
DENISE BREWSTEER	Y) Fair Market Value
	Y) Fair Market Value
Street Address Description of Item or Service Date (MM/DD/YY)	
72207 ALEXANDER ROAD JIGSAW PUZZLE 9/12/	\$25.00
City State Zip Code Received at Fundraising Event?	
CONCORD TOWNSHIP OH	
Full Name of Contributor Employer, Occupation, Labor Organization Registration Number	er, if PAC
DENISE BREWSTER	
Street Address Description of Item or Service Date (MM/DD/YY)	Y) Fair Market Value
72207 ALEXANDER ROAD REST AND RELAXATION BASKET 9/12/	3 \$42.00
City State Zip Code Received at Fundraising Event?	
CONCORD TOWNSHIP OH 44077 X Yes No	
Full Name of Contributor Employer, Occupation, Labor Organization Number 1997 Registration Numbe	er. if PAC
KATHY FISHEL	
Street Address Description of Item or Service Date (MM/DD/YYY	Y) Fair Market Value
6369 RIO VISTA MARGARITA BASKET 9/12/	3 \$60.00
City State Zip Code Received at Fundraising Event?	A 2 - 10 10 10 10 10 10 10 10 10 10 10 10 10
CONCORD TOWNSHIP OH	
Full Name of Contributor Employer, Occupation, Labor Organization Number Of Contributor	er, if PAC
QUAIL HOLLOW	
Street Address Description of Item or Service Date (MM/DD/YY)	Y) Fair Market Value
11295 QUAIL HOLLOW GIFT CERTIFICATE 9/12/	3 \$240.00
City State Zip Code Received at Fundraising Event?	
CONCORD TOWNSHIP OH 44077 Yes No	

		387.00	
Page	Total	\$	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be tisted. 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)]



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In-Kind Contributions Received

Form 31-J-1 R.C. 3517-10

WILLIAM CONTROL OF THE PARTY OF	W-1	OR OTHER DESIGNATION OF THE PERSON OF THE PE	NAME OF TAXABLE PARTY.				
Full Name of Committee FRIENDS OF DENISE BREWSTER							¥
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	FPAC
LITTLE MOUNTAIN GOLF COURSE							
Street Address	Descrip	tion of Iten	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value
7667 HERMITAGE ROAD	GIFT	GIFT CERTIFICATE				9/12/23	\$240.00
City	1	State		Zip Code	Received at Fundraisi	ng Event?	
CONCORD TOWNSHIP		OH	•	44077	∑Yes ☐ No		
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number.	if PAC
PAINESVILLE COUNTRY CLUB							
Street Address Description of Item or S			n or S	Service		Date (MM/DD/YYYY)	Fair Market Value
84 GOLF ROAD						9/12/23	\$50.00
City		State		Zíp Code	Received at Fundraisi	ng Event?	
PAINESVILLE		ОН		44077			
Full Name of Contributor				Employer, Occupation	on, Labor Organization*	Registration Number.	If PAC
BURGERS TO BEER							
Street Address	Descrip	tion of Item	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value
7669 CRILE ROAD	GIFT	CERTIF	ICA	ΓE		9/12/23	\$30.00
City		State		Zip Code	Received at Fundraisi	ng Event?	
CONCORD TOWNSHIP		ОН	-	44077	Yes No		
Full Name of Contributor				Empleyer, Occupation	on, Labor Organization*	, Labor Organization* Registration Number, if PAC	
SUNNY STREET CAFE							
Street Address	Descrip	tion of Iten	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value
7531 CRILE ROAD	GIFT	CERTIF	ICA ⁻	ΤE		9/12/23	\$30.00
City		State		Zip Code	Received at Fundraisi	ng Event?	
CONCORD TOWNSHIP		OH	*	44077	X Yes No		
Full Name of Contributor				Employer, Occupation	on, Labor Organization*	Registration Number,	if PAC
EXPERT NAILS AND SPA							
Street Address	Descrip	tion of Iter	n or S	Service		Date (MM/DD/YYYY)	Fair Market Value
7673 CRILE ROAD	GIFT	CERTIF	ICA	TE		9/12/23	\$25.00
City	-	State	_	Zip Code	Received at Fundrals	ing Event?	
CONCORD TOWNSHIP		ОН		44077	X Yes No		

		375.00	
Page	Total		
1 age	1.5101		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

ONE TO THE RESERVE OF THE PROPERTY OF THE PROP			-					
Full Name of Committee FRIENDS OF DENISE BREWSTER								
Full Name of Contributor				Employer, Occupation, Labor Organization*		Registration Number, if PAC		
FIRE AND ICE								
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
970 RIVERSIDE DRIVE	GIFT	CERTIFIC	CA	TE		9/12/23	\$20.00	
City		State		Zip Code	Received at Fundrais	ng Event?		
PAINESVILLE	ОН			44077				
Full Name of Contributor				Employer, Occupatio	n. Labor Organization*	Registration Number	if PAC	
SPATS CAFE								
Street Address	eet Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value	
9853 JOHNNYCAKE RIDGE	GIFT	CERTIFIC	GA [*]	TE		9/12/23	\$25.00	
City	-	State		Zip Code	Received at Fundraisi	ng Event?		
CONCORD TOWNSHIP OH			+	44077	⊠ Yes ☐ No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number.	if PAC	
MARY'S DINER								
Street Address	Descrip	tion of Item	or 5	Service		Date (MM/DD/YYYY)	Fair Market Value	
7649 CRILE ROAD	GIFT	CERTIFI	CA ⁻	TE			\$25.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
CONCORD TOWNSHIP		ОН	+	44077	X Yes No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	or Organization* Registration Number, if PAC		
DENISE BREWSTER								
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
72208 ALEXANDER ROAD	T₩O	VASES (OF I	HYDRANGES		9/12/23	\$20.00	
City		State		Zɨp Code	Received at Fundraisi	ng Event?		
CONCORD TOWNSHIP		ОН	-	44077	▼ Yes No			
Full Name of Contributor				Employer Occupation	n, Labor Organization*	Registration Number	if PAC	
DENISE BREWSTER								
Street Address	Descrip	tion of Rem	or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
72207 ALEXANDER ROAD	JAR C	OF CAND	ΥÆ	ND 5 MUM PLAI	VTS	9/12/23	\$43.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
CONCORD TOWNSHIP		OH	-	44077	X Yes No			

