

OFFICE OF  
GENERAL COUNSEL

Christian Weiss III

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 # 8287

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.
3. 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;
- 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.

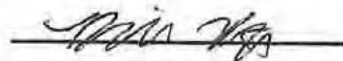
Sincerely,



Christian Weiss, III  
[REDACTED]

STATE OF OHIO;  
COUNTY OF LAKE;

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




# 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 11<sup>th</sup> District Court of Appeals



**Judge John Eklund**  
11<sup>th</sup> 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  
PAID  
Cleveland  
Permit No



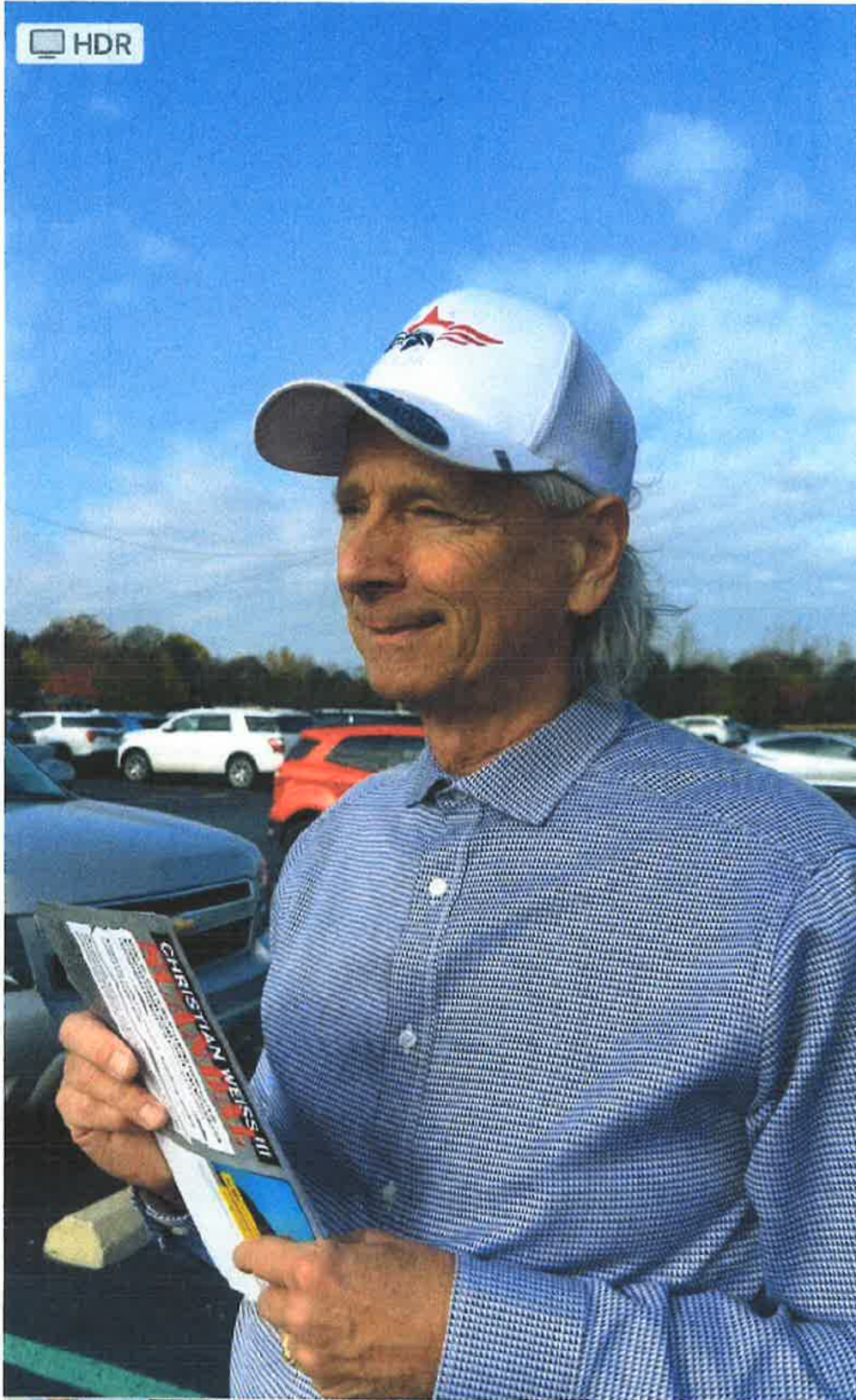
12:38

MUR828700006



Painesville  
November 7 9:54 AM

Edit







Painesville  
November 7 9:54 AM

Edit



HDR





# Vote For **DENISE BREWSTER & BEVERLY SCHILERO**

## **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.



**GO BEAVERS!**

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



## ELECT Denise Brewster & Beverly Schilero Riverside Local School Board



42 Years Experience  
Teacher & Principal

- ✓ PARENTS RIGHTS
- ✓ NO CRT/SEL
- ✓ ACADEMICS OVER IDEOLOGY



40 Years Business Owner  
Century 21 Real Estate Agent, Notary  
Employee of the Year Richmond Hts. Building Dept.

**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

©VPDMS, Inc. 10/2023.

Open more great neighborhood deals at [valpak.com](http://valpak.com) 3453066618

*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. Senator!

Please RSVP by August 15 to Susan Humphrey

at (513) 508-6143 or [susan@berniemoreno.com](mailto:susan@berniemoreno.com)

OVER to learn more about Bernie

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

The Joshua Super PAC

ADDRESS (number and street)

6369 Rio Vista Drive

Check if different  
than previously  
reported. (ACC)

Concord Township

OH

44077

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00810499

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on

M M / D D / Y Y Y Y

in the  
State of

(d) 30-Day



General (30G)



Runoff (30R)



Special (30S)

POST-Election  
Report for the:

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 01 2023

through

M M / D D / Y Y Y Y  
12 31 2023

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

Type or Print Name of Treasurer

Fishel, Kathy, . .

Signature of Treasurer

Fishel, Kathy, . .

Date

M M / D D / Y Y Y Y  
04 24 2024

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Joshua Super PAC

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span>YYYYYY</span> 2023		3282.95
(b) Cash on Hand at Beginning of Reporting Period.....	4409.65	
(c) Total Receipts (from Line 19) .....	28786.00	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
7. Total Disbursements (from Line 31) .....	32173.85	32371.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1021.80	1021.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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**

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27971.00	29228.50
(ii) Unitemized.....	815.00	881.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28786.00	30110.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	28786.00	30110.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28786.00	30110.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28786.00	30110.45



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	32173.85	32371.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32173.85	32371.60
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32173.85	32371.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	32173.85	32371.60



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28786.00	30110.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28786.00	30110.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	32173.85	32371.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32173.85	32371.60

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

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

FOR LINE NUMBER: PAGE 6 OF 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Bennett, David, , ,

Mailing Address 7317 Maple St

City  
MentorState  
OHZip Code  
44060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 11 / 01 / 2023

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

250.00

Memo Item

Contribution

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

B. Brady, Amy &amp; Stanley, , ,

Mailing Address 2684 Ashly Rd

City  
Shaker HeightsState  
OHZip Code  
44122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Both RetiredOccupation (for Individual)  
Both Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 05 / 2023

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

1000.00

Memo Item

Contribution

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

C. Caldwell, Charles, , ,

Mailing Address 13550 Leroy Center Rd

City  
Leroy TwpState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 17 / 2023

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

250.00

Memo Item

Contribution

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Fishel, Kathy, , ,

Mailing Address 6369 Rio Vista Drive

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.45

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 17 / 2023

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

B. Fishel, Kathy, , ,

Mailing Address 6369 Rio Vista Drive

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.45

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 24 / 2023

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

C. Fishel, Kathy, , ,

Mailing Address 6369 Rio Vista Drive

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

790.45

Date of Receipt

 M M / D D / Y Y Y Y  
 08 / 16 / 2023

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

275.00

☐ Memo Item

Contribution

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

775.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Condon, Patrick, , ,

Mailing Address 272 Colonial Dr

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake County OhioOccupation (for Individual)  
Judge

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2023

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

B. Dunlap, Darryl, , ,

Mailing Address 7272 Alexander Rd

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 28 / 2023

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

C. Evans, Dennis, , ,

Mailing Address 4219 Austin Rd

City  
GenevaState  
OHZip Code  
44041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2023

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Fishel, Scott, , ,

Mailing Address 6963 Rio Vista Dr

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed OwnerOccupation (for Individual)  
Right on Roofing, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

 M M / D D / Y Y Y Y  
 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) or Full Organization Name

B. Fishel, Scott, , ,

Mailing Address 6963 Rio Vista Dr

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed OwnerOccupation (for Individual)  
Right on Roofing, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 31 / 2023

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
 Contribution

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

C. Fishel, Scott, , ,

Mailing Address 6963 Rio Vista Dr

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed OwnerOccupation (for Individual)  
Right on Roofing, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16936.00

Date of Receipt

 M M / D D / Y Y Y Y  
 09 / 13 / 2023

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

12186.00

☐ Memo Item  
 Contribution

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

16936.00

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

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

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

 FOR LINE NUMBER: PAGE 10 OF 20  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Hardwick, Cynthia, , ,

Mailing Address 41 East Shore Blvd

City  
TimberlakeState  
OHZip Code  
44095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 28 / 2023

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution

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

B. Hebebrand, Matt, , ,

Mailing Address 403 Heisley Park Ln

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ashtabula County Ohio

Occupation (for Individual)

Prosecutor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y  
 08 / 10 / 2023

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

C. Kenney, Dennis, , ,

Mailing Address 14429 Leroy Center Rd

City  
Leroy TwpState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 05 / 2023

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

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

1550.00



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

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

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Joshua Super PAC**

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

**A. Koesel, Robert, ,**

Mailing Address 6239 Painesville-Warren Rd

City  
Painesville

State  
OH

Zip Code  
44077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Budzar Industries

Occupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 16 / 2023

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

**B. Marks Building Company**

Mailing Address 346 Hale Rd

City  
Painesville

State  
OH

Zip Code  
44077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2023

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

**C. Marlowe, Barbara, ,**

Mailing Address 7372 Hunting Lake Dr

City  
Painesville

State  
OH

Zip Code  
44077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dworken & Bernstein Co, LPA

Occupation (for Individual)  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2023

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

510.00

☐ Memo Item

Contribution

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

1260.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Marra, Nancy, . .

Mailing Address 39 Minnewawa Dr

City  
TimberlakeState  
OHZip Code  
44095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 05 / 2023

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

B. Matteo, Gary, . .

Mailing Address 8250 Eagle Ridge Dr

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 17 / 2023

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

C. Matteo, Steven, . .

Mailing Address 9926 Hobart Rd

City  
Waite HillState  
OHZip Code  
44094FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Matteo Aluminum, Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y  
 07 / 17 / 2023

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Mihok, Frank, , ,

Mailing Address 6569 Rio Vista

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 10 / 27 / 2023

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 Contribution

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

B. O'Brien, William, , ,

Mailing Address 29941 Chardon Rd

City  
Willoughby HillsState  
OHZip Code  
44094FEC ID number of contributing  
federal political committee

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Pipefitter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 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) or Full Organization Name

C. O'Brien, William, , ,

Mailing Address 29941 Chardon Rd

City  
Willoughby HillsState  
OHZip Code  
44094FEC ID number of contributing  
federal political committee

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Pipefitter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

 M M / D D / Y Y Y Y  
 11 / 06 / 2023

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

1950.00

☐ Memo Item  
 Contribution

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

2450.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. O'Donnell, John, , ,

Mailing Address 296 Woodmere Dr

City

Willowick

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lake County Ohio

Occupation (for Individual)

Judge

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 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 Initial) or Full Organization Name

B. R &amp; K Enterprises

Mailing Address 36241 Lakeshore Blvd

City

Eastlake

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 11 / 01 / 2023

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

250.00

Memo Item

Contribution

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

C. REL Limited Partnership

Mailing Address 19656 Clearlake Dr

City

Painesville

State

OH

Zip Code

44077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 10 / 05 / 2023

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

250.00

Memo Item

Contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Joshua Super PAC**

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

**A. Sustar, Roger, . .**

Mailing Address 8990 Tyler Blvd

City  
Mentor

State  
OH

Zip Code  
44060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fredon

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 27 / 2023

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

27971.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 16 OF 20

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

Full Name (Last, First, Middle Initial)

**A. Adriatic Events/American Croation Lodge/AMD**

Mailing Address 34900 Lake Shore Blvd

City  
EastlakeState  
OHZip Code  
44095

Purpose of Disbursement

Meeting Expense

007

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Special-General

Date of Disbursement

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

FEC Identification Number

 C C00810499  
 Transaction ID : SB21B.4196

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Adriatic Events/American Croation Lodge/AMD**

Mailing Address 34900 Lake Shore Blvd

City  
EastlakeState  
OHZip Code  
44095

Purpose of Disbursement

Meeting Expense

007

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Special-General

Date of Disbursement

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

FEC Identification Number

 C C00810499  
 Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Creative Governmental Outreach LLC**

Mailing Address 9301 S Brown Rd

City  
ChardonState  
OHZip Code  
44024

Purpose of Disbursement

Signage

004

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

 C C00810499  
 Transaction ID : SB21B.4239

Amount of Each Disbursement this Period

1250.00

Memo Item

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

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

3750.00



Image# 202404249636723149

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

PAGE 17 OF 20

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

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NAME OF COMMITTEE (In Full)

**The Joshua Super PAC**

Full Name (Last, First, Middle Initial)

**A. Morgan Litho**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2023			

Mailing Address 4101 Commerce Ave

City  
ClevelandState  
OHZip Code  
44103

FEC Identification Number

C C00810499

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period

2654.64

Purpose of Disbursement

Printing

004

Category/  
Type

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SofterWare**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			12			2023			

Mailing Address 601 Office Center Dr.

City  
Fort WashingtonState  
PAZip Code  
19034

FEC Identification Number

C C00810499

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

99.00

Purpose of Disbursement

Fees for Webpayment

Category/  
Type

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SofterWare**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2023			

Mailing Address 601 Office Center Dr.

City  
Fort WashingtonState  
PAZip Code  
19034

FEC Identification Number

C C00810499

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

99.00

Purpose of Disbursement

Fees for Webpayment

Category/  
Type

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

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

2852.64

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 18 OF 20

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

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NAME OF COMMITTEE (In Full)

The Joshua Super PAC

Full Name (Last, First, Middle Initial)

**A. SofterWare**

Mailing Address 601 Office Center Dr.

Date of Disbursement

MM	DD	YYYY
09	12	2023

City  
Fort WashingtonState  
PAZip Code  
19034

FEC Identification Number

C C00810499

Purpose of Disbursement

Fees for Webpayment

Candidate Name

The Joshua Super PAC

Category/  
Type

Transaction ID : SB21B.4207

Amount of Each Disbursement this Period

99.00

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2023

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SofterWare**

Mailing Address 601 Office Center Dr.

Date of Disbursement

MM	DD	YYYY
10	12	2023

City  
Fort WashingtonState  
PAZip Code  
19034

FEC Identification Number

C C00810499

Purpose of Disbursement

Fees or Webpayment

Candidate Name

The Joshua Super PAC

Category/  
Type

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

99.00

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2023

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SofterWare**

Mailing Address 601 Office Center Dr.

