

OFFICE OF THE
Ohio Secretary of State

1030

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

LORAIN COUNTY
BOARD OF ELECTIONS

Committee Name Friends of Kyriec Brooks		Office Sought Lorain City Treasurer		District LDC
Street Address 243 Fairfax Rd		City Vermilion	State OH	Zip 44089
Candidate Name OR PAC Registration Number Kyriec Brooks		Treasurer Name Elizabeth McKinney		Election Date (MM/DD/YYYY) 11/2/2021
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				
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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	\$260.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	\$260.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$110.00
6. Balance on hand (line 4 minus line 5)	\$150.00
7. Value of in-kind contributions received (From Form 31-J-1)	\$262.76
8. Value of in-kind contributions made (From Form 31-J-2)	\$262.76
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	\$110.00

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

Elizabeth McKinney
 Signature of Treasurer or Deputy Treasurer

10/18/21
 Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Last Updated 09/2017



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kyriec Brooks				
Full Name of Contributor Peter G/CLARA Tower			Registration Number, if PAC	
Street Address 1005 E. 39th	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check - \$3887	
City Lorain	State Oh	Zip Code 44055	Date (MM/DD/YYYY) 6/6/21	Amount 100 ⁰⁰
Full Name of Contributor Garon F/Jeanne M Petty			Registration Number, if PAC	
Street Address 3728 Ivanhoe Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check #3880	
City Lorain	State Oh	Zip Code 44053	Date (MM/DD/YYYY) 5-24-21	Amount 100 ⁰⁰
Full Name of Contributor Sharon Washington			Registration Number, if PAC	
Street Address 2235 Washington	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Lorain	State Oh	Zip Code 44052	Date (MM/DD/YYYY) 6/27/21	Amount 10 ⁰⁰
Full Name of Contributor Mary Durrach			Registration Number, if PAC	
Street Address 2235 Washington	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Lorain	State Oh	Zip Code 44052	Date (MM/DD/YYYY) 6/27/21	Amount \$10 ⁰⁰
Full Name of Contributor Elizabeth McKinney			Registration Number, if PAC	
Street Address 243 Fairfax Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Vermilion	State Ohio	Zip Code 44089	Date (MM/DD/YYYY) 6/27/21	Amount \$10 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 _____



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Kyriecce Brooks					Registration Number, if PAC	
Full Name of Contributor Eva Johnson					Form (Cash, Check, etc.) Cash	
Street Address 891 Berg hoff st					Employer/Occupation/Labor Organization*	
City Akron, Ohio		State Oh	Zip Code 44311	Date (MM/DD/YYYY) 6/27/21	Amount \$10.00	
Full Name of Contributor Stephanie Matos					Registration Number, if PAC	
Street Address 1716 Meister Rd					Form (Cash, Check, etc.) Cash	
Employer/Occupation/Labor Organization*					Amount 10.00	
City Lorain		State Oh	Zip Code 44053	Date (MM/DD/YYYY) 6/27/21		
Full Name of Contributor Yolanda Terry					Registration Number, if PAC	
Street Address 2046 E. 29th					Form (Cash, Check, etc.) Cash	
Employer/Occupation/Labor Organization*					Amount 10.00	
City Lorain		State Oh	Zip Code 44055	Date (MM/DD/YYYY) 6/27/21		
Full Name of Contributor					Registration Number, if PAC	
Street Address					Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*					Amount	
City		State	Zip Code	Date (MM/DD/YYYY)		
Full Name of Contributor					Registration Number, if PAC	
Street Address					Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*					Amount	
City		State	Zip Code	Date (MM/DD/YYYY)		

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Page Total _____



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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Kyriecce Brooks			
To Whom Paid Elite Concepts Marketing Solutions		Date (MM/DD/YYYY) 6/27/21	Amount \$110.00
Street Address 1713 Washington Ave		Purpose Custom campaign tees Tee Shirts	
City Lorain	State OH	Zip Code 44052	Check Number Debit Card purchase
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 \$ _____

Forwarded message -----

From: **Elite Concepts Marketing Solutions** <invoicing@messaging.squareup.com>

Date: Sun, Jun 27, 2021 at 5:47 PM

Subject: You paid an invoice! (#000234)

To: <stoptheviolence03@gmail.com>

Elite Concepts Marketing Solutions

Invoice Paid

\$110.00

Paid on June 27, 2021

Invoice #000234

June 27, 2021

Customer

K Brooks

stoptheviolence03@gmail.com

Message

We appreciate your business.

Invoice summary

Custom Campaign Tees

\$110.00

(\$10.00 ea) x 11

Subtotal	\$110.00
Total Paid	\$110.00

Visa 6182

06/27/21,
5:47 PM

Send estimates or invoices for your business?

Process \$1,000 in sales free when you sign up for Square.

Get Started

Elite Concepts Marketing Solutions

dre752g@gmail.com

440-222-0335

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Kyriecce Brooks				
Full Name of Contributor Stephanie Matos		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1716 Meister Rd	Description of Item or Service Buttons, Pins, Stickers		Date (MM/DD/YYYY) 6-27-21	Fair Market Value 75.00
City Lorain	State Ohio	Zip Code 44053	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Kyriecce Brooks		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3250 Camden Ave	Description of Item or Service Car Sign		Date (MM/DD/YYYY) 6-27-21	Fair Market Value \$11.67
City Lorain	State Oh	Zip Code 44055	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Kyriecce Brooks		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3250 Camden Ave	Description of Item or Service Yard Signs		Date (MM/DD/YYYY) 9-18-21	Fair Market Value 176.09
City Lorain	State Oh	Zip Code 44055	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		Date (MM/DD/YYYY)	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		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

1030A

LORAIN COUNTY BOARD OF ELECTIONS

2021 OCT 19 PM 4:25

Committee Name Friends of Kyriecce Brooks		Office Sought Lorain City Treasure		District Loc
Street Address 243 Fairfax Rd		City Vermilion	State Oh	Zip 44089
Candidate Name OR PAC Registration Number Kyriecce Brooks		Treasurer Name Elizabeth McKinney		Election Date (MM/DD/YYYY) 11/2/2021

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
2021

Amended Report <input type="checkbox"/> No <input checked="" 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.
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Elizabeth McKinney
 Signature of Treasurer or Deputy Treasurer

10/19/21
 Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Last Updated 09/2017