		133.00	
Page	Total		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupation and 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)]



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17.87		

Statement of Outstanding Debts

Form 31-N R C. 3517-10

Full Name of Committee				
FRIENDS OF DENISE BREWSTER				
To Whom Owed		Prior Amount	Amoun	t Incurred this Period
FULTON SIGN		00	\$1,12	86,13
Street Address		Item or Purpose of Debt	Outsta	nding Balance
7144 INDUSTRIAL PARK BLVD.		YARD SIGNS	00	
City	State Zip Code			
MENTOR	OH ▼ 44060	Paymen	ts This	Period
	Date Debt was Originally Incurred (MM/DD/YYYY)	Dale of Payment (MM/DD/Y)	YYY)	Amount
	8/24/23	9.	/14/23	\$1,126.13
Registration Number, if PAC	Κ.	Date of Payment (MM/DD/Y)	(YY)	Amount
		Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed		Prior Amount	Amoun	t Incurred this Period
ANTHONY MADISON DESIGN LLC		00	\$282.50	
Street Address		Item or Purpose of Debt	Outstar	nding Balance
1975 BOXWOOD TRAIL		FLYER	00	
City	State Zip Corde			
PAINESVILLE TOWNSHIP	он 🕶 44077	Payment	ts This	Period
	Date Debt was Originally Incurred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
	8/5/23	9.	/14/23	\$173,87
Registration Number, if PAC		Date of Payment (MM/DD/Y)	((YY)	Amount
		10	/10/23	\$108.63
		Date of Payment (MM/DD/Y)	(YY)	Amount
	The second secon			

Total Payments This Period \$ 1,408.63	(also record on Form 31-B)
Total Outstanding Balance \$ 1,408.63	(also record on cover page



Pay- 2

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

THE WALL STORY		***************************************			
Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
To Whom Owed		Prior Amount Amoun		nt incurred this Period	
DOLLAR TREE		00	\$18.6	7	
Street Address		Item or Purpose of Debt	Outsta	nding Balance	
152 E. WASHINGTON STREET		FUNDRAISER	\$18.6	7	
City	State Zip Code	-		P. 1. 1	
PAINESVILLE	OH ▼ 44077	Paymen	ts This	Period	
Date Debt was	Originally Incurred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	(YY)	Amount	
20대 대전병원 보고있는데	9/11/23				
Registration Number. if PAC		Date of Payment (MM/DD/Y)	YYY)	Amount	
		Date of Payment (MM/DD/Y	YYY}	Amount	
To Whom Owed		Prior Amount	Amoun	t Incurred this Period	
DOLLAR TREE		00	\$3.92		
Street Address		Item or Purpose of Debt	Outsta	nding Balance	
255 MEADOWLAWN DRIVE UNIT 180		FUNDRAISER \$3.92			
City CHARDON	State Zip Code OH ▼ 44024	Payments This Period		Period	
Date Debt was	Originally Incurred (MM/DD/YYYY) 8/25/23	Date of Payment (MM/DD/Y	YYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/Y)	YYY)	Amount	
		Date of Payment (MM/DD/Y	YYY)	Amount	

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 22.59	(also record on cover page



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee				
FRIENDS OF DENISE BREWSTER				
To Whom Owed		Prior Amount Incurred to		t Incurred this Period
DOLLAR TREE		00 \$8.04		
Street Address		Item or Purpose of Debt	Outstar	nding Balance
8840 MENTOR AVENUE		PARADE SUPPLIES	\$8.04	
City	State Zip Code			
MENTOR	он 44060	Payment	is This	Period
Date Debt was Orig	mally incurred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	/YY)	Amount
	7/25/223			
Registration Number, if PAC		Dale of Payment (MM/DD/YY	YYY)	Amount
		Date of Payment (MM/DD/Y)	77)	Amount
To Whom Owed		Prior Amount	Amacıı	t Incurred this Period
LAKE COUNTY BOARD OF ELECTIONS		00	\$30.00	
Street Address		Item or Purpose of Debt	Outstan	nding Balance
105 MAIN STREET SUITE 107		FILING FEE	LING FEE \$30.00	
City	State Zip Code			a : .
PAINESVILLE	OH ▼ 44077	Payment	s This	Period
Date Deht was Orig	inally Incurred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
	8/9/23			
Registration Number, if PAC	10.31	Date of Payment (MM/DD/Y)	YY)	Articunt
		Date of Payment (MM/DD/YY	YY)	Amount
	White the H			