Date of Disbursement

MM	DD	YYYY
11	14	2023

City  
Fort WashingtonState  
PAZip Code  
19034

FEC Identification Number

C C00810499

Purpose of Disbursement

Fees for Webpayment

Candidate Name

The Joshua Super PAC

Category/  
Type

Transaction ID : SB21B.4230

Amount of Each Disbursement this Period

99.00

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2023

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

☐ Memo Item

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

297.00

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

Image# 202404249636723151

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 19 OF 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

Full Name (Last, First, Middle Initial)

**A. SofterWare**

Mailing Address 601 Office Center Dr.

City  
Fort WashingtonState  
PAZip Code  
19034

Purpose of Disbursement

Fees for Webpayment

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2023			

FEC Identification Number

C C00810499

Transaction ID : SB21B.4241

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. StreamlineCLE**

Mailing Address 6091 Carey Dr. Suite 6

City  
Valley ViewState  
OHZip Code  
44125

Purpose of Disbursement

Printing

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2023			

FEC Identification Number

C C00810499

Transaction ID : SB21B.4234

Amount of Each Disbursement this Period

1949.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. StreamlineCLE**

Mailing Address 6091 Carey Dr. Suite 6

City  
Valley ViewState  
OHZip Code  
44125

Purpose of Disbursement

Printing

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2023			

FEC Identification Number

C C00810499

Transaction ID : SB21B.4235

Amount of Each Disbursement this Period

3103.51

☐ Memo Item

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

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

5152.48

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

PAGE 20 OF 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Joshua Super PAC**

Full Name (Last, First, Middle Initial)

**A. Torva Local**

Mailing Address P. O. Box 1442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2023			

City  
WilloughbyState  
OHZip Code  
44096

Purpose of Disbursement

Web Page Design Fees

001

Candidate Name

The Joshua Super PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C	C00810499
Transaction ID : SB21B.4236	

Amount of Each Disbursement this Period

220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ValPak**

Mailing Address 1 ValPak Avenue N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2023			

City  
St. PetersburgState  
FLZip Code  
33718

Purpose of Disbursement

Campaign Literature and Mailing

004

Candidate Name

The Joshua Super PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C	C00810499
Transaction ID : SB21B.4220	

Amount of Each Disbursement this Period

19642.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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

19862.74

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

31914.86

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

The Joshua Super PAC

ADDRESS (number and street)

6369 Rio Vista Drive

Check if different  
than previously  
reported. (ACC)

Concord Township

OH

44077

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00810499

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on

M M / D D / Y Y Y Y

in the  
State of

(d) 30-Day



General (30G)



Runoff (30R)



Special (30S)

POST-Election  
Report for the:

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2023

through

M M / D D / Y Y Y Y  
06 / 30 / 2023

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

Type or Print Name of Treasurer

Fishel, Kathy, , ,

Signature of Treasurer

Fishel, Kathy, , ,

Date

M M / D D / Y Y Y Y  
04 / 23 / 2024

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

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



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Joshua Super PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span>YYYY</span> 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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 01 2023

To:

M M / D D / Y Y Y Y  
06 30 2023**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1257.50	1257.50
(ii) Unitemized.....	66.95	66.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1324.45	1324.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1324.45	1324.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1324.45	1324.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1324.45	1324.45

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

<b>II. Disbursements</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	197.75	197.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	197.75	197.75
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	197.75	197.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	197.75	197.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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



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

PAGE 6 OF 7

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

**A. Faehrich, Bill, , ,**

Mailing Address 549 Ezmor Ln

City  
WickliffeState  
OHZip Code  
44092FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2023

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

**B. Jenovic, Michael, , ,**

Mailing Address 29230 Ridge Rd

City  
WickliffeState  
OHZip Code  
44092FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Village of BratenahlOccupation (for Individual)  
Police Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2023

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

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

**C. Racic, James, , ,**

Mailing Address 6685 Deer Haven

City  
PainesvilleState  
OHZip Code  
44077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lakeland Community CollegeOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2023

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

257.50

☐ Memo Item

Contribution

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

1007.50

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

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

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

FOR LINE NUMBER: PAGE 7 OF 7

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Joshua Super PAC**

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

**A. Verdi, Denise, ,**

Mailing Address 12 Owaissa Dr.

City  
Timberlake

State  
OH

Zip Code  
44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IGS Energy

Occupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2023

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 20 / 2023

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

06 / 20 / 2023

Amount of Each Receipt this Period

☐ Memo Item

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 Use Only

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

12FE4M5

The Joshua Super PAC

ADDRESS (number and street)

6369 Rio Vista Drive



Check if different than previously reported. (ACC)

Concord Township

OH

44077

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00810499

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2022

through

M M / D D / Y Y Y Y  
12 / 31 / 2022

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

Type or Print Name of Treasurer

Fishel, Kathy, , ,

Signature of Treasurer

Fishel, Kathy, , ,

Date

M M / D D / Y Y Y Y  
04 / 23 / 2024

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Joshua Super PAC

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2022

To:

MM / DD / YYYY  
12 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span>YYYY</span> 2022		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	12500.00	12500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	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)) .....	3282.95	3282.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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**

Report Covering the Period:

From:

MM	DD	YY
04	01	2022

To:

MM	DD	YY
12	31	2022

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

12500.00

12500.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

12500.00

12500.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12500.00

12500.00

12. Transfers From Affiliated/Other  
Party Committees.....

0.00

0.00

## 13. All Loans Received.....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

0.00

0.00

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

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

0.00

0.00

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

12500.00

12500.00

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

12500.00

12500.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

<b>II. Disbursements</b>	<b>COLUMN A</b> <b>Total This Period</b>	<b>COLUMN B</b> <b>Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9217.05	9217.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9217.05	9217.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9217.05	9217.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9217.05	9217.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12500.00	12500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12500.00	12500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9217.05	9217.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9217.05	9217.05

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

PAGE 6 OF 7

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

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

A. Davis, Alex, , ,

Mailing Address 985 E. Broad

City  
ColumbusState  
OHZip Code  
43205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11500.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2022

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

11500.00

☐ Memo Item

Contribution

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

B. Lynch, Becky, , Mrs.,

Mailing Address 8040 King Memorial Rd.

City  
MentorState  
OHZip Code  
44060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lake County Ohio

Occupation (for Individual)

County Recorder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 29 / 2022

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

12500.00

12500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 7 OF 7

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Joshua Super PAC

Full Name (Last, First, Middle Initial)

A. Morgan Litho

Mailing Address 4101 Commerce Ave

City  
ClevelandState  
OHZip Code  
44103

Purpose of Disbursement

Printing- Signs and literature

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY
11	02	2022

FEC Identification Number

C C00810499

Transaction ID : SB21B.4113

Amount of Each Disbursement this Period

7111.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roth Davis, LLC

Mailing Address 985 E Broad St

City  
ColumbusState  
OHZip Code  
43205

Purpose of Disbursement

Printing-Campaign material

Candidate Name

The Joshua Super PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY
11	02	2022

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)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

9217.05

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

9217.05

30-A  
R.C. 3517.10

2023 PreGen

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/03

Full Name of Committee <b>FRIENDS FOR BEVERLY SCHILERO</b>		Registration Number, if PAC	
Full Name of Candidate <b>BEVERLY A. SCHILERO</b>			
Street Address <b>11772 GIRLIE RD</b>		Office Sought <b>SCHOOL BOARD MEMBER</b>	District <b>RIVERSIDE</b>
City <b>CONCORD</b>	State <b>OH</b>	Zip Code <b>44077</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		<b>11/07/23</b>	

For candidates only, during an election year: If total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(f) for details.

1. Amount brought forward from last report	\$	<b>4662.45</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>4170.00</b>
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>8832.45</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>6866.51</b>
6. Balance on hand (line 4 minus line 5)	\$	<b>1965.94</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<b>470.00</b>
8. Value of in-kind contributions made (From Form No. 31-J-3)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>2500.00</b>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<b>3624.33</b>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$	

RECEIPT	<b>OL</b>	SCANNED
AUDITED		ENTERED
AMEND LTR		COMPLETED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**BEVERLY A. VITAZ TREASURER**  
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**Beverly A. Vitaz**

Date

**10/23/2023**

Contribution pages
-----------------------

Expenditure pages
----------------------

Other pages
----------------

Total pages	<b>0</b>
----------------	----------

31-E

R.C. 3517.10(B)

Event Date	08-21-13
Page	4

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Full Name of Contributor			
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor	Form (Cash, Check, etc)		
FRIENDS FOR BEVERLY SCHILERO			
DONNA SCOTT			
6491 S LAKELWOOD RD		08	21
MENTOR	OH	13	60
ALEXANDRIA HARPER	CHECK		
Registration Number, if PAC			
7140 ANTONETTE DR			
MENTOR	OH	08	21
NICOLETTE HARPER	CHECK		
Registration Number, if PAC			
7067 ELIZABETH CT			
MENTOR	OH	08	21
JOHN HAMMILL	CHECK		
Registration Number, if PAC			
23451 WILLOWICK DR			
EASTLAKE	OH	08	21
BRANDON AUGUM	CHECK		
Registration Number, if PAC			
1514 GARDEN DR			
SOUTH EUCLID	OH	08	21
BETH RUGGIERO	CHECK		
Registration Number, if PAC			
6396 GLENWOOD DR			
MENTOR	OH	08	21
BEVERLY VITAZ	CHECK		
Registration Number, if PAC			
8075 NORSHAM			
CONCORD	OH	08	21
	CHECK		

\* 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))

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 5 685

31-E

R.C. 3517.10(B)

Event Date	09-11-13
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
FRIENDS FOR BEVERLY SCHILERO					
Full Name of Contributor					
SCOTT FISHEL					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
6369 RIO VISTA DR				M D Y Amount	
City		State		Zip Code	
PAINESVILLE		OH		44077	
Form (Cash, Check, etc)				Amount	
CHECK				100	
Full Name of Contributor					
VINCENT VITALONE					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
4041 ERIE ST				M D Y Amount	
City		State		Zip Code	
WILLOUGHBY		OH		44094	
Form (Cash, Check, etc)				Amount	
CHECK				100	
Full Name of Contributor					
ANTHONY SANDY					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
275 MC BISHOP DR				M D Y Amount	
City		State		Zip Code	
WILLOUGHBY HILLS		OH		44092	
Form (Cash, Check, etc)				Amount	
CHECK				100	
Full Name of Contributor					
MIKE LYNCH					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
8040 KING MEMORIAL				M D Y Amount	
City		State		Zip Code	
MENTOR		OH		44060	
Form (Cash, Check, etc)				Amount	
CHECK				100	
Full Name of Contributor					
JAMES URANKAR					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
6405 HUDSON AVE				M D Y Amount	
City		State		Zip Code	
MENTOR		OH		44060	
Form (Cash, Check, etc)				Amount	
CHECK				100	
Full Name of Contributor					
DENISE VERDI					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
12 OLIVARIA DR				M D Y Amount	
City		State		Zip Code	
TIMBERLAKE		OH		44095	
Form (Cash, Check, etc)				Amount	
CHECK				30	
Full Name of Contributor					
MICHAEL ZUREN					
Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
8375 ASHFORD ST				M D Y Amount	
City		State		Zip Code	
CONCORD		OH		44077	
Form (Cash, Check, etc)				Amount	
CHECK				30	

\* 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))

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 5 560



31-E

R.C. 3517.10(B)

Event Date	08-22-13
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Full Name of Contributor		Street Address		City		State		Zip Code		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Form (Cash, Check, etc)		Amount	
FRIENDS FOR BEVERLY SCHLERO		GALETTE WARGO		780 MARION AVE		PAINESVILLE		OH		44077						CHECK		35	
KATHRYN AUSEC		131 WESTBROOK DR		EUCLED		OH		44132								CHECK		35	
BERNADETTE MASSE		8196 RAINBOW DR		CONCORD		OH		44077								CHECK		40	
DAVID BENNETT		7317 MAPLE ST		MENTOR		OH		44060								CHECK		50	
LINDA GREGORY		7667 HODGSON RD		MENTOR		OH		44060								CHECK		60	
RICHARD MANTORS		7086 BRANDY WINE		MENTOR		OH		44060								CHECK		60	
LORETTA DEVINE		7174 LORRICH DR		MENTOR		OH		44060								CHECK		60	

\* 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)]

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 5 340

31-E

R.C. 3517.10(B)

Event Date	08-11-13
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
FRIENDS FOR BEVERLY SCHILERO			
Full Name of Contributor		Registration Number, if PAC	
STEPHEN STOLT			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7390 SOUTH MEADOW		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
CONCORD	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
JOHN PLECNIK			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2840 BISHOP RD		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
WILLOUGHBY HILLS	OH	44094	CHECK
Full Name of Contributor		Registration Number, if PAC	
PATRICK CUNNION			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
474 COLONIAL DR		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
PAINEVILLE	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
DENISE BREWSTER			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7207 ALEXANDER RD		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
CONCORD	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
ROCCO VITALONE			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3110 GALE RD		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
WILLOUGHBY	OH	44094	CHECK
Full Name of Contributor		Registration Number, if PAC	
FRANK SUPENCIC			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7295 WATER FOWL		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
CONCORD	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
SONDRA JORDON / CAUSADE FOR HODGSON			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
6964 PONTWHISTLE CIR		08	11/13 35
City	State	Zip Code	Form (Cash, Check, etc)
PAINEVILLE	OH	44077	CHECK

\* 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 employers 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))

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 5 245

31-A  
R.C. 3517.10

Page \_\_\_\_\_

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Poll <b>FRIENDS FOR BEVERLY SCHUEAD</b>							
Full Name of Contributor <b>ELLIOT PILARCZYK</b>						Registration Number, if PAC	
Street Address <b>216 GILLETTE ST</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>PAINESVILLE</b>	State <b>OH</b>	Zip Code <b>44077</b>	M <b>01</b>	D <b>12</b>	Y <b>23</b>	Amount <b>25</b>	
Full Name of Contributor <b>JOHN FOX</b>						Registration Number, if PAC	
Street Address <b>36260 LAKESHORE</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>EASTLAKE</b>	State <b>OH</b>	Zip Code <b>44095</b>	M <b>06</b>	D <b>20</b>	Y <b>23</b>	Amount <b>50</b>	
Full Name of Contributor <b>AMT BEVAN</b>						Registration Number, if PAC	
Street Address <b>7105 BRIDLEWOOD DR</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CONCORD</b>	State <b>OH</b>	Zip Code <b>44077</b>	M <b>09</b>	D <b>18</b>	Y <b>23</b>	Amount <b>300</b>	
Full Name of Contributor <b>ROBERT ZAMES</b>						Registration Number, if PAC	
Street Address <b>10558 CLEARLAKE DR</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CONCORD</b>	State <b>OH</b>	Zip Code <b>44077</b>	M	D	Y	Amount <b>150</b>	
Full Name of Contributor <b>DEBORAH SUE CLARKE</b>						Registration Number, if PAC	
Street Address <b>347 BLISSFIELD DR</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WILLOWICK</b>	State <b>OH</b>	Zip Code <b>44095</b>	M	D	Y	Amount <b>50</b>	
Full Name of Contributor <b>FAITH ANDREWS</b>						Registration Number, if PAC	
Street Address <b>10441 PROUTY RD</b>			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>PAINESVILLE</b>	State <b>OH</b>	Zip Code <b>44077</b>	M	D	Y	Amount <b>100</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>3495</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, 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 appear. R.C. 3517.10(B)(4)

