



1046
LORAIN COUNTY
BOARD OF ELECTIONS

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name Christner for Council		Office Sought Council at Large		District
Street Address 6218 Oak Tree Dr. N.		City Lorain	State OH	Zip 44053
Candidate Name OR PAC Registration Number Lynne Christner		Treasurer Name Jason J. Christner		Election Date (MM/DD/YYYY) 11/02/2021
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2021
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <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	1340.50
2. Total monetary contributions (From Forms 31-A and 31-E)	6417.82
3. Total other income (From Form 31-A-2)	-
4. Total funds available (sum of lines 1, 2, 3)	7758.32
5. Total monetary expenditures (From Forms 31-B and 31-F)	7692.69
6. Balance on hand (line 4 minus line 5)	65.63
7. Value of in-kind contributions received (From Form 31-J-1)	643.39
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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

Jason J. Christner
Signature of Treasurer or Deputy Treasurer

10/19/2021

Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
4

Other Pages
3

Total Pages
9

Last Updated 09/2017



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Christner for Council				
Full Name of Contributor Sam's Club			Registration Number, if PAC	
Street Address 5225 Cobblestone Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Refund from 7/22/21
City Sheffield Village	State OH	Zip Code 44035	Date (MM/DD/YYYY) 08/19/2021	Amount 28.07
Full Name of Contributor Christner for Council Fundraiser @ Amherst Eagles			Registration Number, if PAC	
Street Address 1161 Milan Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash/Check
City Amherst	State OH	Zip Code 44001	Date (MM/DD/YYYY) 08/15/2021	Amount 2989.75
Full Name of Contributor Kim Burns			Registration Number, if PAC	
Street Address 245 Yoder Blvd		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Avon Lake	State OH	Zip Code 44012	Date (MM/DD/YYYY) 08/16/2021	Amount 100.00
Full Name of Contributor Donna Grznar			Registration Number, if PAC	
Street Address PO Box 2033		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Sheffield Lake	State OH	Zip Code 44054	Date (MM/DD/YYYY) 08/18/2021	Amount 50.00
Full Name of Contributor Jeffrey Baxter			Registration Number, if PAC	
Street Address 160 Burns Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Elyria	State OH	Zip Code 44035	Date (MM/DD/YYYY) 09/06/2021	Amount 50.00

*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 3217.82



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Christner for Council				
Full Name of Contributor Special Effects			Registration Number, if PAC	
Street Address 101 W Herrick Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Refund	
City Wellington	State OH	Zip Code 44090	Date (MM/DD/YYYY) 08/30/2021	Amount 100.00
Full Name of Contributor John Gall			Registration Number, if PAC	
Street Address 45333 Butternut Ridge	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Oberlin	State OH	Zip Code 44074	Date (MM/DD/YYYY) 09/08/2021	Amount 50.00
Full Name of Contributor Connie Carr			Registration Number, if PAC	
Street Address 4750 Oak Point Rd. Apt 304	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lorain	State OH	Zip Code 44053	Date (MM/DD/YYYY) 10/01/2021	Amount 50.00
Full Name of Contributor Wayne Dittmer			Registration Number, if PAC	
Street Address 2924 Fulmer Rd.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Lorain	State OH	Zip Code 44053	Date (MM/DD/YYYY) 10/14/2021	Amount 1000.00
Full Name of Contributor Lynne Christner			Registration Number, if PAC	
Street Address 6218 Oak Tree Dr. N.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Transfer	
City Lorain	State OH	Zip Code 44053	Date (MM/DD/YYYY) 10/14/2021	Amount 2000.00