Total Payments This Períod \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 38.04	(Also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee				
FRIENDS OF DENISE BREWSTER				
To Whom Owed	Prior Amount Amo		nount Incurred this Period	
STAPLES	00 \$11.42		2	
Street Address	Item or Purpose of Debt	Outstat	nding Balance	
9215 MENTOR AVENUE	COPIES OF FLYERS	\$11.4	2	
City State Zip Code MENTOR OH ✓ 44060	Payment	s This	Period	
Date Debt was Originally Incurred (MM/DD/YYYY) 7/24/23	Date of Payment (MM/DO/Y)	YY)	Amount	
Registration Number, if PAC	Date of Payment (MM/DD/Y)	(YY)	Amount	
	Date of Payment (MM/DD/Y)	YY)	Amount	
Ta Whom Owed	Prior Amount	Amoun	Uncurred this Period	
AMAZON	00	\$41.6	8	
Street Andress	ttem or Purpose of Debt	Öutstar	nding Balance	
ON LINE	ENVELOPES	\$41.6	8	
City State Zip Code	Payments This Period		Period	
Date Debt was Originally Incorred (MM/DD/YYYY) 10/6/23	Date of Payment (MM/DD/Y)	YY)	Amount	
Registration Number, if PAC	Date of Payment (MM/DD/Y)	(YY) .	Amount	
	Date of Payment (MM/DD/YY	(YY)	Amount	

If a debt is forgiven, write "Forgiven" in the "Outstanding Baiance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 00	raise record on Form 31-B3
Total Outstanding Balance \$ 53.10	relise (000)0 on ontwe gaster





Statement of Outstanding Debts

Form 31-N R.C. 3517,10

Full Name of Committee					
FRIENDS OF DENISE BREWSTE	R				
To Whom Owed			Prior Anicunt	Amoun	Incurred this Period
SOPHIA BOUTIQUE LLC			00	\$10.7	3
Street Address			Item or Purpose of Debt	Outstar	nding Balance
7578 FREDLE DRIVE			FUNDRAISER	\$10.7	3
City	State	Zip Code	PM.	- TI.	D. d. d
PAINESVILLE	OH 🔻	44077	Payment	s Inis	Perioa
	Date Debt was Originally Inc.	urred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
		9/15/23			
Registration Number, if PAC			Dale of Payment (MM/DD/Y)	(YY)	Amount
			Date of Payment (MM/DD/Y)	YYY)	Amount
To Whom Owed		10)11201110	Prior Amount	Amoun	t Incurred this Period
USPS			00	\$132.00	
Street Address			Item or Purpose of Debt	Outstar	nding Balance
216 E. JACKSON STREET			STAMPS	\$132.00	
City PAINESVILLE	State OH 🔽	Zip Code 44077	Payments This Period		Períod
	Date Debt was Originally Inc	urred (MM/DD/YYYY) 10/12/23	Date of Payment (MM/DD/Y)	(YY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y)	/YY)	Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 142.73	(also record on covor page)



Division	6
1200	V

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

				-	
Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
USPS			00	\$39.60	
Street Address			Item of Purpose of Debt	Outstar	nding Balance
215 E. JACKSON STREET			STAMPS	\$39.6	0
City	State Zip	Code			
PAINESVILLE	OH - 441	077	Payment	s This	Period
	ate Debt was Originally Incurred	(MM/DD/YYYY)	Date of Payment (MM/DD/YY	ΎΥ}	Arnount
		10/13/23			
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount
			Date of Payment (MM/DD/YY	ΥΥJ	Amount
To Whom Owed			Prior Amount	Amoun	Incurred this Period
JOUGHLIN HARDWARE			00	\$35.9	9
Street Address			Item or Purpose of Debt	Outstar	nding Balance
DOWNTOWN PAINESVILLE			STAKES FOR SIGNS	\$35.9	9
City PAINESVILLE	the second secon	Code 077	Payment	s This	Period
	ate Debt was Originally Incurred	(MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
Regisiration Number, if PAC			Date of Payment (MM/DD/YY	YY;	Amount
			Date of Payment (MM/DD/Y Y	YY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column, Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 00	(alse record on Form 31-8)
Total Outstanding Balance \$ 75.59	(also result en coner page





Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee		~	
FRIENDS OF DENISE BREWSTER			
To Whom Owed	Prior Amount	Amoun	t Incurred this Period
JOUGHLN HARDWARE	00	\$14.35	
Street Address	Rem or Purpose of Debt	Outstar	ndirig Balance
23 S. STATE STREET	CABLE TIES	\$14.3	5
City State Zip Code			
PAINESVILLE OH 44077	Paymen	ts This	Period
Date Debt was Originally Incurred (MM/DD/YYY	Y) Date of Payment (MM/DD/Y)	YYY)	Amount
8/23/2	3		
Registration Number, if PAC	Date of Payment (MM/DD/Y)	/YY)	Amount
	Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed	Prior Amount	Amoun	Incurred this Period
JOUGHLIN HARDWARE	00	\$26.8	2
Street Address	Item of Purpose of Debt	Outstar	nding Balance
23 S. STATE STREET	FENCE SIGN POST	\$26.8	2 ,
City State Zip Code	Paymen	s This	Period
Date Debt was Originally Incurred (MM/DD/YYY	() Date of Payment (MM/DD/Y)	YY)	Amount
9/5/2	3		
Registration Number, if PAC	Date of Payment (MM/DD/Y)	YY)	Amount
	Dale of Payment (MM/DD/Y)	YY)	Amouni
	The same of the sa		Liu Anna Belliu

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 00	(also record on Form 31-8)
Total Outstanding Balance \$ 41.17	false recent on cover page



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee				
FRIENDS OF DENISE BREWSTE	R			
		Today Associated	L	t facurred this Period
To Whom Owed		Prior Amount	1	
LOWE'S HOME CENTERS		00	\$14.9	9
Street Address		Item or Pulpose of Debt	Outstar	hding Balarice
9600 MENTOR AVENUE		CABLE TIES	\$14.9	9
City	State Zip Code	Paymen	to Thic	Dariad
MENTOR	OH _ 44060	Paymen	is ims	Penod
	Date Debt was Originally Incurred (MM/DD/YYYY	Date of Payment (MM/DD/Y)	(YY)	Amount
	7/31/23	3		
Registration Number, if PAC		Date of Payment (MM/DD/Y)	(YY)	Amount
		Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed		Prior Amount	Amoun	t Incurred this Period
SAM'S CLUB		00	\$48.4	4
Street Address		Item or Purpose of Debt	Outstar	nding Balance
6900 EMERALD COURT		PARADE CANDY	\$48.4	4
City	State Zip Code			B 4 4
MENTOR	он 🖵 44060	Paymen	ts This	Period
	Date Debt was Originally Incurred (MM/DD/YYYY) Date of Payment (MM/DD/Y)	YYY)	Amount
	8/1/23	3		
Registration Number, if PAC		Date of Payment (MM/DD/Y)	YYY)	Amount
		Date of Payment (MM/DD/Y)	(YY)	Amount