Page Total \$ **4170**

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R.C. 3517.10

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
FRIENDS FOR BEVERLY SCHILERO									
To Whom Paid						M	D	Y	Amount
HARLAND CLARKE						018	012	213	87.79
Address				Purpose					
PO Box 1558									
City		State		Zip Code		Check Number			
Columbus		OH		43216					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			

Page Total \$ 87.79



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R.C. 3517.10

Page 1

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS FOR BEVERLY SCHMIDT</b>									
To Whom Paid <b>ANTHONY MADISON DESIGNS</b>						M	D	Y	Amount
Address <b>1975 BOXWOOD TR</b>						6/8	11/0	2/13	125.00
City <b>PAINESVILLE</b>						State <b>OH</b>		Zip Code <b>44077</b>	Check Number <b>1163</b>
Purpose <b>COCK ROCK MAGNETS</b>									
To Whom Paid <b>MORGAN LITHO</b>						M	D	Y	Amount
Address <b>4101 COMMERCE AVE</b>						6/8	11/4	2/13	2622.92
City <b>CLEVELAND</b>						State <b>OH</b>		Zip Code <b>44103</b>	Check Number <b>1164</b>
Purpose <b>YARD SIGNS</b>									
To Whom Paid <b>CREATIVE CONCEPTS MULTIMEDIA</b>						M	D	Y	Amount
Address <b>9301 S BROWN RD</b>						6/8	11/4	2/13	200.00
City <b>CHAMBERLAIN</b>						State <b>OH</b>		Zip Code <b>44121</b>	Check Number <b>1165</b>
Purpose <b>FUNCTIONAL PHOTOS</b>									
To Whom Paid <b>ANTHONY MADISON DESIGNS</b>						M	D	Y	Amount
Address <b>1975 BOXWOOD TR</b>						6/8	11/5	2/13	358.70
City <b>PAINESVILLE</b>						State <b>OH</b>		Zip Code <b>44077</b>	Check Number <b>1167</b>
Purpose <b>POSTCARDS / WRESTBANDS</b>									
To Whom Paid <b>VALPAK OF CLEVELAND</b>						M	D	Y	Amount
Address <b>881 EAST 222 ST</b>						6/9	11/0	2/13	692.58
City <b>EUCLID</b>						State <b>OH</b>		Zip Code <b>44123</b>	Check Number <b>1170</b>
Purpose <b>CAMPAIGN INSERTS</b>									
To Whom Paid <b>ANTHONY MADISON DESIGNS</b>						M	D	Y	Amount
Address <b>1975 BOXWOOD TR</b>						6/9	11/4	2/13	569.24
City <b>PAINESVILLE</b>						State <b>OH</b>		Zip Code <b>44077</b>	Check Number <b>1171</b>
Purpose <b>T-SHIRTS</b>									
To Whom Paid <b>MORGAN LITHO</b>						M	D	Y	Amount
Address <b>4101 COMMERCE AVE</b>						6/9	11/0	2/13	684.23
City <b>CLEVELAND</b>						State <b>OH</b>		Zip Code <b>44103</b>	Check Number <b>1172</b>
Purpose <b>YARD SIGNS</b>									
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount
Address						1			1725.05
City						State <b>OH</b>		Zip Code	Check Number

Page Total \$ 6778.72



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R.C. 3317.10

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# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>FRIENDS FOR BEVERLY SCHILLER</b>									
To Whom Owed <b>BEVERLY A. SCHILLER</b>					Prior Amount <b>3624.33</b>		Amt. Incurred this Period		
Address <b>11774 GIRDLED RD</b>					Item or Purpose of Debt <b>11,764.13 SIGN</b>		Outstanding Balance <b>3624.33</b>		
City <b>CONCORD</b>		State <b>OH</b>	Zip Code <b>44077</b>		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount		Amt. Incurred this Period		
Address					Item or Purpose of Debt		Outstanding Balance		
City		State	Zip Code		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount		Amt. Incurred this Period		
Address					Item or Purpose of Debt		Outstanding Balance		
City		State	Zip Code		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	S	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ 3624.33 (also record on cover page)

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R.C. 3517.10

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## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS FOR BEVERLY SCHILERO</b>																	
From Whom Received <b>BEVERLY A. SCHILERO</b>								Prior Amount <b>3500</b>		Amt. Incurred this Period							
Address <b>11772 GIRDLE RD</b>										Outstanding Balance <b>3500</b>							
City <b>CONCORD</b>		State <b>OH</b>		Zip Code <b>44077</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*		M		D		Y				M		D		Y			
From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*		M		D		Y				M		D		Y			
From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*		M		D		Y				M		D		Y			

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

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 31-A-1).

- Total prior amount \$ 3500
- Total received this period \$ \_\_\_\_\_ (To Form No. 31-A-2)
- Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)
- Total Outstanding Balance \$ 3500 (To Form No. 31-A)

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 Full <b>FRIENDS FOR BEVERLY SCHILERO</b>			
Full Name of Contributor <b>PROVISION IMPRESSIONS</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address <b>1634 WEST JACKSON ST</b>	Description of Item or Service <b>LITERATURE CARD</b>	M   D   Y <b>09   07   03</b>	Fair Market Value <b>470.00</b>
City <b>PAINEVILLE</b>	State   Zip Code <b>OH   44077</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, 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)]

Page Total \$

**470**

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R.C. 3517.10

Event Date	08-24-13
Page	

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full FRIENDS FOR BEVERLY SCHILERO									
To Whom Paid REDHAWK GRILL						M	D	Y	Amount
						08	24	13	1223.41
Address 7451 AUBURN RD				Purpose FOOD					
City COLUMBUS		State OH		Zip Code 43077		Check Number 1166			
To Whom Paid BOBBY LEACH						M	D	Y	Amount
						08	24	13	150.00
Address 835 GARDEN RD				Purpose BAND					
City PAINESVILLE		State OH		Zip Code 44077		Check Number 1167			
To Whom Paid ALUKAN LITHO						M	D	Y	Amount
						08	24	13	251.64
Address 4101 COMMERCE AVE				Purpose SPONSOR BOARD / RAISEMENT CARDS					
City CLEVELAND		State OH		Zip Code 44103		Check Number 1168			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			

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 \$	1705.05
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R.C. 3517.10(B)

Event Date

Page

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
FRIENDS FOR BEVERLY SCHILLERO							
Full Name of Contributor				Registration Number, if PAC			
INDIVIDUAL CONTRIBUTIONS \$25 OR LESS							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			1	8	2	450	
City	State	Zip Code	Form (Cash, Check, etc)				
			CASH				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				

\* 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)]

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 this event in the date column.

Total contributions this event

3495.00

Total expenditures this event

1725.05

Page Total \$

450



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R.C. 3517.10(B)

Event Date 08-24-23  
Page 2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
FRIENDS FOR BEVERLY JENNERO			
Full Name of Contributor		Registration Number, if PAC	
DENISE FERGUSON			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
29207 FOREST GROVE		08	24 23 40
City	State Zip Code	Form (Cash, Check, etc)	
WILLOWICK	OH 44095	CASH	
Full Name of Contributor		Registration Number, if PAC	
FAKE KORNFIELD			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
306 NAUTICAL WAY		08	24 23 90
City	State Zip Code	Form (Cash, Check, etc)	
FAIRPORT	OH 44077	CASH	
Full Name of Contributor		Registration Number, if PAC	
GIL MARTELLO			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
6880 S CAMELOT		08	24 23 100
City	State Zip Code	Form (Cash, Check, etc)	
MENTOR	OH 44060	CASH	
Full Name of Contributor		Registration Number, if PAC	
DIANE FAEHNICH			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7723 SALIDA RD		08	24 23 35
City	State Zip Code	Form (Cash, Check, etc)	
MOL	OH 44060	CASH	
Full Name of Contributor		Registration Number, if PAC	
JENNIFER PERNO			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
6163 BRAMBLE SIDE		08	24 23 20
City	State Zip Code	Form (Cash, Check, etc)	
MENTOR	OH 44060	CASH	
Full Name of Contributor		Registration Number, if PAC	
DINA MANCERO HALATEK			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
469 SANDTRAP CIRCLE		08	24 23 35
City	State Zip Code	Form (Cash, Check, etc)	
PAINESVILLE	OH 44077	CASH	
Full Name of Contributor		Registration Number, if PAC	
DAVID DEDDLER			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
575 MENTOR AVE		08	24 23 40
City	State Zip Code	Form (Cash, Check, etc)	
PAINESVILLE	OH 44077	CASH	

\* 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 employers 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)]

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 5 360

31-E  
R.C. 3517.10(B)

Event Date	08-11-13
Page	6

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Full Name of Contributor			
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City	State	Zip Code	Form (Cash, Check, etc)
FRIENDS FOR BEATRICE SCHILERO			
ROBERT CRANE		Registration Number, if PAC	
10125 CANDLE STICK LN		Employer/Occupation/Labor Organization*	
CONCORD	OH	44077	Form (Cash, Check, etc) CHECK
JOSEPH SCHILERO		Registration Number, if PAC	
7024 BRISTLEWOOD		Employer/Occupation/Labor Organization*	
CONCORD	OH	44077	Form (Cash, Check, etc) CASH
ANTHONY SCHILERO		Registration Number, if PAC	
7024 BRISTLEWOOD		Employer/Occupation/Labor Organization*	
CONCORD	OH	44077	Form (Cash, Check, etc) CASH
NEIL HANSON		Registration Number, if PAC	
29448 REGENT RD		Employer/Occupation/Labor Organization*	
WICKLIFFE	OH	44092	Form (Cash, Check, etc) CASH
RETTY TURNER		Registration Number, if PAC	
35252 PERRY DR		Employer/Occupation/Labor Organization*	
EASTLAKE	OH	44095	Form (Cash, Check, etc) CASH
DOREEN FRIEL		Registration Number, if PAC	
1077 EASTLAKE DR		Employer/Occupation/Labor Organization*	
EASTLAKE	OH	44130	Form (Cash, Check, etc) CASH
JUDY GLASNEY		Registration Number, if PAC	
608 HENNESSY		Employer/Occupation/Labor Organization*	
HIGHLAND HTS	OH	44143	Form (Cash, Check, etc) CASH

\* 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 employers 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))

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 \$ 455

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R.C. 3517.10(B)

Event Date	08-21-23
Page	5

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS FOR BENJAMIN SCHIGERD							
Full Name of Contributor MARTIN PHILLIPS III		Registration Number, if PAC					
Street Address 5977 RIDGE RD		Employer/Occupation/Labor Organization*		0	8	21	60
City W. LEOGHSBY		State OH	Zip Code 44094	Form (Cash, Check, etc) CHECK			
Full Name of Contributor CURTIS LAU		Registration Number, if PAC					
Street Address 6748 ANNISTON CT		Employer/Occupation/Labor Organization*		0	8	21	100
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc) CHECK			
Full Name of Contributor PATRICIA DESCHLER		Registration Number, if PAC					
Street Address 7340 MOUNTAIN QUAIL		Employer/Occupation/Labor Organization*		0	8	21	50
City CONCORD		State OH	Zip Code 44077	Form (Cash, Check, etc) CHECK			
Full Name of Contributor TERRE CIARCIA		Registration Number, if PAC					
Street Address 473 WATERBURY DR		Employer/Occupation/Labor Organization*		0	8	21	60
City EASTLAKE		State OH	Zip Code 44095	Form (Cash, Check, etc) CHECK			
Full Name of Contributor MARY GRUBER		Registration Number, if PAC					
Street Address 107 MT VERNON CT		Employer/Occupation/Labor Organization*		0	8	21	35
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc) CHECK			
Full Name of Contributor KATHLEEN JAKUBEN		Registration Number, if PAC					
Street Address 9679 ABBEYSHIRE WAY		Employer/Occupation/Labor Organization*		0	8	21	60
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc) CHECK			
Full Name of Contributor GABRIELE OLINCHIC		Registration Number, if PAC					
Street Address 7602 ACACIA AVE		Employer/Occupation/Labor Organization*		0	8	21	35
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc) CHECK			

\* 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)]

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

Transfer the Total contributions for this event to form No. 51-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 5 400



## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/03

Full Name of Committee <b>FRIENDS FOR BEVERLY SCHILERO</b>		Registered Number, if PAC	
Full Name of Candidate <b>BEVERLY A. SCHILERO</b>			
Street Address <b>1177 L GIRDLED RD</b>		Office Sought <b>SCHOOL BOARD MEMBER</b>	District <b>RIVERSIDE</b>
City <b>CONCORD</b>	State <b>OH</b>	Zip Code <b>44077</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary <input type="checkbox"/> July Monthly	<input type="checkbox"/> Post-Primary <input type="checkbox"/> August Monthly	<input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> September Monthly <input type="checkbox"/> Termination
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election <b>11/07/23</b>

For candidates only, during an election year: If total contributions and expenditures each total \$500 or less during the combined pre- and post-primary or post-general period, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<b>1965.94</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>100.00</b>
3. Total other income (From Form No. 31-A-3)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>2065.94</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	<b>2065.94</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>3500.00</b>
10. Outstanding debts owed by committee (From Form No. 31-D)	\$	<b>3624.33</b>
11. Outstanding loans owed to committee (From Form No. 31-E)	\$	
12. Value of independent expenditures made (From Form No. 31-F)	\$	
13. For Electronic Filing Entities only Sum of lines 7, 8, and amount of any new loans received this period	\$	

RECEIPT	<input checked="" type="checkbox"/> NL	SCANNED	<input checked="" type="checkbox"/> EL
AUDITED		ENTERED	
AMEND LTR		COMPLETED	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pagesExpenditure  
pagesOther  
pagesTotal  
pages **0**

31-C  
R.C. 3517.10

Page \_\_\_\_\_

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRIENDS FOR BEVERLY SCHNEER</b>												
From Whom Received <b>BEVERLY A SCHNEER</b>								Prior Amount <b>3500</b>		Amt. Incurred this Period		
Address <b>11772 GIRDLED RD</b>										Outstanding Balance		
City <b>CONCORD</b>		State <b>OH</b>	Zip Code <b>44077</b>	Loans Received This Period				Payments This Period				
				Date		Amount		Date		Amount		
Date Loan was originally Incurred				M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y		

From Whom Received												
								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code	Loans Received This Period				Payments This Period				
				Date		Amount		Date		Amount		
Date Loan was originally Incurred				M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y		

From Whom Received												
								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code	Loans Received This Period				Payments This Period				
				Date		Amount		Date		Amount		
Date Loan was originally Incurred				M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y		

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

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period in the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 31-A-1)

- Total prior amount \$ 3500
- Total received this period \$ \_\_\_\_\_ (To Form No. 31-A-2)
- Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)
- Total Outstanding Balance \$ 3500 (To Form No. 31-A)