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Page Total 3200.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christner for Council			
To Whom Paid Lake Screen Printing		Date (MM/DD/YYYY) 06/17/2021	Amount 147.66
Street Address 1924 Broadway Ave.		Purpose Name Badge & Campaign T-Shirts (Balance Due)	
City Lorain	State OH	Zip Code 44052	Check Number Debit
To Whom Paid GFS Store		Date (MM/DD/YYYY) 06/28/2021	Amount 10.11
Street Address 5349 Abbe Rd.		Purpose Fundraiser Supplies	
City Elyria	State OH	Zip Code 44035	Check Number Debit
To Whom Paid Slutzkers Quick Print		Date (MM/DD/YYYY) 07/16/2021	Amount 144.45
Street Address 721 Broadway Ave.		Purpose Rack Cards	
City Lorain	State OH	Zip Code 44052	Check Number Debit
To Whom Paid Sam's Club		Date (MM/DD/YYYY) 07/22/2021	Amount 73.62
Street Address 5225 Cobblestone Rd		Purpose Supplies for Fundraiser (napkins, plates, cutlery, etc)	
City Sheffield Village	State OH	Zip Code 44035	Check Number Debit
To Whom Paid Dollar Tree		Date (MM/DD/YYYY) 07/22/2021	Amount 19.17
Street Address 5081 North Abbe Rd.		Purpose Supplies for Fundraiser (plates, centerpieces)	
City Sheffield Village	State OH	Zip Code 44035	Check Number Debit

Page Total \$ 395.01



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christner for Council			
To Whom Paid Dollar Tree		Date (MM/DD/YYYY) 07/23/2021	Amount 9.59
Street Address 5081 North Abbe Rd.		Purpose Fundraiser Supplies (centerpieces)	
City Sheffield Village	State OH	Zip Code 44035	Check Number Debit
To Whom Paid Marc's		Date (MM/DD/YYYY) 08/03/2021	Amount 40.45
Street Address 170 Sheffield Center		Purpose Fundraiser Supplies (beverages)	
City Sheffield	State OH	Zip Code 44055	Check Number Debit
To Whom Paid Wal-Mart		Date (MM/DD/YYYY) 08/04/2021	Amount 26.31
Street Address 35901 Chester Rd.		Purpose Fundraiser Supplies (tablecloths)	
City Avon	State OH	Zip Code 44011	Check Number Debit
To Whom Paid Gordon Food Service		Date (MM/DD/YYYY) 08/11/2021	Amount 191.92
Street Address 5349 Abbe Rd.		Purpose Fundraiser Supplies (food)	
City Elyria	State OH	Zip Code 44035	Check Number Debit
To Whom Paid Slutzker's Quick Print		Date (MM/DD/YYYY) 08/16/2021	Amount 270.51
Street Address 721 Broadway Ave.		Purpose Rack Cards	
City Lorain	State OH	Zip Code 44052	Check Number Debit

Page Total \$ 538.78



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christner for Council			
To Whom Paid Amherst (Aerie) Eagles		Date (MM/DD/YYYY) 07/25/2021	Amount 200.00
Street Address 1161 Milan Ave.		Purpose Fundraiser Hall Rental Fee	
City Amherst	State OH	Zip Code 44001	Check Number 1005
To Whom Paid Special Effects		Date (MM/DD/YYYY) 08/30/2021	Amount 146.00
Street Address 101 W. Herrick Ave		Purpose Yard Signs	
City Wellington	State OH	Zip Code 44090	Check Number Debit
To Whom Paid Special Effects		Date (MM/DD/YYYY) 09/09/2021	Amount 100.00
Street Address 101 W. Herrick Ave.		Purpose Yard Signs	
City Wellington	State OH	Zip Code 44090	Check Number Debit
To Whom Paid Drug Mart		Date (MM/DD/YYYY) 10/07/2021	Amount 11.60
Street Address 300 Leavitt Rd.		Purpose Postage Stamps	
City Amherst	State OH	Zip Code 44001	Check Number Debit
To Whom Paid SQP Print Center		Date (MM/DD/YYYY) 10/14/2021	Amount 5126.30
Street Address 721 Broadway Ave.		Purpose Campaign Mailers	
City Lorain	State OH	Zip Code 44052	Check Number 1007