Total Payments This Period \$ 00	(also record on Form 31-8)
Total Outstanding Balance \$ 63.43	false record on cover eage)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee					
FRIENDS OF DENISE BREWSTE	R				
To Whom Owed			Prior Amount	Amount	Uncurred this Period
WALMART			00	\$41.9	1
Street Address			Hem or Purpose of Debt	Outstan	iding Balance
9303 MENTOR AVENUE			FUNDRAISER	\$41.9	1
City	State	Zip Code	W-1		77 - 1 - 1
MENTOR	он 🔽	44060	Payment	s Ihis	Period
THE REPORT OF THE	Date Debt was Originally Incu	irred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		8/20/23			V.S.
Registration Number, if PAC	<u> </u>		Date of Payment (MM/DD/YY	YY)	Amount
	COUNTY PARTIES		Date of Payment (MM/DD/YY	YY)	Amount
To Whom Owed			Prior Amount	Amount	t Incurred this Period
LOWE'S HOME CENTERS LLC			00	\$34.2	3
Street Address			Item or Purpose of Debt	Outstar	nding Balance
9600 MENTOR AVENUE		SIGN STAKES	\$34.23		
City	State	Zip Code	Payment	a Thia	Davisel
MENTOR	OH -	44060	Payment	.5 11115	Penod
	Date Debt was Originally Incu	irred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
		8/27/23			
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YY}	Amount
State Thirth Second			Date of Payment (MM/DD/Y)	YYY)	Amount

Total Payments This Period \$ 00	(also record on Form 3.1-B)
Total Outstanding Balance \$ 76.14	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee					
FRIENDS OF DENISE BREWSTE	ÊR				
To Whom Owed			Prior Amount	Amour	nt Incurred this Period
DOLLAR GENERAL			00 \$5.00)
Street Address			Item or Purpose of Debt — Outstanding Balance		nding Balarice
9853 JOHNNYCAKE RIDGE ROAD		FUNDRAISER	\$5.00)	
City MENTOR	State OH 🕶	Zip Code 44060	Paymen	ts This	Period
	Date Debt was Originally Incur	red (MM/DD/YYYY) 8/27/23		YYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y	YYY)	Amount
			Date of Payment (MM/DD/Y	YYY)	Amount
To Whom Owed			Prior Amount	Amoun	Incurred this Period
SEASINOL SPORTING GOODS			00	\$21.4	10
Street Address			Item or Purpose of Debt	Outsta	náing Balance
7667 MENTOR AVENUE SUITE 1	14		PARADE SHIRT	\$21.4	10
City MENTOR		Zip Code 44060	Paymen	ts This	Period
	Date Debt was Originally Incur	red (MM/DD/YYYY) 7/17/23		YYY)	Amount
Registration Number, if PAC	·		Date of Payment (MM/DD/Y	YYY)	Amount
			Date of Payment (MM/DD/Y	YYYj	Amount
If a debt is forgiven, write "Forgiven" in the " (Form No. 31-B). Total amount forgiven sho cover page.		antributions Receive	d (Form No. 31-J-1), Transfer		
Total Payments This Period \$ 00		(also record	d on Form 31-B)		
Total Outstanding Balance \$ 26.40)	(also recor	ti on cover page)		



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Statement of Outstanding Debts

Form 31-N R:C. 3517.10

Full Name of Committee				-	
FRIENDS OF DENISE BREWST	ER				
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
HOBBY LOBBY			00 \$15.38		8
Street Address		The state of the s	Item or Purpose of Debt	Outstar	iding Balarice
7852 MENTOR AVENUE		FUNDRAISER	\$15,3	8	
Cily State Zip Code			-	S	
MENTOR	он 🕶	44060	Payment	ts Inis	Period
	Date Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount
	1	9/4/23			
Registration Number, if PAC		-11-1	Date of Payment (MM/DD/Y)	YYY)	Amount
			Date of Payment (MM/DD/Y)	rYY)	Amount
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
USPS			00	\$13,2	0
Street Address			Item or Purpose of Debt	1	nding Balance
340 WETMORE AVENUE		STAMPS	\$13.20		
Cily	State	Zip Code	Dauman	to Thin	Pariod
GRAND RIVER	OH -	44045	Payments This Period		
	Date Debt was Originally Incu	rred (MM/QD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount
	1				
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YYY)	Amount
			Date of Payment (MM/DD/Y)	YYY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 00	(also record on Form 31-6)
Total Outstanding Balance \$ 28.58	faiso record on cover pages