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 <b>FRIENDS FOR BEVERLY SCHILERO</b>									
In Whom Owed <b>BEVERLY A. SCHILERO</b>						Prior Amount <b>3624.33</b>		Amt. Incurred this Period	
Address <b>11774 GIRDLED RD</b>						Item or Purpose of Debt <b>ADJ. THERAPY SENSE</b>		Outstanding Balance <b>3624.33</b>	
City <b>CLEVELAND</b>				State <b>OH</b>		Zip Code <b>44077</b>		Payments This Period	
Date Debt was originally Incurred				M <b>10</b>		D <b>01</b>		Y <b>21</b>	
Registration Number, if PAC						M		D	
						M		D	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose of Debt		Outstanding Balance	
City				State		Zip Code		Payments This Period	
Date Debt was originally Incurred				M		D		Y	
Registration Number, if PAC						M		D	
						M		D	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose of Debt		Outstanding Balance	
City				State		Zip Code		Payments This Period	
Date Debt was originally Incurred				M		D		Y	
Registration Number, if PAC						M		D	
						M		D	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-I-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ 3624.33 (also record on cover page)

31-A  
R.C. 3517.10

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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS FOR REVERLY SCHILLERD</b>							
Full Name of Contributor <b>CHRIS GALLOWAY</b>					Registration Number, if PAC		
Street Address <b>9401 MENTOR AVE #240</b>					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) <b>CHECK</b>
City <b>MENTOR</b>	State <b>OH</b>	Zip Code <b>44060</b>	M <b>11</b>	D <b>24</b>	Y <b>2013</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, 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 appear. R.C. 3517.10(B)(4)

Page Total \$ **100**

30-A 2023 PreGen  
R.C. 3517.10

LAKE BOARD OF ELECTION  
OCT 23 2023 AM 11:14

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Gil Martello</b>						Registration Number, if PAC					
Full Name of Candidate <b>Gilbert Martello III</b>											
Street Address <b>6880 S Camelot Drive</b>						Office Sought <b>School Board</b>			District <b>Mentor Ex VII</b>		
City <b>Mentor</b>						State <b>OH</b>		Zip Code <b>44060</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>1</b>		D <b>1</b>	
								Y <b>0</b>		Y <b>7</b>	

For candidates only, during an election year, if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box: No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$
2. Total monetary contributions (From Form No. 31-A)	5,886.00
3. Total other income (From Form No. 31-A-2)	1,614.34
4. Total funds available (sum of lines 1, 2, 3)	7,500.34
5. Total monetary expenditures (From Form No. 31-B)	5,863.60
6. Balance on hand (line 4 minus line 5)	1,636.74
7. Value of in-kind contributions received (From Form No. 31-J-1)	15,675.57
8. Value of in-kind contributions made (From Form No. 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	0.00
12. Value of independent expenditures made (From Form No. 31-I)	0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

RECEIPT 758 SCANNED  
AUDITED        ENTERED         
AMEND LTR        COMPLETED       

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION, WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Gilbert Martello

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10.23.23

Date

Contribution  
pages       

Expenditure  
pages       

Other  
pages       

Total  
pages 0

31- A  
R.C. 3517.10

# Statement of Contributions

Page 8

FULL NAME OF COMMITTEE: Friends of Gil Martello

	FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
1	Michelle	Gole	3900 Scobie Rd	Peninsula	OH	44264	6/30/2023	Check	\$50.00
2	Marcia	Goodhue	5463 Blue Heron Way	Mentor	OH	44060	7/5/2023	Check	\$30.00
3	Theodore	Dellas	33730 Rosewood Trail	Willoughby Hills	OH	44094	6/22/2023	Check	\$50.00
4	Donald	Santiago-Meyers	8089 S Bedford Rd	Macedonia	OH	44056	5/23/2023	Check	\$50.00
5	John	O'Donnell (Committee to E	296 Woodmere Dr	Willowick	OH	44095	5/11/2023	Check	\$100.00
6	John	Racic	2922 Lamplite	Willoughby Hills	OH	44094	5/6/2023	Check	\$250.00
7	Scott	Marn (Citizens for)	8194 Baythorne Dr	Mentor	OH	44060	5/1/2023	Check	\$100.00
8	Cathie	McAdams	9730 Yellowwood Dr	Concord Township	OH	44060	4/16/2023	Check	\$50.00
9	Judith	McCracken	9592 Dublin Ln	Mentor	OH	44060	7/24/2023	Check	\$100.00
10	Mike	Williams	6064 Walden Ct	Mentor	OH	44060	9/8/2023	Cash	\$100.00
11	Tara	Carcioppolo	8310 Eagle Ridge Dr	Concord Township	OH	44060	5/24/2023	Venmo	\$500.00
12	Gabe	Cicconetti	365 Owego St.	Painesville	OH	44077	4/15/2023	Paypal	\$50.00
13	Kathy Miracle	Miracle Resources LLC	1144 Partridge Dr	Wadsworth	OH	44281	5/24/2023	Paypal	\$100.00
14	Ronald	Wassum	8782 Edgehill Rd	Mentor	OH	44060	8/4/2023	Paypal	\$100.00
15	David	Usnik	6121 Brownstone Ct	Mentor	OH	44060	8/31/2023	Paypal	\$50.00
16	Kathy	Krause	4912 Jody Lynn Dr	Mentor	OH	44060	9/5/2023	Paypal	\$5.00
17	Margaret	Smith	7480 Bellflower Road	Mentor	OH	44060	9/6/2023	Paypal	\$25.00
18	James	Racic	6685 Dear Haven Ct	Concord	OH	44077	5/11/2023	Paypal	\$25.00
19	Roddy	Capra	1841 Eldon Drive	Wickliffe	OH	44092	5/25/2023	Paypal	\$50.00
20	Amy	Kissinger	825 North 16th Street	Cambridge	OH	43725	5/24/2023	Paypal	\$25.00
21	Fonda	Wade	38629 Ninadell Avenue	Willoughby	OH	44094	5/19/2023	Paypal	\$50.00
22	Raymond	Paganini	6155 Grandridge Pointe Dr	Concord	OH	44077	10/4/2023	Check	\$100.00
23	Kumba	Alafi	5428 Marshview Lane	Mentor	OH	44060	10/13/2023	Paypal	\$500.00
24	Friends of Faber		4679 Winterset Drive	Columbus	OH	43220	10/6/2023	Check	\$500.00
25	Kenneth	Werner	6655 Pear Tree Lane	Mentor	OH	44060	10/18/2023	Paypal	\$25.00
26	Leslie	Williams	6064 Walden Ct	Mentor	OH	44060	10/14/2023	Cash	\$100.00
27	Cornerstone IT		7333 Corporate Blvd	Mentor	OH	44060	10/2/2023	Paypal	\$100.00
28									
29									
30									

PAGE	TOTAL	\$3,185.00
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\* 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)]

Printed from Lake County Website

31-B  
R.C. 3517.10

Page 1

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Gil Martello</b>						
To Whom Paid <b>Expenditures from FORM 31 F (Event 1)</b>			M <b>05</b>	D <b>24</b>	Y <b>23</b>	Amount <b>166.60</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid <b>Expenditures from FORM 31 F (Event 2)</b>			M <b>09</b>	D <b>23</b>	Y <b>23</b>	Amount <b>412.14</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid <b>Expenditures form FORM 31 F ( Event 3)</b>			M	D	Y	Amount <b>0.00</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid <b>Expenditures form FORM 31 F ( Event 4)</b>			M	D	Y	Amount <b>0.00</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid <b>Expenditures form FORM 31 F ( Event 5)</b>			M	D	Y	Amount <b>0.00</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid <b>Expenditures form FORM 31 F ( Event 6)</b>			M	D	Y	Amount <b>0.00</b>
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			

Page Total \$ 578.74



31-A  
R C 3517.10

Page 1

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor Contributions from Form 31 E (Event 1)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			05	24	23	2,176.00	
Full Name of Contributor Contributions from Form 31 E (Event 2)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			09	23	23	525.00	
Full Name of Contributor Contributions from Form 31 E (Event 3)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						0.00	
Full Name of Contributor Contributions from Form 31 E (Event 4)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						0.00	
Full Name of Contributor Contributions from Form 31 E (Event 5)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						0.00	
Full Name of Contributor Contributions from Form 31 E (Event 6)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						0.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,701.00

## Statement of Expenditures

NAME OF COMMITTEE: Friends of Gil Martello

	To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK #	AMOUNT
1	Gary Vaccariello	P.O. Box 1373	Mentor	OH	44060	6/15/2023	T-shirts	2968	\$666.11
2	Gilbert A. Martello	6880 South Camelot Dr.	Mentor	OH	44060	7/8/2023	Reimb of opening acct	998	\$1,614.34
3	24 Hour Wristbands	14550 Beechnut Street	Houston	TX	77083	5/5/2023	Wristbands	AMEX	\$133.80
4	Divyne Designs	2922 Lamplight Lane	Willoughby Hills	OH	44094	5/17/2023	Political Signs	996	\$80.00
5	Amazon	410 Terry Ave N	Seattle	WA	98109	6/21/2023	Parade Candy for 7/4/23	Debit Ca	\$149.97
6	Vistaprint	275 Wyman Street	Waltham	MA	2451	7/20/2023	500 Business Cards	Debit Ca	\$57.91
7	Vistaprint	275 Wyman Street	Waltham	MA	2451	6/20/2023	1000 Business Cards	Debit Ca	\$106.17
8	Sheetz	7766 Lake Shore Blvd	Mentor	OH	44060	7/31/2023	Gas for the RV	Debit Ca	\$150.00
9	Amazon	410 Terry Ave N	Seattle	WA	98109	8/15/2023	Cityfest Candy for 8/18-8/19	Debit Ca	\$109.99
10	Amazon	410 Terry Ave N	Seattle	WA	98109	8/7/2023	Parade Candy for 8/19/23	Debit Ca	\$259.61
11	Vistaprint	275 Wyman Street	Waltham	WA	2451	8/24/2023	2500 Business Cards	Debit Ca	\$107.23
12	Sam's Club	5600 Emerald Ct.	Mentor	OH	44060	8/17/2023	Parade: Water & Dog Treats	Debit Ca	\$43.49
13	Independence Place Condo A	8040 Independence Drive	Mentor	OH	44060	3/30/2023	Hall Rental for Meeting	Check	\$125.00
14	Office Max	36415 Euclid Ave	Willoughby Hills	OH	44094	4/3/2023	Visual aid	AMEX	\$65.48
15	Burger Ace Hardware	7320 Lakeshore Blvd	Mentor	OH	44060	4/4/2023	Cleaning Supplies for Hall	AMEX	\$36.10
16	Lake County BOE	105 Main Street	Painesville	OH	44077	4/6/2023	Filing Fee	Cash	\$30.00
17	Home Depot	9615 Diamond Center	Mentor	OH	44060	7/2/2023	Banner Hanging Hardware	AMEX	\$73.96
18	Sam's Club	5600 Emerald Ct.	Mentor	OH	44060	10/16/2023	Envelopes	Debit Ca	\$2.55
19	RD Consulting/AR Consulting	5018 Hutchison Street	South Bloomfield	OH	43103	10/10/2023	Door Hangers	Debit Ca	\$341.92
20	Target	9669 Mentor Ave	Mentor	OH	44060	10/10/2023	Envelopes and Labels	Debit Ca	\$41.27
21	United States Postal Service	8600 Tyler Blvd	Mentor	OH	44060	10/11/2023	Stamps for Ballot Chase	Debit Ca	\$198.00
22	United States Postal Service	8600 Tyler Blvd	Mentor	OH	44060	10/11/2023	Stamps for Ballot Chase	Debit Ca	\$462.00
23	Sam's Club	5600 Emerald Ct.	Mentor	OH	44060	10/11/2023	Envelopes and Labels	Debit Ca	\$47.94
24	Dunkin	7742 Lakeshore Blvd	Mentor	OH	44060	10/14/2023	Coffee and Doughnuts for v	Debit Ca	\$37.25
25	United States Postal Service	8600 Tyler Blvd	Mentor	OH	44060	10/18/2023	Stamps for Ballot Chase	Debit Ca	\$198.00
26	Sam's Club	Diamond Center	Mentor	OH	44060	10/17/2023	Envelopes	Debit Ca	\$15.96
27									
28									
29									
30									

PAGE	TOTAL	\$5,154.05
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31-E  
R.C.3517.10(B)Page 1 of  
Event TwoStatement of Contributions Received  
at a Social or Fundraising Event  
Friends of Gil Martello

FULL NAME OF COMMITTEE:

EVENT DATE: 9/23/23

FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
Douglas	Lynn	6028 Weymouth Drive	Mentor	OH	44060	8/7/2023	Ck 6576	\$50.00
Tom	DeLong	5522 Cat Tail Ct	Mentor	OH	44060	8/31/2023	Cash	\$50.00
Karen	Godec	9510 Remington Dr	Mentor	OH	44060	8/25/2023	Ck 1514	\$50.00
Diane	Paroubek	8703 Blue Heron Way	Mentor	OH	44060	8/24/2023	Ck 694	\$50.00
Betty	Walsh	5532 W Heisley Rd	Mentor	OH	44060	8/31/2023	Ck 1140	\$25.00
Mike	Carcioppolo	8310 Eagle Ridge Drive	Painesville	OH	44077	9/23/2023	Cash	\$25.00
Don	Schutz	7775 Little Mountain Road	Mentor	OH	44060	9/23/2023	Cash	\$50.00
Helen	Crawford	9595 Green Valley Drive	Mentor	OH	44060	9/23/2023	Cash	\$50.00
Dawn	Gelsinger	7256 Hopkins Road	Mentor	OH	44060	9/23/2023	Cash	\$25.00
Ken	Gamiere	7590 King Memorial	Mentor	OH	44060	9/23/2023	Cash	\$50.00
Heather	Capra	1841 Eldon Dr	Wickliffe	OH	44092	9/23/2023	Check 65	\$25.00
John	Fox	36260 Lakeshore Blvd	Eastlake	OH	44095	9/21/2023	Check 12	\$50.00
Hope	Kucinski	6145 Bryson Drive	Mentor	OH	44060	9/23/2023	Cash	\$25.00

Total contributions this event  
\$525.00Total expenditure this event  
\$412.14

PAGE TOTAL \$525.00

\* 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)]

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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Not an Original Document

31-E  
R.C.3517.10(B)

Page 2 of  
Event One

**Statement of Contributions Received  
at a Social or Fundraising Event**

FULL NAME OF COMMITTEE:

Friends of Gil Martello

DATE:

	FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
1	Marcel	Rasic	6394 Carter Bld	Mentor	OH	44094	5/24/2023	Cash	\$100.00
2	Larry	Blankenship	191 Grand River Ave	Painesville	OH	44077	5/24/2023	Cash	\$60.00
3	Cathie	McAdams	9730 Yellowwood Dr	Concord	OH	44060	5/24/2023	Cash	\$60.00
4	Kim	Brazan	8703 Marjory Dr	Mentor	OH	44060	5/24/2023	Cash	\$50.00
5	Carol	Ashdown	6085 Maplewood Rd	Mentor-on-the-Lake	OH	44060	5/24/2023	Cash	\$40.00
6	William	Mohat	8623 Hilltop Dr	Mentor	OH	44060	5/24/2023	Cash	\$20.00
7	Susan	Sedenik	7539 Little Mountain Rd	Mentor	OH	44060	5/24/2023	Cash	\$30.00
8	Beverly	Schilero	11772 Girdled Rd	Concord	OH	44060	5/24/2023	Cash	\$100.00
9	Lynn	Woichevich	8099 South Bedord Rd	Macedonia	OH	44056	5/24/2023	Check	\$50.00
10	Daniel	DeMichele	6213 Brooks Blvd	Mentor	OH	44060	5/24/2023	Cash	\$100.00
11	Anita	Kalkhof	6150 Eagles Nest Rd	Mentor	OH	44060	5/24/2023	Venmo	\$25.00
12	Daniel	Kral	8365 Findley Drive	Mentor	OH	44060	5/5/2023	Venmo	\$50.00
13	Roni	Regovich	9774 Knightsbridge Ln	Concord	OH	44060	5/24/2023	Venmo	\$50.00
14	Annie	Payne	9614 Yellowwood Drive	Mentor	OH	44060	4/24/2023	Paypal	\$50.00
15	Darko	Komso	8344 Mentorwood Drive	Mentor	OH	44060	5/3/2023	Paypal	\$50.00
16	Jason	Balint	11463 Viceroy Street	Painesville	OH	44077	5/4/2023	Paypal	\$50.00
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Total contributions this event

\$2,176.00

Total expenditure this event

\$166.60

PAGE	TOTAL	\$885.00
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\* 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)]

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.