Page Total \$ 5583.90



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Christner for Council			
To Whom Paid Lamar Advertising		Date (MM/DD/YYYY) 09/30/2021	Amount 675.00
Street Address PO Box 96030		Purpose Billboard	
City Baton Rouge	State LA	Zip Code 70896	Check Number 1006
To Whom Paid Chronicle Gazette		Date (MM/DD/YYYY) 10/08/2021	Amount 250.00
Street Address 225 East Ave.		Purpose Advertising	
City Elyria	State OH	Zip Code 44035	Check Number Debit
To Whom Paid Morning Journal		Date (MM/DD/YYYY) 10/01/2021	Amount 250.00
Street Address 2500 West Erie Ave.		Purpose Advertising	
City Lorain	State OH	Zip Code 44053	Check Number Debit
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 \$ 1175.00



Event Date 08/15/2021 Page 1

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

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

Full Name of Committee Christner for Council				
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			08/15/2021	2223.75
City	State	Zip Code	Form (Cash, Check, Etc)	
	OH	44052		
Full Name of Contributor Carrie Buckley			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1600 Pennsylvania Ave.			08/04/2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH	44052	Check	
Full Name of Contributor Donald Killinger			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
PO Box 639	Retired		07/28/2021	150.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH	44052	Check	
Full Name of Contributor Thomasina Patton			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
33479 Lake Rd.	Retired		08/05/2021	100.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Avon Lake	OH	44012	Check	
Full Name of Contributor Theodore Sharber			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
790 Forde Ave.			08/15/2021	48.00
City	State	Zip Code	Form (Cash, Check, Etc)	
Amherst	OH	44001	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
2990.00

Total Expenditures This Event
571.17

Page Total \$ 2571.75



Event Date 08/15/2021 Page 2

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

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

Full Name of Committee Christner for Council				
Full Name of Contributor Jessie Tower			Registration Number, if PAC	
Street Address 1412 East 29th St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/15/2021	Amount 50.00
City Lorain	State OH	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dennis Muzilla			Registration Number, if PAC	
Street Address 751 Shadow Creek Trail	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 08/15/2021	Amount 100.00
City Amherst	State OH	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Rachel Krok			Registration Number, if PAC	
Street Address 6228 Oak Point Estates	Employer/Occupation/Labor Organization* Cleveland Clinic		Date (MM/DD/YYYY) 08/15/2021	Amount 100.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jenae Pavlich			Registration Number, if PAC	
Street Address 3563 Perry Court	Employer/Occupation/Labor Organization* Howard Hanna		Date (MM/DD/YYYY) 08/15/2021	Amount 168.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State ▼	Zip Code	Form (Cash, Check, Etc)	

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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
2990.00

Total Expenditures This Event
571.17

Page Total \$ 418.00



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Christner for Council				
Full Name of Contributor Lynne Christner		Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 6218 Oak Tree Dr. N.		Description of Item or Service Supplies/Food for Fundraiser		Date (MM/DD/YYYY) Fair Market Value 08/15/2021 301.51
City Lorain	State OH	Zip Code 44053	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Justin Krok		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 6228 Oak Point Estates		Description of Item or Service Supplies/Food for Fundraiser		Date (MM/DD/YYYY) Fair Market Value 08/15/2021 50.90
City Lorain	State OH	Zip Code 44053	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Terry McCormack		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 6221 Oak Tree Dr. N.		Description of Item or Service Supplies for Fundraiser		Date (MM/DD/YYYY) Fair Market Value 08/15/2021 93.77
City Lorain	State OH	Zip Code 44053	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Nicole Christner		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 702 Cherry Valley Dr.		Description of Item or Service Drinks for Fundraiser		Date (MM/DD/YYYY) Fair Market Value 08/15/2021 50.96
City Amherst	State OH	Zip Code 44001	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Larry Cassidy		Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 1351 King Ave.		Description of Item or Service Political Signs		Date (MM/DD/YYYY) Fair Market Value 10/05/2021 146.25
City Lorain	State OH	Zip Code 44052	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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Page Total \$ 643.39