2023 PostGen

Ohio Campaign Finance Report

Form 30-A

1 01111 00-7

City CONCORD To assurer Name HAN MASSIE Post-Print mber Monthl sittee is report	mary	Pre-Genera Report (R	State OH C. 351	Zip 44077 Election Da 11/7/23 Post-General		
CONCORD To assurer Name HAN MASSIE Post-Prim mber Monthl	mary	Pre-Genera Report (R	State OH C. 351	Zip 44077 Election Da 11/7/23 Post-General 7.10(H)) nittee is filing a	Year	YYYY)
CONCORD To assurer Name HAN MASSIE Post-Prim mber Monthl	mary	Report (R	OH	Election Da 11/7/23 Post-General 7.10(H)) nittee is filing a	Year	100
Post-Prin	mary	Report (R	.C. 351	Election Da 11/7/23 Post-General 7.10(H)) nittee is filling a	Year	
Post-Prin	Short Form	Report (R	.C. 351	Post-General 7.10(H)) nittee is filing a	Year	
Post-Prin	Short Form	Report (R	.C. 351	Post-General 7.10(H)) nittee is filing a	a	
mber Monthl	Short Form	Report (R	.C. 351	7.10(H)) nittee is filing a	a	
mber Monthl	Short Form	Report (R	.C. 351	7.10(H)) nittee is filing a	a	
nittee	Short Form	his box if th	e comn	nittee is filing a	a	
nittee	Short Form	his box if th	e comn	nittee is filing a		1121
rittee	Check t	his box if th	e comn	nittee is filing a		
	1 1			9		
		- 0	\$32.70		7	
-A and 31-E))		100.00			
			00			
	7. 17	102 m	132.70		AM	REG
B and 31-F)		9	132.70		NO	RECEIPT
10	100		00			2
7. Value of in-kind contributions received (From Form 31-J-1)			\$1,340.43			12
8. Value of in-kind contributions made (From Form 31-J-2)			-00			ENI
9. Outstanding loans owed by committee (From Form 31-C)			00			SCANNED
10. Outstanding debts owed by committee (From Form 31-N)			00			
Form 31-K))		00			
rom Form 31	1-U)	- 10 1	00			-
			HE FIF	TH DEGREE.		
			12/3/2	23		
			Date (f	AM/DD/YYYY)	****	
	Form 31-J-2) Form 31-C) n Form 31-N Form 31-K om Form 3	Form 31-J-1) rm 31-J-2) Form 31-C) n Form 31-N) Form 31-K) rom Form 31-U) OF ELECTION FALSIFIC N IS GUILTY OF A FEL	Form 31-J-1) \$ Form 31-J-2) Form 31-C) Form 31-N) Form 31-K) Form 31-U) OF ELECTION FALSIFICATION. N IS GUILTY OF A FELONY OF T	B and 31-F) \$132.70 00 Form 31-J-1) \$1,340.4: m 31-J-2) 00 Form 31-C) 00 n Form 31-N) 00 Form 31-N) 00 or Form 31-U) 00 or ELECTION FALSIFICATION. N IS GUILTY OF A FELONY OF THE FIF 12/3/2 Date (fill) Other Pages Total Pages	Form 31-J-1) \$1,340.43 rm 31-J-2) 00 Form 31-C) 00 n Form 31-N) 00 Form 31-K) 00 rom Form 31-U) 00 OF ELECTION FALSIFICATION. N IS GUILTY OF A FELONY OF THE FIFTH DEGREE. 12/3/23 Date (MM/DD/YYYY)	B and 31-F) \$132.70 00 Form 31-J-1) \$1,340.43 m 31-J-2) 00 Form 31-C) 00 n Form 31-N) 00 on Form 31-H) 00 on Form 31-U) 00 of ELECTION FALSIFICATION. N IS GUILTY OF A FELONY OF THE FIFTH DEGREE. 12/3/23 Date (MM/DD/YYYY) Other Pages Total Pages



Page 1

Statement of Contributions Received

Form 31-A

ORC 3517 10

Full Name of Committee				
FRIENDS OF DENISE BREWSTER				
Full Name of Contributor)!		Registration Numb	er, if PAC
JANE F. MCDONALD				
Street Address	Employer/Occupation/Labor C	Organization*	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
5100 FAVORITE GULCH RD.				CHECK
City	State Zip Code	Date (MM/D	D/YYYY)	Amount
HELENA	MT - 59602		7345	\$100.00
Full Name of Contributor			Registration Numb	er, if PAC
Sireel Address	Employer/Occupation/Labor C	organization*		Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		11	Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor	***		Registration Numb	er. if PAG
Street Address	Employed/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor			Registration Numb	er. if PAC
Street Address	Employer/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/D)	D/YYYY)	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 labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$100.00



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Dr	der.	- 1	

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC					_	
TRANSFER FROM FORM 31-N Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. \$1,340,43 City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. Fair Market Vi. Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Vi. State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC						
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City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value City State Zip Code Received at Fundraising Event?	Full Name of Contributor	XIII III III XIII XIII XIII XIII XIII	Employer, Occupa	ation, Labor Organization*	Registration Number,	if PAC
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Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Va City State Zip Code Received at Fundraising Event?	City	State	Zip Code	Received at Fundrais	ing Event?	
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Va City State Zip Code Received at Fundraising Event?		3	3	Yes No		
City State Zip Code Received at Fundraising Event?	Full Name of Contributor		Employer, Occupa	ition, Labor Organization*	Registration Number,	IT PAC
	Street Address	Description of Item o	r Service	1111000	Date (MM/DD/YYYY)	Fair Market Value
Yes No	City	State	Zíp Code	Received at Fundrais	ing Event?	
bearl			3	Yes No		
Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Full Name of Contributor	Employer, Occupa	ition, Labor Organization*	Registration Number, if PAC		
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Va	Street Address	Description of Item o	r Service		Date (MM/DD/YYYY)	Fair Market Value
City State Zip Code Received at Fundraising Event?	City	State	Zip Code	Received at Fundrais	ing Event?	
☐ Yes ☐ No			·]	[] Yes [] No		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

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Page	Total \$	
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Page 1