Printed from Lake County Website

Not an Original Document



31-E  
R.C.3517.10(B)

Page 1 of  
Event One

**Statement of Contributions Received  
at a Social or Fundraising Event**

FULL NAME OF COMMITTEE:

Friends of Gil Martello

EVENT DATE: 5/24/23

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

Total contributions this event

\$2,176.00

Total expenditure this event

\$166.60

PAGE TOTAL \$1,291.00

\* 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)]

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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## Statement of Expenditures

NAME OF COMMITTEE:

	To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK #	AMOUNT
1	Paypal-Cicconetti	2211 N 1st St	San Jose	CA	95131	4/15/2023	Fees		\$1.50
2	Paypal-Miracle	2211 N 1st St	San Jose	CA	95131	5/24/2023	Fees		\$2.99
3	Paypal-Wassum	2211 N 1st St	San Jose	CA	95131	8/4/2023	Fees		\$2.99
4	Paypal-Usnik	2211 N 1st St	San Jose	CA	95131	8/31/2023	Fees		\$1.50
5	Paypal-Krause	2211 N 1st St	San Jose	CA	95131	9/5/2023	Fees		\$0.15
6	Paypal-Smith	2211 N 1st St	San Jose	CA	95131	9/6/2023	Fees		\$0.75
7	Paypal-Racic	2211 N 1st St	San Jose	CA	95131	5/11/2023	Fees		\$0.75
8	Paypal-Capra	2211 N 1st St	San Jose	CA	95131	5/25/2023	Fees		\$1.50
9	Paypal-Kissinger	2211 N 1st St	San Jose	CA	95131	5/24/2023	Fees		\$0.75
10	Paypal-Wade	2211 N 1st St	San Jose	CA	95131	5/19/2023	Fees		\$1.50
11	Paypal-Cicconetti (extra fee)	2211 N 1st St	San Jose	CA	95131	5/1/2023	Fees		\$0.75
12	Paypal-Alafi	2211 N 1st St	San Jose	CA	95131	10/13/2023	Fees		\$14.95
13	Paypal-Werner	2211 N 1st St	San Jose	CA	95131	10/18/2023	Fees		\$0.75
14	Paypal-Cornerstone IT	2211 N 1st St	San Jose	CA	95131	10/2/2023	Fees		\$2.99
15	Paypal-Cornerstone IT	2211 N 1st St	San Jose	CA	95131	10/13/2023	Fees		\$97.01
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PAGE	TOTAL	\$130.81
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31-K  
R.C. 3517.10

Page 1

## Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Gil Martello</b>									
To Whom Made <b>Gil Martello</b>						Prior Amount		Amt. Loaned this Period <b>1,000.00</b>	
Address <b>6880 South Camelot Drive</b>								Outstanding Balance <b>0.00</b>	
City <b>Mentor</b>				State <b>OH</b>		Zip Code <b>44060</b>		Payments Received This Period Date Amount	
Date Loan was originally Made				M	D	Y	M	D	Y
				0	4	0	7	2	3
				0	7	0	8	2	3
To Whom Made <b>Gil Martello</b>						Prior Amount		Amt. Loaned this Period <b>614.34</b>	
Address <b>6880 South Camelot Drive</b>								Outstanding Balance <b>0.00</b>	
City <b>Mentor</b>				State <b>OH</b>		Zip Code <b>44060</b>		Payments Received This Period Date Amount	
Date Loan was originally Made				M	D	Y	M	D	Y
				0	3	3	0	2	3
				0	7	0	8	2	3
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City				State		Zip Code		Payments Received This Period Date Amount	
Date Loan was originally Made				M	D	Y	M	D	Y

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ 1,614.34 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Total Payments Received this Period \$ 1,614.34 (also recorded on Forms 31-A-2)

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R.C. 3517.10

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## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Gil Martello</b>			
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9899 Judges Ct</b>	Description of Item or Service <b>Balloons for 9/23 Fundraiser</b>	M   D   Y <b>0   9   2   2   3</b>	Fair Market Value <b>28.17</b>
City <b>Concord</b>	State   Zip Code <b>O   44060</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Michael Kaim</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>7583 Salida Rd</b>	Description of Item or Service <b>Use of RV for promotions</b>	M   D   Y <b>0   8   1   5   2   3</b>	Fair Market Value <b>825.00</b>
City <b>Mentor</b>	State   Zip Code <b>O   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Brittany Cirino Photography</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>35837 Ridge Road</b>	Description of Item or Service <b>Photography</b>	M   D   Y <b>0   6   1   5   2   3</b>	Fair Market Value <b>100.00</b>
City <b>Willoughby</b>	State   Zip Code <b>O   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>B &amp; B Copiers</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>1098 Lost Nation Road</b>	Description of Item or Service <b>color copies-ballot chaser letter</b>	M   D   Y <b>1   0   1   8   2   3</b>	Fair Market Value <b>300.00</b>
City <b>Willoughby</b>	State   Zip Code <b>O   44094</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Ron Micchia</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9140 Lakeshore Blvd</b>	Description of Item or Service <b>Promo Chapsticks</b>	M   D   Y <b>1   0   1   5   2   3</b>	Fair Market Value <b>100.00</b>
City <b>Mentor</b>	State   Zip Code <b>O   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Page Total \$ 1,353.17

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R.C. 3517.10

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## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Gil Martello</b>				
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>Mentor Mag</b>		M   D   Y   Fair Market Value 0   9   1   5   2   3   200.00
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Neighborhood Promotions</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>P.O. Box 669</b>		Description of Item or Service <b>Literature donation</b>		M   D   Y   Fair Market Value 0   9   0   1   2   3   350.00
City <b>Columbia Station</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44028</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>Ad in Football Program</b>		M   D   Y   Fair Market Value 0   6   1   8   2   3   250.00
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>Large Banners</b>		M   D   Y   Fair Market Value 0   6   2   1   2   3   488.28
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>City Fest Booth</b>		M   D   Y   Fair Market Value 0   6   0   6   2   3   300.00
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>200 Small Signs</b>		M   D   Y   Fair Market Value 0   9   2   5   2   3   1,909.44
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>Reprint of OSBCC Lit</b>		M   D   Y   Fair Market Value 0   9   2   9   2   3   362.71
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Friends of Rose Ioppolo</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>9899 Judges Ct</b>		Description of Item or Service <b>Deposit for Carr's Catering</b>		M   D   Y   Fair Market Value 0   7   0   5   2   3   500.00
City <b>Concord</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44060</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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Page Total \$ 4,360.43

31-J-1  
R.C. 3317.10

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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, 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	Food for Fundraiser	0	9 2 3 2 3 2,252.25
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	Political Signs	0	6 2 1 2 3 3,186.00
City	State Zip Code	Received at Fundraising Event?	
Mentor	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Car Magnets and Stickers	0	6 2 2 2 3 252.72
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	T-shirts	0	8 0 8 2 3 396.87
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	RD Consulting - Literature	0	8 2 2 2 3 518.81
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Facebook Boost	0	8 2 3 2 3 165.52
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Valpak (Sept-Oct)	0	9 2 2 2 3 1,385.16
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Mentor Mag (Aug-Oct)	0	9 2 1 2 3 600.00
City	State Zip Code	Received at Fundraising Event?	
Concord	O   H 44060	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

\* 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. 3317.10(B)(4)]

Page Total \$ 8,757.33



31-J-1  
R.C. 3517.10

Page 1

## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Gil Martello</b>			
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judges Ct</b>	Description of Item or Service <b>Website (Apr-Oct Webhost)</b>	M   D   Y <b>0   4   1   7   0   3</b>	Fair Market Value <b>203.00</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9899 Judges Ct</b>	Description of Item or Service <b>ash Drive for campaign photo</b>	M   D   Y <b>0   6   1   0   2   3</b>	Fair Market Value <b>7.55</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judges Ct</b>	Description of Item or Service <b>Bumper Magnets</b>	M   D   Y <b>0   5   1   6   2   3</b>	Fair Market Value <b>421.20</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9899 Judges Ct.</b>	Description of Item or Service <b>food for Campaign Fundraise</b>	M   D   Y <b>0   5   2   4   2   3</b>	Fair Market Value <b>544.01</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judges Ct</b>	Description of Item or Service <b>Balloon Bouquets</b>	M   D   Y <b>0   5   2   3   2   3</b>	Fair Market Value <b>35.67</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judges Ct</b>	Description of Item or Service <b>Paypal Fees from donations</b>	M   D   Y <b>         </b>	Fair Market Value <b>29.73</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judge Ct</b>	Description of Item or Service <b>Campaign Website</b>	M   D   Y <b>0   6   1   0   2   3</b>	Fair Market Value <b>29.00</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Friends of Rose Ioppolo</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>9889 Judges Ct</b>	Description of Item or Service <b>Photographer for Fundraiser</b>	M   D   Y <b>0   5   3   0   2   3</b>	Fair Market Value <b>100.00</b>
City <b>Concord</b>	State   Zip Code <b>O   H   44060</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,370.16

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: 9/23/23

	To Whom Paid	Address	City	State	Zip	Purpose	DATE	Check #	AMOUNT
1	Catherine Calhoun	Carr's Catering	Timberlake	OH	44095	Balance of food for fundraiser	9/23/2023	24872	\$372.50
2	Amazon	410 Terry Ave N	Seattle	WA	98109	Wristbands & Rubberbands	9/11/2023	Debit Card	\$39.64
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PAGE	TOTAL	\$412.14
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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.

31-F  
R.C.3517.10Statement of Expenditures  
for Social or Fundraising EventPage 1 of  
Event One

FULL NAME of Committee: Friends of Gil Martello

Event Date: 5/24/23

	To Whom Paid	Address	City	State	Zip	Purpose	DATE	Check #	AMOUNT
1	Bobby Leach Entertainment	8246 Edgewood Rd	Mentor	OH	44060	DJ Services	5/24/2023	Cash	\$150.00
2	Paypal-Payne	2211 N 1st St	San Jose	CA	95131		4/24/2023	Fees	\$1.50
3	Paypal-Komso	2211 N 1st St	San Jose	CA	95131		5/3/2023	Fees	\$1.50
4	Paypal-Balint	2211 N 1st St	San Jose	CA	95131		5/4/2023	Fees	\$1.50
5	Papal-Payne (extra Fees)	2211 N 1st St	San Jose	CA	95131		5/1/2023	Fees	\$0.73
6	Venmo Expenses	117 Barrow St	New York	NY	10014		5/30/2023	Fees	\$11.37
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PAGE	TOTAL	\$166.60
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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

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Not an Original Document

31-A-2  
R.C. 3517.10(B)

Page 1

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Gil Martello</b>				Registration Number, if PAC			
Full Name <b>Gil Martello</b>				Registration Number, if PAC			
Address <b>6880 S Camelot Drive</b>		Type* <b>L N</b>			M	D	Y
City <b>Mentor</b>		State <b>OH</b>	Zip Code <b>44060</b>	Form(Cash,Check,etc) <b>Transfer</b>		Amount <b>1,000.00</b>	
Full Name <b>Gil Martello</b>				Registration Number, if PAC			
Address <b>6880 S Camelot Drive</b>		Type* <b>L N</b>			M	D	Y
City <b>Mentor</b>		State <b>OH</b>	Zip Code <b>44060</b>	Form(Cash,Check,etc) <b>Cash,AMEX</b>		Amount <b>614.34</b>	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		Amount	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		Amount	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		Amount	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		Amount	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		Amount	

\* 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 loan made.

Page Total \$ 1,614.34

30-A  
R.C. 3517.10

2023 PostGen

LAKE BOARD OF ELECTION  
DEC 11 2023 PM 12:34

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Gil Martello</b>						Registration Number, if PAC					
Full Name of Candidate <b>Gilbert Martello III</b>											
Street Address <b>6880 S Camelot Drive</b>						Office Sought <b>School Board</b>			District <b>Mentor Ex V</b>		
City <b>Mentor</b>						State <b>OH</b>		Zip Code <b>44060</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		X		Annual Year
	July Monthly		August Monthly		September Monthly		Termination				Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1		2	0	9	2
											3

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 1,636.74
2. Total monetary contributions (From Form No. 31-A)	\$ 1,160.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,796.74
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,704.29
6. Balance on hand (line 4 minus line 5)	\$ 1,092.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

RECEIPT JME  
AUDITED  
AMEND LTR  
SCANNED  
ENTERED  
COMPLETED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Gilbert A. Martello  
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12.11.23  
Date

Contribution  
pages

Expenditure  
pages

Other  
pages

Total  
pages 0



31- A  
R.C. 3517.10

# Statement of Contributions

Page 8

FULL NAME OF COMMITTEE: Friends of Gil Martello

	FIRST	LAST NAME	ADDRESS	CITY	STATE	ZIP	DATE	TYPE	AMOUNT
1	Charles	Laughlin	10090 Weathersfield Dr	Mentor	OH	44060	10/14/2023	Check	\$50.00
2	Douglas	Lynn	6028 Weymouth Dr	Mentor	OH	44060	11/2/2023	Check	\$200.00
3	Mark	Freeman	7281 Taft St	Mentor	OH	44060	10/26/2023	Check	\$50.00
4	Connie	Markiewicz	7421 N Chestnut Commons	Mentor	OH	44060	11/6/2023	Paypal	\$500.00
5	Thomas	Owens	970 E. 250th Street	Euclid	OH	44132	10/19/2023	Paypal	\$10.00
6	Margaret	McCracken	8304 Mentor Avenue	Mentor	OH	44060	11/1/2023	Paypal	\$200.00
7	Scott	Goodhue	5463 Blue Heron Way	Mentor	OH	44060	11/2/2023	Paypal	\$50.00
8	Pamela	Gaffny	8472 Hilltop Dr.	Mentor	OH	44060	11/2/2023	Paypal	\$100.00
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PAGE	TOTAL	\$1,160.00
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\* 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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Not an Original Document