Statement of Expenditures

Form 31-6

R.C. 3517.10

		_				
Full Name of Committee FRIENDS OF DENISE BREWSTER						
To Whom Paid			Date (MM/DD/YYYY)	-	Amount	
FROM FORM 31-N (SEE ATTACHED RECONCILATION)			,1		\$132.70	
Street Address	Purpose		<u> </u>			
City	State Zip Code			Check Number		
	ОН					
To Whom Paid			Date (MM/DD/YYYY) Amount			
Street Address Purpose					L	
City	State			Check Number		
	ОН					
To Whom Paid			Dale (MM/DD/YYYY)		Amount	
Street Address	Purpose		Linux-			
City	State	Zìp	Code	Che	eck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose				<u> </u>	
City	State Zip Code Check Number			nak Alumbar		
City	OH	Zip code Check Number		ECK NUMBER		
	011			_	r	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	eck Number	
	он					

Page Total \$ 132.70



Page 1

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

F. II No					
Full Name of Committee					
FRIENDS OF DENISE BREWSTER			***		
To Whom Owed			Prior Amount Amou		nt Incurred this Period
DOLLAR TREE		\$18.67	00		
Streel Address			Item or Purpose of Debt	Outsta	nding Balance
152 E. WASHINGTON STREET			FUNDRAISER	\$18 <i>.</i> 6	7
City	State	Zip Code			
PAINESVILLE	он 🕶	44077	Payment	ts This	Period
Date Debt was O	riginally Incu	irred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	(YY)	Amount
		9/11/23	11.	/28/23	\$18.67
Registration Number, if PAC			Date of Payment (MM/DD/Y)	(YY)	Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
DOLLAR TREE			\$3.92	00	
Street Address		The second secon	Item or Purpose of Debt	Outstar	nding Balance
255 MEADOWLAWN DRIVE UNIT 180			FUNDRAISER	\$3.92	
City CHARDON	State OH 🕶	Zip Code 44024	Payment	s This	Period
Date Debt was Or	iginally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		8/25/23	11/	28/23	\$3.92
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount
			Date of Payment (MM/DD/YY	YY)	Amount
	The life				

Total Payments This Period \$ 22.59	(also record on Ferm 31-B)
Total Outstanding Balance \$ 0	(and record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C: 3517,10

F. 0. N						
Full Name of Committee						
FRIENDS OF DENISE BREWSTER						
To Whom Owed			Prior Amount	Amoun	t Incurred this Period	
DOLLAR TREE		\$8.04	00			
Street Address			Item or Purpose of Debt	Outstar	nding Balance	
8840 MENTOR AVENUE		PARADE SUPPLIES	\$8.04			
City State Zip Code		_				
MENTOR	NTOR OH 44060		Payments This Period			
Date Debt was O	riginally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount	
		7/25/23	11/	28/23	\$8.04	
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount	
	West Committee		Date of Payment (MM/DD/YY	000	Amount	
			Date of Payment (wiwi.cb/) 11	11)	Anount	
To Whom Owed			Prior Amount	Amount	Incurred this Period	
LAKE COUNTY BOARD OF ELECTIONS			\$30.00	00		
Street Address			Item or Purpose of Debt	Oulstan	eding Balance	
105 MAIN STREET SUITE 107		FILING FEE \$30.00		0		
City PAINESVILLE	State OH 🛨	Zip Code 44077	Payment	s This	Period	
Date Debt was O	riginally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount	
		8/9/23	11/	28/23	\$30.00	
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount	
			Date of Payment (MM/DD/YYYY)		Amount	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 38.04	(also record on Form 31-B)	
Total Outstanding Balance \$ 00	(also record on cover page)	



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee FRIENDS OF DENISE BREWSTER			
To Whom Owed	Prior Amount	Amoun	it Incurred this Period
STAPLES	\$11.42	\$11.42	
Street Address	Item or Purpose of Debt	Outstar	nding Balance
9215 MENTOR AVENUE	COPIES OF FLYERS	\$11,4	2
City State Zip Code	n	to This	David d
MENTOR OH 44060	Paymen	ts Inis	Period
Date Debt was Originally Incurred (MM/DD/YYY		(YY)	Amount
7/24/2	3 11	/28/23	\$11.42
Registration Number, if PAC	Date of Payment (MM/DD/Y)	(YY)	Amount
	Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed	Prior Amount	Amount	t Incurred this Period
AMAZON	\$41.68	00	
Street Address	Item or Purpose of Debt	Oulslar	nding Balance
ON LINE	ENVELOPES	\$41.6	8
City State Zip Code	Payment	s This	Period
Date Debt was Originally Incurred (MM/DD/YYYY) Date of Payment (MM/DD/Y)	YY)	Amount
10/6/2	11,	28/23	\$41.68
Registration Number, if PAC	Date of Payment (MM/DD/Y)	YY)	Amount
	Date of Payment (MM/DD/YY	YY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page,

Total Payments This Period \$ 53.10	(also record on Form 31-B)	
Total Outstanding Balance \$ 00	(also record on cover page)	



Page 4

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee		W-B			
FRIENDS OF DENISE BREWSTE	ER .				
To Whom Owed			Prior Amount	Amour	nt Incurred this Period
SOPHIA BOUTIQUE LLC			\$10.73	00	
Street Address			Item or Purpose of Debt	Outsta	nding Balance
7578 FREDLE DRIVE			FUNDRAISER	\$10.7	'3
City	State	Zíp Code			
PAINESVILLE	ОН	44077	Payment	ts This	s Period
	Date Debt was Originally In	curred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	(YY)	Amount
		9/15/23	11.	/28/23	\$10.73
Registration Number, if PAC			Date of Payment (MM/DD/Y)	(YY)	Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount
To Whom Owed			Prior Arnount	Amoun	t Incurred this Period
USPS			\$132.00	00	
Street Address			Item or Purpose of Debt	Outstar	nding Balance
216 E. JACKSON STREET			STAMPS	\$132.	00
City PAINESVILLE	State OH	Zip Code 44077	Payment	s This	Period
	Dale Debt was Originally Inc	urred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		10/12/23	11/	28/23	8.24
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount
			FORG	SIVEN	\$123.76
	進展製		Date of Payment (MM/DD/YY	YY)	Amount

Total Payments This Period \$ 18.97	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee				***********	
FRIENDS OF DENISE BREWST	ΞR				
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
USPS			\$39.60	00	
Street Address			Item or Purpose of Debt	Outstar	nding Balance
215 E. JACKSON STREET			STAMPS	FORG	SIVEN
City	State	Zip Code	Dayman	- This	David
PAINESVILLE	он 🔻	44077	Payment	s inis	Penoa
	Date Debt was Originally Incur	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
		10/13/23			
Registration Number, if PAC			Date of Payment (MM/DD/Y)	(YY)	Amount
			Date of Payment (MM/DD/YY	YY)	Amount
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
JOUGHLN HARDWARE		\$35.99	00		
Street Address			Item or Purpose of Debt	Outstar	nding Balance
DOWNTOWN PAINESVILLE			STAKES FOR SIGNS FORGIVEN		GIVEN
City PAINESVILLE	State OH 🔻	Zip Cede 44077	Payments This Period		Period
	Date Debt was Originally Incur	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	(YY)	Amount
Registration Number, if PAC		=	Date of Payment (MM/DD/Y)	YY)	Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount
<u> </u>					

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Page	б	

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee						
FRIENDS OF DENISE BREWSTER				0.000		
To Whom Owed			Prior Amount Am		nount Incurred this Period	
LOUGHLIN HARDWARE			\$14.35	00		
Street Address			Item or Purpose of Debt	Outstar	nding Balance	
23 S. STATE STREET			CABLE TIES	FORG	GIVEN	
City	State	Zìp Code		***		
PAINESVILLE	он 👻	44077	Payment	is This	Period	
Date Debt was Orig	jinally lncu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount	
		8/23/23				
Registration Number, if PAC			Dale of Payment (MM/DD/Y)	YY)	Amount	
			Date of Payment (MM/DD/YY	YY)	Amount	
To Whom Owed			Prior Amount	Amoun	l Incurred this Period	
JOUGHLIN HARDWARE			\$26.82	00	=	
Street Address			Item or Purpose of Debt	Outstar	nding Balance	
23 S. STATE STREET			FENCE SIGN POST	FORG	SIVEN	
City	State	Zip Code	_	4-1.1		
PAINESVILLE	он 🔻	44077	Payment	s Inis	Period	
Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount	
			Date of Payment (MM/DD/YY	YY)	Amount	

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

		TOPWATER TO THE TOP TO				
Full Name of Committee						
FRIENDS OF DENISE BREWSTER						
To Whom Owed			Prior Amount	Amoun	t Incurred this Period	
LOWE'S HOME CENTERS			\$14.99	00		
Street Address			Item or Purpose of Debt	Outstar	nding Balance	
9600 MENTOR AVENUE			CABLE TIES	FORG	FORGIVEN	
City	State	Zip Code			P. 4 . 1	
MENTOR	он 🕶	44060	Payment	is This	Period	
Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount	
		7/31/23				
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YY)	Amount	
			Date of Payment (MM/DD/Y)	YYY)	Amount	
To Whom Owed			Prior Amount	Amoun	I Incurred this Period	
SAM'S CLUB			\$48.44	00		
Street Address			Item or Purpose of Debt	Outstar	nding Balance	
6900 EMERALD COURT			PARADE CANDY	FORG	GIVEN	
City MENTOR	State OH 🕶	Zip Code 44060	Payment	s This	Period	
Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YY)	Amount	
			Date of Payment (MM/DD/Y)	YY)	Amount	
		3412				

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
To Whom Owed			Prior Amount		Incurred this Period
WALMART			\$41.91	00	
Street Address			Item or Purpose of Debt	Outstan	iding Balance
9303 MENTOR AVENUE			FUNDRAISER	FORG	SIVEN
City	State	Zip Code	Payment	a Thic	Pariod
MENTOR	OH 🕶	44060	raymeni	.5 11115	renou
	ate Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		8/20/23	A. Tites		
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YY)	Amount
			Date of Payment (MM/DD/YY	YY)	Amount
To Whom Owed			Prior Amount	Amoun	t Incurred this Period
LOWE'S HOME CENTER			\$34.23	00	
Street Address			Item or Purpose of Debt	Outstar	nding Balance
9600 MENTOR AVENUE			SIGN STAKES	FORG	GIVEN
City	Stale	Zip Code	Payment	e Thie	Pariod
MENTOR	OH 🔀	44060	Payment	5 11115	renod
	ate Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y)	YYY)	Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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*:090	2	

Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee						
FRIENDS OF DENISE BREWSTER						
To Whom Owed			Prior Amount	Amoun	t Incurred this Period	
DOLLAR GENERAL			\$5.00	00	00	
Streel Address			Item or Purpose of Debt	Outstan	nding Balance	
9853 JOHNNYCAKE ROAD			FUNDRAISER	FORG	SIVEN	
City	State	Zip Code		707	David	
MENTOR	OH 🔻	44060	Payment	s inis	Period	
	Date Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount	
		8/27/23				
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount	
			Date of Payment (MM/DD/YY	YY)	Amount	
To Whom Owed			Prior Amount	Amoun	Incurred this Period	
SEASINOL SPORTING GOODS			\$21.40	00		
Street Address			Item or Purpose of Debt	Outstanding Balance		
7667 MENTOR AVENUE AUITE 11	4		PARADE SHIRT	FORGIVEN		
City	State	Zip Code	Payment	e Thie	Pariod	
MENTOR	OH 🗻	44060	rayment	5 11115	renou	
	Date Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount	
		7/17/23				
Registration Number, if PAC			Date of Payment (MM/DD/YY	YY)	Amount	
		III 1				
			Date of Payment (MM/DD/YY	YY)	Amount	