## Statement of Expenditures

NAME OF COMMITTEE: Friends of Gil Martello

	To Whom Paid	ADDRESS	CITY	STATE	ZIP	DATE	Purpose	CK #	AMOUNT
1	United States Postal Service	8600 Tyler Blvd	Mentor	OH	44060	10/23/2023	Stamps for Ballot Chase	Debit Ca	\$66.00
2	Morgan Litho	4101 Commerce Ave	Cleveland	OH	44103	11/21/2023	Yard Signs	Keybank	\$1,044.00
3	Morgan Litho	4101 Commerce Ave	Cleveland	OH	44103	11/30/2023	Yard Signs Tax	Keybank	\$83.52
4	Paypal-Markiewicz	2211 N 1st St	San Jose	CA	95131	11/6/2023	Fees		\$14.95
5	Paypal-Markiewicz Refund	7421 N Chestnut Commons	Mentor	OH	44060	11/23/2023	Refund	Paypal	\$485.05
6	Paypal-Owens	2211 N 1st St	San Jose	CA	44103	10/20/2023	Fees		\$0.30
7	Paypal-McCracken	2211 N 1st St	San Jose	CA	44103	11/1/2023	Fees		\$5.98
8	Paypal-Goodhue	2211 N 1st St	San Jose	CA	44103	11/2/2023	Fees		\$1.50
9	Paypal-DiFranco	2211 N 1st St	San Jose	CA	44103	11/2/2023	Fees		\$2.99
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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 FRIENDS OF DENISE VERDI		Office Sought SCHOOL BOARD		District WE
Street Address 12 OWAISSA DRIVE		City TIMBERLAKE	State OH	Zip 44095
Candidate Name OR PAC Registration Number DENISE VERDI		Treasurer Name BRIAN MASSIE		Election Date (MM/DD/YYYY) 11/7/23

**Type of Report** (choose one):  
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:  
☐ July Monthly ☐ August Monthly ☐ September Monthly

<b>Amended Report</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
--	---	--

1. Amount brought forward from last report	00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$1,850.00 ✓
3. Total other income (From Form 31-A-2)	\$1,682.53 ✓
4. Total funds available (sum of lines 1, 2, 3)	\$3,532.53 ✓
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$2,018.03 ✓
6. Balance on hand (line 4 minus line 5)	\$1,514.50 ✓
7. Value of in-kind contributions received (From Form 31-J-1)	00
8. Value of in-kind contributions made (From Form 31-J-2)	00
9. Outstanding loans owed by committee (From Form 31-C)	\$1,682.53 ✓
10. Outstanding debts owed by committee (From Form 31-N)	00
11. Outstanding loans owed to committee (From Form 31-K)	00
12. Value of independent expenditures made (From Form 31-U)	00

RECEIPT	15
AUDITED	15
AMEND LTR	-
SCANNED	15
ENTERED	15
COMPLETED	15

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
 WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Brian Massie*

Signature of Treasurer or Deputy Treasurer

2/12/24

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

38

Last Updated 09/2017



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
<b>Full Name of Contributor</b> JANE THOMAS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 30037 FPREST GRPVE ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> WILLOWICK	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44095	<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$50.00
<b>Full Name of Contributor</b> DOUGLAS COOPER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 105810 HINTON MILL ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> MARYSVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 43040	<b>Date (MM/DD/YYYY)</b> 8/31/23	<b>Amount</b> \$50.00
<b>Full Name of Contributor</b> LISA MOYSEENKO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 29958 BEECHWOOD DRIVE		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> WILLOWICK	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44095	<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> DAVID L. GEORGE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5585 ERICSON LANE		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> WILLOUGHBY	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44094	<b>Date (MM/DD/YYYY)</b> 9/22/23	<b>Amount</b> \$500.00
<b>Full Name of Contributor</b> TOM HACH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 11575 FAY ROAD		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Date (MM/DD/YYYY)</b> 10/1/23	<b>Amount</b> \$75.00

\*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 \$ 775.00



Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
Full Name of Contributor MARY SCHWARZ			Registration Number, if PAC	
Street Address 3703 LAKE ROAD E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City ASHTABULA	State OH <input checked="" type="checkbox"/>	Zip Code 44004	Date (MM/DD/YYYY) 9/13/23	Amount 10.00
Full Name of Contributor BILL FEINERICH			Registration Number, if PAC	
Street Address 549 EZMOR LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City WICKLIFFE	State OH <input checked="" type="checkbox"/>	Zip Code 44092	Date (MM/DD/YYYY) 7/30/23	Amount \$25.00
Full Name of Contributor JUNE SLADER			Registration Number, if PAC	
Street Address 6759 EASTGATE DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MAYFIELD VILLAGE	State OH <input checked="" type="checkbox"/>	Zip Code 44143	Date (MM/DD/YYYY) 9/19/23	Amount \$40.00
Full Name of Contributor GEORGE TRANSKY			Registration Number, if PAC	
Street Address 35 MINNEWAWA DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City TIMBERLAKE	State OH <input checked="" type="checkbox"/>	Zip Code 44095	Date (MM/DD/YYYY) 9/19/23	Amount \$20.00
Full Name of Contributor TERRY CIARCIA			Registration Number, if PAC	
Street Address 473 WATERBURY DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City EASTLAKE	State <input checked="" type="checkbox"/>	Zip Code 44095	Date (MM/DD/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

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
Full Name of Contributor LUCY STICKEN			Registration Number, if PAC	
Street Address 1012 WEST MILL DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City HIGHLAND HEIGHTS	State OH	Zip Code 44143	Date (MM/DD/YYYY) 9/17/23	Amount \$30.00
Full Name of Contributor ANONYMOUS [SEE EXPLANATION OF THIS CONTRIBUTION]			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount \$20.00
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31 E			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount \$895.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State 	Zip Code	Date (MM/DD/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 945.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI			
To Whom Paid KATHY FISHEL		Date (MM/DD/YYYY) 8/9/23	Amount \$200.00
Street Address 6369 RIO VISTA		Purpose FLYERS	
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Check Number 7003
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 200.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI							
From Whom Received DENISE VERDI					Prior Amount 00	Amt. Incurred this Period \$593.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$593.00	
City TIMBERLAKE	State OH	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/3/23			Date of Loan (MM/DD/YYYY) 8/3/23	Amount \$593.00	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 00	Amt. Incurred this Period \$44.74	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$44.74	
City TIMBERLAKE	State OH	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 9/12/23			Date of Loan (MM/DD/YYYY) 9/12/23	Amount \$44.74	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	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

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)



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI							
From Whom Received DENISE VERDI					Prior Amount 00	Amt. Incurred this Period \$150.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$150.00	
City TIMBERLAKE	State OH	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 7/21/23			Date of Loan (MM/DD/YYYY) 7/21/23	Amount \$150.00	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 00	Amt. Incurred this Period \$478.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$478.00	
City TIMBERLAKE	State OH	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/10/23			Date of Loan (MM/DD/YYYY) 8/10/23	Amount \$478.00	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	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

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)



Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI			
To Whom Paid ANTHONY MADISON DESIGN LLC		Date (MM/DD/YYYY) 10/12/23	Amount \$329.50
Street Address 1975 BOXWOOD TRAIL		Purpose YARD SIGNS	
City PAINESVILLE	State OH	Zip Code 44077	Check Number 2017119055
To Whom Paid HUNTINGTON BANK		Date (MM/DD/YYYY) 10/12/23	Amount \$6.00
Street Address CRILE ROAD		Purpose BANK CHARGES FOR CHECK TO AMD	
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Check Number DIRECT CHARGE
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 335.50





**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FREIENDS OF RYAN DIFRANCO			
To Whom Paid ANTHONY MADISON DESIGNS LLC		Date (MM/DD/YYYY) 7/21/23	Amount \$150.00
Street Address 1975 BOXWOOD TRAIL	Purpose FLYERS		
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number UNKNOWN
To Whom Paid ANTHONY MADISON DESIGNS LLC		Date (MM/DD/YYYY) 8/10/23	Amount \$478.00
Street Address 1975 BOXWOOD TRAIL	Purpose YARD SIGNS		
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number UNKNOWN
To Whom Paid ANTHONY MADISON DESIGNS LLC		Date (MM/DD/YYYY) 8/3/23	Amount \$593.00
Street Address 1975 BOXWOOD TRAIL	Purpose CARDS, HANDOUTS , YARD SIGN		
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number UNKNOWN
To Whom Paid SAMS CLUB		Date (MM/DD/YYYY) 9/12/23	Amount \$44.74
Street Address	Purpose		
City MENTOR	State OH	Zip Code 44060	Check Number NONE
To Whom Paid GIANT EAGLE (LOST RECEIPT)		Date (MM/DD/YYYY)	Amount \$216.79
Street Address	Purpose		
City	State OH	Zip Code	Check Number NONE

Page Total \$ 1,482.53



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI							
From Whom Received DENISE VERDI					Prior Amount 00	Amt. Incurred this Period \$216.79	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$216.79	
City TIMBERLAKE	State OH <input checked="" type="checkbox"/>	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 9/13/23			Date of Loan (MM/DD/YYYY) 9/13/23	Amount \$216.79	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 BREWSTER					Prior Amount 00	Amt. Incurred this Period \$200.00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$200.00	
City TIMBERLAKE	State OH <input checked="" type="checkbox"/>	Zip Code 44096	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/9/23			Date of Loan (MM/DD/YYYY) 8/9/23	Amount \$200.00	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	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

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-B)

Total Outstanding Balance \$ 416.79 (also record on Form 30-A)



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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
<b>Full Name of Contributor</b> SHERI FALKENBERG			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15 E SHORE BLVD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 10.00
<b>City</b> TIMBERLAKE	<b>State</b> OH	<b>Zip Code</b> 44095	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> KEITH KOKAL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15 E SHORE BLVD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 10.00
<b>City</b> TIMBERLAKE	<b>State</b> OH	<b>Zip Code</b> 44095	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> BILL FAEHRICH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 549 EZMORLN	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 15.00
<b>City</b> WICKLIFFE	<b>State</b> OH	<b>Zip Code</b> 44092	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> DIANA KATZ			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 170 TRAYMORE BLVD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 10.00
<b>City</b> EASTLAKE	<b>State</b> OH	<b>Zip Code</b> 44095	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> ERICA HAQQI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 340 E. OVERLOOK DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 10.00
<b>City</b> EASTLAKE	<b>State</b> OH	<b>Zip Code</b> 44095	<b>Form (Cash, Check, Etc)</b> CASH	

\* 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)]

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 \$ 55.00



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

Form 31-E

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
<b>Full Name of Contributor</b> DANTE LEWIS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7222 PENNSYLVANIA AVENUE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 20.00
<b>City</b> POLAND	<b>State</b> OH	<b>Zip Code</b> 44514	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> BECKY AND MIKE LYNCH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8040 KING MEMORIAL ROAD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 50.00
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 4060	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> SCOTT AND KATHY FISHEL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6369 RIO VISTA DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 100.00
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> MICHAEL PETERS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2742 BURDEN DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 50.00
<b>City</b> PARMA	<b>State</b> OH	<b>Zip Code</b> 44134	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b> 	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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



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

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

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

\* 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)]

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 \$ 155.00





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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
<b>Full Name of Contributor</b> ROB AND MADELYN WILLINGHAM			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 11710 STONE CREEK LANE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 20.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> SALE OF RAFFLE TICKETS SPLIT 50% - 50% WITH RYAN DIFRANCO			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 240.00
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	

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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  
\$ 895.00

Total Expenditures This Event  
\$ 261.53

Page Total \$ 260.00



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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
<b>Full Name of Contributor</b> LYNN EGENSPERGER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1538 STUMPVILLE ROAD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 100.00
<b>City</b> JEFFERSON	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44047	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> JOHN METRSIN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 38427 WOOD DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 10.00
<b>City</b> WILLOUGHBY	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44094	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> B. NEDA			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5 TURTLE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 20.00
<b>City</b> WILLOUGHBY	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44094	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> DAVID BENNETT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7317 MAPLE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 25.00
<b>City</b> MENTOR	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44094	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> DALE FELLOWS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2812 FOWLER DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/23	<b>Amount</b> 50.00
<b>City</b> WILLOUGHBY HILLS	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b> CASH	

\* 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)]

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 \$ 205.00



2023 PostGen

Ohio Campaign Finance Report

Form 30-A  
ORC 3517.10

LAKE BOARD OF ELECTION  
DEC 4 2023 PM 4:11

Committee Name FRIENDS OF DENISE VERDI		Office Sought SCHOOL BOARD		District WE
Street Address 12 OWAISSA DRIVE		City TIMBERLAKE	State OH	Zip 44095
Candidate Name OR PAC Registration Number DENISE BREWSTER		Treasurer Name BRIAN MASSIE		Election Date (MM/DD/YYYY) 11/7/23

**Type of Report** (choose one):  
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

Statewide Candidates Only:  
☐ July Monthly ☐ August Monthly ☐ September Monthly

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
--	--	--

1. Amount brought forward from last report	\$1,514.50
2. Total monetary contributions (From Forms 31-A and 31-E)	\$50.00
3. Total other income (From Form 31-A-2)	00
4. Total funds available (sum of lines 1, 2, 3)	\$1,564.50
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$1,564.50
6. Balance on hand (line 4 minus line 5)	00
7. Value of in-kind contributions received (From Form 31-J-1)	\$350.53
8. Value of in-kind contributions made (From Form 31-J-2)	00
9. Outstanding loans owed by committee (From Form 31-C)	00
10. Outstanding debts owed by committee (From Form 31-N)	00
11. Outstanding loans owed to committee (From Form 31-K)	00
12. Value of Independent expenditures made (From Form 31-U)	00

RECEIPT  
AUDITED  
AMEND LTR  
SCANNED  
ENTERED  
COMPLETED

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Brian Massie*  
Signature of Treasurer or Deputy Treasurer

12/4/23  
Date (MM/DD/YYYY)

Contribution Pages 2	Expenditure Pages 6	Other Pages 5	Total Pages 14
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Last Updated 09/2017



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI				
Full Name of Contributor L. J. ETHERIDGE			Registration Number, if PAC	
Street Address 3668 MEDBROOK WAY N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/31/23	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/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 \$50.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI			
To Whom Paid ANTHONY MADISON DESIGN LLC		Date (MM/DD/YYYY) 10/25/23	Amount \$92.50
Street Address 1975 BOXWOOD TRAIL		Purpose YARD SIGNS	
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number UNKNOWN
To Whom Paid ANTHONY MADISON DESIGN LLC		Date (MM/DD/YYYY) 11/1/23	Amount \$140.00
Street Address 1975 BOXWOOD TRAIL		Purpose FLYERS	
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number UNKNOWN
To Whom Paid DENISE VERDI		Date (MM/DD/YYYY) 11/28/23	Amount \$1,332.00
Street Address 12 OWAISSA DRIVE		Purpose REPAYMETN OF CAMPAIGN EXPENSES	
City TIMBERLAKE	State OH	Zip Code 44095	Check Number 207119162
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1,564.50





# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE VERDI							
From Whom Received DENISE BREWSTER					Prior Amount \$1,682.53	Amt. Incurred this Period 00	
Street Address 12 OWAISSA DRIVE						Outstanding Balance \$1,682.53	
City TIMBERLAKE	State OH	Zip Code 44095	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 8/23			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
					11/28/23	1,332.00	
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					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
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	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	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

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)



2023 PreGen

# Ohio Campaign Finance Report

Form 30-A  
ORC 3517.10

Committee Name FRIENDS OF DENISE BREWSTER		Office Sought SCHOOL BOARD		District RIVERSIDE
Street Address 7227 ALEXANDER ROAD		City CONCORD TOWNSHIP	State OH	Zip 44077
Candidate Name OR PAC Registration Number DENISE BREWSTER		Treasurer Name BRIAN MASSIE		Election Date (MM/DD/YYYY) 11/7/23