Total Payments This Period \$	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(alse record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517,10

Full Name of Committee					ALL III III III III III III III III III	
FRIENDS OF DENISE BREWSTER					047	
To Whom Owed			Prior Amount Amoun		t Incurred this Period	
HOBBY LOBBY			\$15.38	00		
Street Address			Item or Purpose of Debt		Outstanding Balance	
7852 MENTOR AVENUE			FUNDRAISER	FOR	GIVEN	
City MENTOR	State OH	Zip Code 44060	Paymer	its This	s Period	
Date	Debt was Originally Incur	red (MM/DD/YYYY) 9/4/23	Date of Payment (MM/DD/Y	YYY)	Amount	
Registration Number, if PAC			Date of Payment (MM/DD/Y	YYY)	Amount	
			Date of Payment (MM/DD/Y	YYY)	Amount	
To Whom Owed			Prior Amount	Amour	nt Incurred this Period	
USPS			\$13.20	00		
Street Address			Item or Purpose of Debt	1	nding Balance	
340 WETMORE AVENUE			STAMPS	FOR	GIVEN	
City GRAND RIVER	State OH	Zip Code 44045	Paymer	its This	s Period	
Date	Debt was Originally Incur	red (MM/DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount	
Registration Number, if PAC		7	Date of Payment (MM/DD/Y	YYY)	Antount	
			Date of Payment (MM/DD/Y	YYY)	Amount	

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
		Prior Amount	Amount	t Incurred this Period	
To Whom Owed				thented that end	
ALDI'S		\$16.08	00	1000 1000	
Street Address		Item or Purpose of Debt	Outstan	Outstanding Balance	
2222 DOWNS DRIVE		FUNDRAISER	FORG	SIVEN	
City State Zip Code		Payment	e Thie	Period	
ERIE PA 16509		raymem	15 11115	renou	
Date Debt was Originally Incurred (MM/DD/Y	YYY)	Date of Payment (MM/DD/Y)	YYY)	Amount	
8/2	0/23				
Registration Number, if PAC		Date of Payment (MM/DD/Y)	YYY)	Amount	
		Date of Payment (MM/DD/YY	(YY)	Amount	
To Whom Owed		Prior Amount	Amoun	t Incurred this Period	
SOPHIA BOTIQUES LLC		\$6.44	00		
Street Address		Item or Purpose of Debt	Outstar	nding Balance	
7578 FREDLE DRIVE		FFUNDRAISER	FORG	GIVEN	
State Zip Code OH 44077		Payments This Period			
Date Debt was Originally Incurred (MM/DD/Y	YYY)	Date of Payment (MM/DD/YY	(YY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/Y)	YYY)	Amount	
		Date of Payment (MM/DD/Y)	YYY)	Amount	

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee					
FRIENDS OF DENISE BREWSTER					
To Whom Owed			Prior Amount Amount Inc		Incurred this Period
DOLLAR TREE			\$16.09	00	
Street Address			Item or Purpose of Debt	Outstanding Balance	
7843 MENTOR AVENUE			FUNDRAISER	FORGIVEN	
City	State Zip Code		Payments This Period		Period
MENTOR	он 💌	44060	rayments imarenou		
Date	Debt was Originally Incur	red (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		8/15/23			
Registration Number, if PAC		Date of Payment (MM/DD/YYYY) Amount		Amount	
			Date of Payment (MM/DD/YY	YY)	Amount
To Whom Owed			Prior Amount	Amoun	Incurred this Period
DOLLAR TREE			\$17.43	00	
Street Address			Item or Purpose of Debt	Outstanding Balance	
9940 MENTOR AVENUE			FUNDRAISER	FORGIVEN	
City	State	Zip Code	Payments This Period		
MENTOR	OH 🕶	44060	Payments This Feriou		
Date	Debt was Originally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	(YY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY) Amount		Amount
			Date of Payment (MM/DD/Y)	(YY)	Amount

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)



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Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee			-		
FRIENDS OF DENISE BREWSTER	· ·				
			Prior Amount Amount		Incurred this Period
To Whom Owed					
RIDGEWOOD			\$713.11	00	
Street Address			Item or Purpose of Debt	Outstanding Balance	
9853 JOHNNYCAKE RIDGE ROAD			FUNDRAISER	FORGIVEN	
City	State Zip Code		Payments This Period		
CONCORD TOWNSHIP	он 🔽	44077	rayments this renou		
Date Debt was Orig	inally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
		9/12/23			
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)		Amount	
C. TO THE PROPERTY OF THE PARTY			Date of Payment (MM/DD/Y)	YY)	Amount
To Whom Owed		er de la companya de	Prior Amount	Amoun	t Incurred this Period
PROVISIONS			00	\$136.21	
Street Address		-	Item or Purpose of Debt	Outstar	nding Balance
1634 JACKSON STREET			POSTCARDS	FORG	GIVEN
City	State	Zip Code	Payments This Period		
PAINESVILLE	он 🔻	44077			
Dale Debt was Orig	ginally Incu	rred (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YYY)	Amount
NE TREET TO					
Registration Number, if PAC		Dale of Payment (MM/DD/YYYY) Amount		Amount	
		83 EZ EV. E	Date of Payment (MM/DD/Y	YYY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 00	(also record on Form 31-B)
Total Outstanding Balance \$ 00	(also record on cover page)