**Type of Report** (choose one):  
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:  
☐ July Monthly ☐ August Monthly ☐ September Monthly

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report</b> (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$3,435.00
3. Total other income (From Form 31-A-2)	\$550.00
4. Total funds available (sum of lines 1, 2, 3)	\$3,985.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$3,952.30
6. Balance on hand (line 4 minus line 5)	\$32.70
7. Value of in-kind contributions received (From Form 31-J-1)	\$1,552.00
8. Value of in-kind contributions made (From Form 31-J-2)	00
9. Outstanding loans owed by committee (From Form 31-C)	\$550.00
10. Outstanding debts owed by committee (From Form 31-N)	\$1,486.92
11. Outstanding loans owed to committee (From Form 31-K)	00
12. Value of independent expenditures made (From Form 31-U)	00

RECEIPT  
AUDITED  
AMEND LTR  
SCANNED  
ENTERED  
COMPLETED

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Brian Massie*  
Signature of Treasurer or Deputy Treasurer

10/23/23  
Date (MM/DD/YYYY)

LAKE BOARD OF ELECTION  
OCT 23 2023 PM 12:19

Contribution Pages 6	Expenditure Pages 18	Other Pages 35	Total Pages 59
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Last Updated 09/2017



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor ROBERT ZAMES			Registration Number, if PAC	
Street Address 10556 CLEARLAKE DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 7/20/23	Amount \$100.00
Full Name of Contributor ROBERT SANDERSON			Registration Number, if PAC	
Street Address 7796 ROCKDOVE LANE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/1/23	Amount \$100.00
Full Name of Contributor ROBERT PATTERSON			Registration Number, if PAC	
Street Address 10940 GIRLDED ROAD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/1/23	Amount \$200.00
Full Name of Contributor ANTOINETTE DIBLASIO AND CARLA PETRO			Registration Number, if PAC	
Street Address 7626 BUCHANAN COURT	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City MENTOR	State OH <input type="checkbox"/>	Zip Code 44060	Date (MM/DD/YYYY) 8/16/23	Amount \$30.00
Full Name of Contributor MELODY SIKULA			Registration Number, if PAC	
Street Address 6969 AUBURN RIDGE DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/10/23	Amount \$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



Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor BRIAN AND BERNADETTE MASSIE			Registration Number, if PAC	
Street Address 8196 RAINBOW DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/21/23	Amount \$60.00
Full Name of Contributor RICKY AND MICHELLE MOSS			Registration Number, if PAC	
Street Address 491 LYNDON	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CLEVELAND	State OH <input type="checkbox"/>	Zip Code 44143	Date (MM/DD/YYYY) 8/20/23	Amount \$50.00
Full Name of Contributor ROY SMITHN			Registration Number, if PAC	
Street Address 7119 S. MEADOW DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/17/23	Amount \$100.00
Full Name of Contributor JOSEPH AND CHERYL BAIBAK			Registration Number, if PAC	
Street Address 7040 BRIDLEWOOD DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/20/23	Amount 50.00
Full Name of Contributor SANDRA S. LAFORCE			Registration Number, if PAC	
Street Address 5392 PEBBLE CREEK LANE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/28/23	Amount \$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 \$290.00



Statement of Contributions Received

Form 31-A

ORC 3517.10

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





## Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor GRETCHEN REED			Registration Number, if PAC	
Street Address 5782 TRASK ROAD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City MADISON	State OH <input type="checkbox"/>	Zip Code 44057	Date (MM/DD/YYYY) 9/11/23	Amount \$100.00
Full Name of Contributor JOHN NIEDZIALEK			Registration Number, if PAC	
Street Address 105 MAIN STREET	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/28/23	Amount \$100.00
Full Name of Contributor VANESSA PESEC			Registration Number, if PAC	
Street Address 11705 CALI COURT	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 9/19/23	Amount \$100.00
Full Name of Contributor MICHAEL KILROY			Registration Number, if PAC	
Street Address 9465 MARSH HAWK RUN	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CHESTERLAND	State OH <input type="checkbox"/>	Zip Code 44026	Date (MM/DD/YYYY) 10/6/23	Amount \$300.00
Full Name of Contributor RACHEL WRIGHT			Registration Number, if PAC	
Street Address 695 MEADOWLARK ROAD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 7/30/23	Amount \$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 \$700.00



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor JERRY FOX			Registration Number, if PAC	
Street Address 10783 BUCKINGHAM PLACE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Date (MM/DD/YYYY) 8/3/23	Amount \$100.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount \$1,235.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/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 \$1,335.00



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Paid ANTHONY MADISON DESIGNS LLC		Date (MM/DD/YYYY) 8/24/23	Amount \$135.00
Street Address 1975 BOXWOOD TRAIL		Purpose ADVERTISING DESIGN	
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Check Number 11514993
To Whom Paid FULTON SIGNS		Date (MM/DD/YYYY) 9/7/23	Amount \$317.00
Street Address 7144 INDUSTRIAL PARK BLVD.		Purpose YARD SIGNS	
City MENTOR	State OH	Zip Code 44060	Check Number 11515587
To Whom Paid VALPAK OF CLEVELAND		Date (MM/DD/YYYY) 9/30/23	Amount \$692.58
Street Address 881 EAST 222ND STREET		Purpose ADVERTISING	
City EUCLID	State OH	Zip Code 44123	Check Number 11514995 (ELEC. DEBIT)
To Whom Paid ANTHONY MADISON DESIGN LLC		Date (MM/DD/YYYY) 8/4/23	Amount \$1,032.72
Street Address 1975 BOXWOOD TRAIL		Purpose BUSINEESS CARDS, SHIRT DESIGN. MAGNETS	
City PAINESVILLE TRAIL	State OH	Zip Code 44077	Check Number 01663319221
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 2,177.30



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
Full Name of Contributor DENISE BREWSTER		Registration Number, if PAC	
Street Address 72207 ALEXANDER ROAD	Type* Loan Payments Received	Date (MM/DD/YYYY) 8/1/23	Form (Cash, Check, etc.) CHECK
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Amount \$500.00
Full Name of Contributor DENISE BREWSTER		Registration Number, if PAC	
Street Address 72207 ALEXANDER ROAD	Type* Loan Payments Received	Date (MM/DD/YYYY) 8/1/23	Form (Cash, Check, etc.) CASH
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Amount \$50.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

\* 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.

Page Total \$ 550.00



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER					
From Whom Received DENISE BREWSTER				Prior Amount 00	Amt. Incurred this Period \$500.00
Street Address 72207 ALEXANDER ROAD					Outstanding Balance \$500.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 8/1/23		Date of Loan (MM/DD/YYYY) 8/1/23	Amount \$500.00	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 BREWSTER				Prior Amount 00	Amt. Incurred this Period \$50.00
Street Address 72207 ALEXANDER ROAD					Outstanding Balance \$50.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 8/1/23		Date of Loan (MM/DD/YYYY) 8/1/23	Amount \$50.00	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

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 00

Total Received This Period \$ 550.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 00 (also record on Form 31-B)

Total Outstanding Balance \$ 550.00 (also record on Form 30-A)





Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Paid DENISE BREWSTER		Date (MM/DD/YYYY) 9/15/23	Amount \$1,300.00
Street Address 72207 ALEXANDER ROAD		Purpose REPAYMENT OF OUTSTANDING DEBT	
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Check Number 11515586
To Whom Paid DENISE BREWSTER		Date (MM/DD/YYYY) 10/10/23	Amount \$475.00
Street Address 72207 ALEXANDER ROAD		Purpose REPAYMENT OF OUTSTANDING DEBT	
City CONCORD TOWNSHIP	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ \$1,775.00



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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>Full Name of Contributor</b> STEVEN STOLDT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7390 S. MEADOW DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$30.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> DIANE FAEHRICH			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7723 SALIDA ROAD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$30.00
<b>City</b> MENTOR ON THE LAKE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> SONIA RODRIGUS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 517 ROBERTA DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$30.00
<b>City</b> PAINESVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> ADAM AND JOANN WOLF			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7863 VIEWMOUNT DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$100.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> PEGGY STOUT			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7255 BRIDLEWOOD DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Amount</b> \$100.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Form (Cash, Check, Etc)</b> CHECK	

\* 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)]

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 \$ 290.00



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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor TOM HACH			Registration Number, if PAC	
Street Address 11575 FAY ROAD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount 30.00
City CONCORD TOWNSHIP	State OH	Zip Code	Form (Cash, Check, Etc) CASH	
Full Name of Contributor JOHN MILEY			Registration Number, if PAC	
Street Address 6975 AUBURN ROAD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount 30.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor BEVERLY SCHILERO			Registration Number, if PAC	
Street Address 11772 GIRLDED ROAD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount 150.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor BOB ZAMES			Registration Number, if PAC	
Street Address 10556 CLEARLAKE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount 100.00
City PAINESVILLE	State OH	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor DALE FELLOWS			Registration Number, if PAC	
Street Address 2812 FARMSIDE DROVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount 40.00
City WILLOUGHBY	State OH	Zip Code 44094	Form (Cash, Check, Etc) CASH	

\* 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)]

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



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

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

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor BOB PETERMAN			Registration Number, if PAC	
Street Address 646 RIVERSIDE DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount \$50.00
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor PAT CONDON			Registration Number, if PAC	
Street Address 272 COLONIAL DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount \$30.00
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor SCOTT AND KATHY FISHEL			Registration Number, if PAC	
Street Address 6369 RIO VISTA DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount \$100.00
City CONCORD TOWNSHIP	State OH <input type="checkbox"/>	Zip Code 44077	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor MIKE AND BECKY LYNCH			Registration Number, if PAC	
Street Address 8040 KING MEMORIAL ROAD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/12/23	Amount \$100.00
City MENTOR	State OH <input type="checkbox"/>	Zip Code 44060	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor SALE OF RAFFLE TICKETS			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount \$315.00
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	

\* 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)]

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  
\$1,235.00

Total Expenditures This Event  
\$1,176.53

Page Total \$ 595.00



# In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor PROVISION IMPRESSIONS		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1634 WEST JACKSON STREET	Description of Item or Service POSTCARDS		Date (MM/DD/YYYY) 9/7/23	Fair Market Value \$515.00
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor BRIAN MASSIE		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 8196 RAINBOW DRIVE	Description of Item or Service LIGHTHOUSE PICTURE		Date (MM/DD/YYYY) 9/1/23	Fair Market Value \$75.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor DENISE BREWSTER		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 72207 ALEXANDER ROAD	Description of Item or Service THEMED BASKETS		Date (MM/DD/YYYY) 9/1/23	Fair Market Value \$17.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor STARBUCKS		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7639 CRILE ROAD	Description of Item or Service BASKET		Date (MM/DD/YYYY) 9/1/23	Fair Market Value \$30.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor DENISE BREWSTER		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 72207 ALEXANDER ROAD	Description of Item or Service GOLF FANATIC LAMP		Date (MM/DD/YYYY) 9/1/23	Fair Market Value \$20.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 657.00





# In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>Full Name of Contributor</b> WORLD OF WINES		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 8760 MENTOR AVENUE	<b>Description of Item or Service</b> WINE BOTTLE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$20.00
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> DENISE BREWSTER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 72207 ALEXANDER ROAD	<b>Description of Item or Service</b> JIGSAW PUZZLE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$25.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> DENISE BREWSTER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 72207 ALEXANDER ROAD	<b>Description of Item or Service</b> REST AND RELAXATION BASKET		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$42.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> KATHY FISHEL		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 6369 RIO VISTA	<b>Description of Item or Service</b> MARGARITA BASKET		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$60.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> QUAIL HOLLOW		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 11295 QUAIL HOLLOW	<b>Description of Item or Service</b> GIFT CERTIFICATE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$240.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 387.00



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor LITTLE MOUNTAIN GOLF COURSE		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7667 HERMITAGE ROAD	Description of Item or Service GIFT CERTIFICATE		Date (MM/DD/YYYY) 9/12/23	Fair Market Value \$240.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor PAINESVILLE COUNTRY CLUB		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 84 GOLF ROAD	Description of Item or Service		Date (MM/DD/YYYY) 9/12/23	Fair Market Value \$50.00
City PAINESVILLE	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor BURGERS TO BEER		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7669 CRILE ROAD	Description of Item or Service GIFT CERTIFICATE		Date (MM/DD/YYYY) 9/12/23	Fair Market Value \$30.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor SUNNY STREET CAFE		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7531 CRILE ROAD	Description of Item or Service GIFT CERTIFICATE		Date (MM/DD/YYYY) 9/12/23	Fair Market Value \$30.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor EXPERT NAILS AND SPA		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7673 CRILE ROAD	Description of Item or Service GIFT CERTIFICATE		Date (MM/DD/YYYY) 9/12/23	Fair Market Value \$25.00
City CONCORD TOWNSHIP	State OH	Zip Code 44077	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 375.00



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>Full Name of Contributor</b> FIRE AND ICE		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 970 RIVERSIDE DRIVE	<b>Description of Item or Service</b> GIFT CERTIFICATE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$20.00
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> SPATS CAFE		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 9853 JOHNNYCAKE RIDGE	<b>Description of Item or Service</b> GIFT CERTIFICATE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$25.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> MARY'S DINER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 7649 CRILE ROAD	<b>Description of Item or Service</b> GIFT CERTIFICATE		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$25.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> DENISE BREWSTER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 72208 ALEXANDER ROAD	<b>Description of Item or Service</b> TWO VASES OF HYDRANGES		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$20.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> DENISE BREWSTER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 72207 ALEXANDER ROAD	<b>Description of Item or Service</b> JAR OF CANDY AND 5 MUM PLANTS		<b>Date (MM/DD/YYYY)</b> 9/12/23	<b>Fair Market Value</b> \$43.00
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Received at Fundraising Event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 133.00



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Owed FULTON SIGN		Prior Amount 00	Amount Incurred this Period \$1,126.13
Street Address 7144 INDUSTRIAL PARK BLVD.		Item or Purpose of Debt YARD SIGNS	Outstanding Balance 00
City MENTOR	State OH	Zip Code 44060	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 8/24/23		Date of Payment (MM/DD/YYYY) 9/14/23	Amount \$1,126.13
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed ANTHONY MADISON DESIGN LLC		Prior Amount 00	Amount Incurred this Period \$282.50
Street Address 1975 BOXWOOD TRAIL		Item or Purpose of Debt FLYER	Outstanding Balance 00
City PAINESVILLE TOWNSHIP	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 8/5/23		Date of Payment (MM/DD/YYYY) 9/14/23	Amount \$173.87
Registration Number, if PAC		Date of Payment (MM/DD/YYYY) 10/10/23	Amount \$108.63
		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-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 1,408.63

(also record on Form 31-B)

Total Outstanding Balance \$ 1,408.63

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Owed DOLLAR TREE		Prior Amount 00	Amount Incurred this Period \$18.67
Street Address 152 E. WASHINGTON STREET		Item or Purpose of Debt FUNDRAISER	Outstanding Balance \$18.67
City PAINESVILLE	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 9/11/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed DOLLAR TREE		Prior Amount 00	Amount Incurred this Period \$3.92
Street Address 255 MEADOWLAWN DRIVE UNIT 180		Item or Purpose of Debt FUNDRAISER	Outstanding Balance \$3.92
City CHARDON	State OH	Zip Code 44024	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 8/25/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 22.59 (also record on cover page)





# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Owed DOLLAR TREE		Prior Amount 00	Amount Incurred this Period \$8.04
Street Address 8840 MENTOR AVENUE		Item or Purpose of Debt PARADE SUPPLIES	Outstanding Balance \$8.04
City MENTOR	State OH	Zip Code 44060	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 7/25/223		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed LAKE COUNTY BOARD OF ELECTIONS		Prior Amount 00	Amount Incurred this Period \$30.00
Street Address 105 MAIN STREET SUITE 107		Item or Purpose of Debt FILING FEE	Outstanding Balance \$30.00
City PAINESVILLE	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 8/9/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 38.04 (also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> STAPLES		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$11.42	
<b>Street Address</b> 9215 MENTOR AVENUE		<b>Item or Purpose of Debt</b> COPIES OF FLYERS	<b>Outstanding Balance</b> \$11.42	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 7/24/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> AMAZON		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$41.68	
<b>Street Address</b> ON LINE		<b>Item or Purpose of Debt</b> ENVELOPES	<b>Outstanding Balance</b> \$41.68	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/6/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 53.10

also record on cover page



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
<b>To Whom Owed</b> SOPHIA BOUTIQUE LLC		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$10.73
<b>Street Address</b> 7578 FREDLE DRIVE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$10.73
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 9/15/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/12/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> USPS		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$132.00
<b>Street Address</b> 216 E. JACKSON STREET		<b>Item or Purpose of Debt</b> STAMPS	<b>Outstanding Balance</b> \$132.00
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/12/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/12/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 142.73

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Owed USPS		Prior Amount 00	Amount Incurred this Period \$39.60
Street Address 215 E. JACKSON STREET		Item or Purpose of Debt STAMPS	Outstanding Balance \$39.60
City PAINESVILLE	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 10/13/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed JOUGH LIN HARDWARE		Prior Amount 00	Amount Incurred this Period \$35.99
Street Address DOWNTOWN PAINESVILLE		Item or Purpose of Debt STAKES FOR SIGNS	Outstanding Balance \$35.99
City PAINESVILLE	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 75.59

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Owed JOUGHLN HARDWARE		Prior Amount 00	Amount Incurred this Period \$14.35
Street Address 23 S. STATE STREET		Item or Purpose of Debt CABLE TIES	Outstanding Balance \$14.35
City PAINESVILLE	State OH	Zip Code 44077	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 8/23/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed JOUGHLIN HARDWARE		Prior Amount 00	Amount Incurred this Period \$26.82
Street Address 23 S. STATE STREET		Item or Purpose of Debt FENCE SIGN POST	Outstanding Balance \$26.82
City	State	Zip Code	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY) 9/5/23		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 41.17 (also record on cover page)





## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> LOWE'S HOME CENTERS		<b>Prior Amount</b> 00	<b>Amount Incurred This Period</b> \$14.99	
<b>Street Address</b> 9600 MENTOR AVENUE		<b>Item or Purpose of Debt</b> CABLE TIES	<b>Outstanding Balance</b> \$14.99	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 7/31/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>		
<b>To Whom Owed</b> SAM'S CLUB		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$48.44	
<b>Street Address</b> 6900 EMERALD COURT		<b>Item or Purpose of Debt</b> PARADE CANDY	<b>Outstanding Balance</b> \$48.44	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/1/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>		

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 63.43

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> WALMART		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$41.91	
<b>Street Address</b> 9303 MENTOR AVENUE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$41.91	
<b>City</b> MENTOR	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/20/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>		
<b>To Whom Owed</b> LOWE'S HOME CENTERS LLC		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$34.23	
<b>Street Address</b> 9600 MENTOR AVENUE		<b>Item or Purpose of Debt</b> SIGN STAKES	<b>Outstanding Balance</b> \$34.23	
<b>City</b> MENTOR	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/27/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>		

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 75.14

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
<b>To Whom Owed</b> DOLLAR GENERAL		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$5.00
<b>Street Address</b> 9853 JOHNNYCAKE RIDGE ROAD		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$5.00
<b>City</b> MENTOR	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44060	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/27/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>	
<b>To Whom Owed</b> SEASINOL SPORTING GOODS		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$21.40
<b>Street Address</b> 7667 MENTOR AVENUE SUITE 114		<b>Item or Purpose of Debt</b> PARADE SHIRT	<b>Outstanding Balance</b> \$21.40
<b>City</b> MENTOR	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44060	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 7/17/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date of Payment (MM/DD/YYYY)</b>		<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 26.40 (also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
<b>To Whom Owed</b> HOBBY LOBBY		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$15.38
<b>Street Address</b> 7852 MENTOR AVENUE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$15.38
<b>City</b> MENTOR	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44060	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 9/4/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> USPS		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$13.20
<b>Street Address</b> 340 WETMORE AVENUE		<b>Item or Purpose of Debt</b> STAMPS	<b>Outstanding Balance</b> \$13.20
<b>City</b> GRAND RIVER	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44045	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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 \$ 28.58 (also record on cover page)



2023 PostGen

# Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

DEC 4 2023 PM 4:10  
LAKE BOARD OF ELECTION

Committee Name FRIENDS OF DENISE BREWSTER		Office Sought SCHOOL BOARD		District RIVERSI
Street Address 7227 ALEXANDER ROAD		City CONCORD TOWNSHIP	State OH	Zip 44077
Candidate Name OR PAC Registration Number DENISE BREWSTER		Treasurer Name BRIAN MASSIE		Election Date (MM/DD/YYYY) 11/7/23

## Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

## Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

## Amended Report

☒ No ☐ Yes

## Termination

☐ Check this box if the committee wishes to terminate with this report

## Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$32.70
2. Total monetary contributions (From Forms 31-A and 31-E)	\$100.00
3. Total other income (From Form 31-A-2)	00
4. Total funds available (sum of lines 1, 2, 3)	\$132.70
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$132.70
6. Balance on hand (line 4 minus line 5)	00
7. Value of in-kind contributions received (From Form 31-J-1)	\$1,340.43
8. Value of in-kind contributions made (From Form 31-J-2)	00
9. Outstanding loans owed by committee (From Form 31-C)	00
10. Outstanding debts owed by committee (From Form 31-N)	00
11. Outstanding loans owed to committee (From Form 31-K)	00
12. Value of independent expenditures made (From Form 31-U)	00

RECEIPT	SCANNED
AUDITED	ENTERED
AMEND LTR	COMPLETED

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Brian Massie*

Signature of Treasurer or Deputy Treasurer

12/3/23

Date (MM/DD/YYYY)

Contribution Pages

2

Expenditure Pages

2

Other Pages

17

Total Pages

21

Last Updated 09/2017





# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
Full Name of Contributor JANE F. MCDONALD			Registration Number, if PAC	
Street Address 5100 FAVORITE GULCH RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HELENA	State MT <input type="checkbox"/>	Zip Code 59602	Date (MM/DD/YYYY) 7345	Amount \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/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



# In-Kind Contributions Received

Form 31-J-1

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>Full Name of Contributor</b> TRANSFER FROM FORM 31-N		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> Fair Market Value \$1,340.43
<b>City</b>	<b>State</b> ▼	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> Fair Market Value
<b>City</b>	<b>State</b> ▼	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> Fair Market Value
<b>City</b>	<b>State</b> ▼	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> Fair Market Value
<b>City</b>	<b>State</b> ▼	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> Fair Market Value
<b>City</b>	<b>State</b> ▼	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 1,340.43



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
To Whom Paid FROM FORM 31-N (SEE ATTACHED RECONCILIATION)		Date (MM/DD/YYYY)	Amount \$132.70
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 132.70



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> DOLLAR TREE		<b>Prior Amount</b> \$18.67	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 152 E. WASHINGTON STREET		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$18.67	
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 9/11/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> \$18.67	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> DOLLAR TREE		<b>Prior Amount</b> \$3.92	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 255 MEADOWLAWN DRIVE UNIT 180		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$3.92	
<b>City</b> CHARDON	<b>State</b> OH	<b>Zip Code</b> 44024	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/25/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> \$3.92	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 22.59 (also record on Form 31-B)

Total Outstanding Balance \$ 0 (also record on cover page)



# Statement of Outstanding Debts

Form 31-N

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
To Whom Owed DOLLAR TREE		Prior Amount \$8.04	Amount Incurred this Period 00	
Street Address 8840 MENTOR AVENUE		Item or Purpose of Debt PARADE SUPPLIES	Outstanding Balance \$8.04	
City MENTOR	State OH <input type="checkbox"/>	Zip Code 44060	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 7/25/23		Date of Payment (MM/DD/YYYY) 11/28/23	Amount \$8.04	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed LAKE COUNTY BOARD OF ELECTIONS		Prior Amount \$30.00	Amount Incurred this Period 00	
Street Address 105 MAIN STREET SUITE 107		Item or Purpose of Debt FILING FEE	Outstanding Balance \$30.00	
City PAINESVILLE	State OH <input type="checkbox"/>	Zip Code 44077	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 8/9/23		Date of Payment (MM/DD/YYYY) 11/28/23	Amount \$30.00	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)





# Statement of Outstanding Debts

Form 31-N

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> STAPLES		<b>Prior Amount</b> \$11.42	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 9215 MENTOR AVENUE		<b>Item or Purpose of Debt</b> COPIES OF FLYERS	<b>Outstanding Balance</b> \$11.42	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 7/24/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> \$11.42	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> AMAZON		<b>Prior Amount</b> \$41.68	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> ON LINE		<b>Item or Purpose of Debt</b> ENVELOPES	<b>Outstanding Balance</b> \$41.68	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/6/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> \$41.68	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> SOPHIA BOUTIQUE LLC		<b>Prior Amount</b> \$10.73	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 7578 FREDLE DRIVE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> \$10.73	
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 9/15/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> \$10.73	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> USPS		<b>Prior Amount</b> \$132.00	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 216 E. JACKSON STREET		<b>Item or Purpose of Debt</b> STAMPS	<b>Outstanding Balance</b> \$132.00	
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 10/12/23		<b>Date of Payment (MM/DD/YYYY)</b> 11/28/23	<b>Amount</b> 8.24	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b> FORGIVEN	<b>Amount</b> \$123.76	
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 18.97

(also record on Form 31-B)

Total Outstanding Balance \$ 00

(also record on cover page)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> USPS		<b>Prior Amount</b> \$39.60	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 215 E. JACKSON STREET		<b>Item or Purpose of Debt</b> STAMPS	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 10/13/23		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
<b>To Whom Owed</b> JOUGHNLN HARDWARE		<b>Prior Amount</b> \$35.99	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> DOWNTOWN PAINESVILLE		<b>Item or Purpose of Debt</b> STAKES FOR SIGNS	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> LOUGHLIN HARDWARE		<b>Prior Amount</b> \$14.35	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 23 S. STATE STREET		<b>Item or Purpose of Debt</b> CABLE TIES	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
		<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/23/23	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> JOUGHLIN HARDWARE		<b>Prior Amount</b> \$26.82	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 23 S. STATE STREET		<b>Item or Purpose of Debt</b> FENCE SIGN POST	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
		<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER			
<b>To Whom Owed</b> LOWE'S HOME CENTERS		<b>Prior Amount</b> \$14.99	<b>Amount Incurred this Period</b> 00
<b>Street Address</b> 9600 MENTOR AVENUE		<b>Item or Purpose of Debt</b> CABLE TIES	<b>Outstanding Balance</b> FORGIVEN
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 7/31/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> SAM'S CLUB		<b>Prior Amount</b> \$48.44	<b>Amount Incurred this Period</b> 00
<b>Street Address</b> 6900 EMERALD COURT		<b>Item or Purpose of Debt</b> PARADE CANDY	<b>Outstanding Balance</b> FORGIVEN
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)





# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> WALMART			<b>Prior Amount</b> \$41.91	<b>Amount Incurred this Period</b> 00
<b>Street Address</b> 9303 MENTOR AVENUE			<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> FORGIVEN
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/20/23			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> LOWE'S HOME CENTER			<b>Prior Amount</b> \$34.23	<b>Amount Incurred this Period</b> 00
<b>Street Address</b> 9600 MENTOR AVENUE			<b>Item or Purpose of Debt</b> SIGN STAKES	<b>Outstanding Balance</b> FORGIVEN
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
To Whom Owed DOLLAR GENERAL		Prior Amount \$5.00	Amount Incurred this Period 00	
Street Address 9853 JOHNNYCAKE ROAD		Item or Purpose of Debt FUNDRAISER	Outstanding Balance FORGIVEN	
City MENTOR	State OH <input type="checkbox"/>	Zip Code 44060	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 8/27/23		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed SEASINOL SPORTING GOODS		Prior Amount \$21.40	Amount Incurred this Period 00	
Street Address 7667 MENTOR AVENUE AUTE 114		Item or Purpose of Debt PARADE SHIRT	Outstanding Balance FORGIVEN	
City MENTOR	State OH <input type="checkbox"/>	Zip Code 44060	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 7/17/23		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
To Whom Owed HOBBY LOBBY		Prior Amount \$15.38	Amount Incurred this Period 00	
Street Address 7852 MENTOR AVENUE		Item or Purpose of Debt FUNDRAISER	Outstanding Balance FORGIVEN	
City MENTOR	State OH	Zip Code 44060	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY) 9/4/23		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed USPS		Prior Amount \$13.20	Amount Incurred this Period 00	
Street Address 340 WETMORE AVENUE		Item or Purpose of Debt STAMPS	Outstanding Balance FORGIVEN	
City GRAND RIVER	State OH	Zip Code 44045	<b>Payments This Period</b>	
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> ALDI'S		<b>Prior Amount</b> \$16.08	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 2222 DOWNS DRIVE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code</b> 16509	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/20/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> SOPHIA BOTIQUES LLC		<b>Prior Amount</b> \$6.44	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 7578 FREDLE DRIVE		<b>Item or Purpose of Debt</b> FFUNDRAISER	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)



## Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> DOLLAR TREE		<b>Prior Amount</b> \$16.09	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 7843 MENTOR AVENUE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 8/15/23		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>To Whom Owed</b> DOLLAR TREE		<b>Prior Amount</b> \$17.43	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 9940 MENTOR AVENUE		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> MENTOR	<b>State</b> OH	<b>Zip Code</b> 44060	<b>Payments This Period</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Registration Number, if PAC</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>		<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>	

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)





# Statement of Outstanding Debts

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF DENISE BREWSTER				
<b>To Whom Owed</b> RIDGEWOOD		<b>Prior Amount</b> \$713.11	<b>Amount Incurred this Period</b> 00	
<b>Street Address</b> 9853 JOHNNYCAKE RIDGE ROAD		<b>Item or Purpose of Debt</b> FUNDRAISER	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> CONCORD TOWNSHIP	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
		<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b> 9/12/23	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>To Whom Owed</b> PROVISIONS		<b>Prior Amount</b> 00	<b>Amount Incurred this Period</b> \$136.21	
<b>Street Address</b> 1634 JACKSON STREET		<b>Item or Purpose of Debt</b> POSTCARDS	<b>Outstanding Balance</b> FORGIVEN	
<b>City</b> PAINESVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44077	<b>Payments This Period</b>	
		<b>Date Debt was Originally Incurred (MM/DD/YYYY)</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
			<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>

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-B). Total amount forgiven should be included in the In-Kind Contributions Received (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)