

1030

## **Ohio Campaign Finance Report**

Form 30-A

LORAIN COUNTY BOARD OF ELECTIONS

	Treasure L  44089  Election Date (MM/DD/YYYY
State Zip	44089
oh	
	Election Date (MM/DD/YYYY
Mylinney	
	112 2021
/	den de
Pre-General Post-	-General
	Year
	202
t Form Report (R.C. 3517.10)	(H))
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nort term report. See attached	Instructions.
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\$ 150.00	
\$262.76	
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I C	1481/
Total Pages	Last Updated 09/
	# 260.00 # 150.00 # 260.00 # 150.00 # 100.00



# Statement of Contributions Received

Form 31.

Full Name of Committee					
Friends of Kun	111	Brooks			
Full Name of Contributor	Registration N	lumber, if PAC			
Peter G/CLARATOWE	T				1
treet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1005 E.39th					check=383
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
Lorain	Oh	44055	6/6	121	100 €
Full Name of Contributor	01	1 .		Registration N	lumber, if PAC
Garon -/ Jeanne M	ret	ty			
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
3728 Lyanhoe Dr					Check -3880
City	State	Zip Code	Date (MM/D		Amount
Lorain	on	44053	5-2	4-21	100-
Full Name of Contributor	1			Registration N	lumber, if PAC
Sharon Washing	ton				
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
2235 Washington					Cash
City / ACC 10	State	Zip Code	Date (MM/D	DAYYY	Amount 00
Lorain	On	44052	610	11/21	10 -
Full Name of Contributor	the state in the state of			Registration N	lumber, if PAC
Mary Durrah					
Street Address	Employer	/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
2235 Washing John					Cash
City	State	Zip Code	Date (MM/D	DYYYY)	Amount 10 GD
Lorain	On	44052	6	27/21	410
Full Name of Contributor				Registration N	lumber, if PAC
Elizabeth Myhinr	124				
Street Address	Employe	/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
243 Fair tax 16					Cash
City	State	Zip Code	Date (MM/D	pmm	Amount 1060
Vermilion	Chil	1 44089	0	27/21	410
*D	0400 -	atataudda aad -		malaly as a dis	datas If contribute - !-
*Required for contributions from individuals over self-employed, the occupation and the name of	f the indiv	ridual's business,	if any, rath	er than emp	loyer should be listed. If two or
more employees contribute via payroll deduction	on and ex	ceed the aggrega	ate of \$100	, the labor or	rganization of which the
employees are members, if any, must also app	ear. [R.C	. 3517.10(B)(4)]			
				[	Page Total



# Statement of Contributions Received

Form 31-A

ame of Committee	Kyrie	ce Dr	Registr	ation Number, if	PAC
me of Contributo				For	m (Cash, Check, etc.)
Eva Johnson	/ Employer/Oc	cupation/Labor Organ	ization*		Cash
Address Barahoff	87	- Ir	ate (MM/DD/YYY	Y) Ar	nount \$ 10 00
391 Deigin	State	ip Gode	10/27/	21	10
AKron , ANNON	011	1011	Regi	stration Number,	if PAC
Name or Contributor	natos		ization*		Form (Cash, Check, etc.)
OLE PRAILE D	Employer/0	Occupation/Labor Org	anizauori	1	(48h
at Address 716 Meister Re	State /	Zip Code	Date (MM/DD/Y	m,	Amount // OO
Lorain	Oh	44053	67	gistration Number	or if PAC
Name of Contributor	10001		Re	gistration Number	
Violanda 1	erry	r/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
reet Address	Employe	1/0000pation			Cash
2094 6121	State	Zip Code	Date (MM/DD/	17/21	Amount 10 ac
lorain	On	7900	4/0	Registration Num	ber, if PAC
ull Name of Contributor					
	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
Street Address			Date (MM/DI	NYYY)	Amount
City	State	Zip Code	Date (MM/DL	,,,,,,	
				Registration Nu	mber, if PAC
Full Name of Contributor					Form (Cash, Check, etc.)
Street Address	Empk	oyer/Occupation/Labo	r Organization*		Form (Cash, Chash,
Oli Coli Tilliano	laute	Zip Code	Date (MM/D	DAYYY)	Amount
City	State	Zip Gode			
				embly candid	ates. If contributor is
*Required for contributions from indiv self-employed, the occupation and the	iduals over \$10	)0 to statewide a individual's busin	ess, if any, rat	her than empl	oyer should be listed. If two
self-employed, the occupation	u deduction on	d exceed the ago	regate of wild	), the labor of	gu
more employees contribute via payro employees are members, if any, mus	st also appear.	[1			Page Total



# Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	R	1.0	
Friends of Kyriece	DRO	KS	
To Whom Paid  Elite Concepts Marketing  Street Address  1713 Wushington Ave	Solution	Date (MM/DD/YYYY) 5/13 6 37 21	Amount 60
Street Address	Purpose (1	Stom Camp	algh tees
1713 Washington Ave	Te	e Shirts	
City Lorain	OH W	H052	Check Number Jest T
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
	12		
City	State	Zip Code	Check Number
	ОН	la la	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он	257	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
Order Address	,		
City	State	Zip Code	Check Number
	ОН	1989	
		Page Total	al \$
		9- 10"	

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

	Was bigger and and a second				
Full Name of Committee		2			
Friends of Ky	riece !	Drooks			
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC				
Stephanie Mato					
Street Address	Description of Item or S			Date (MM/DD/YYYY)	
1716 Meister Rd	Buttons,	Pins, St	ickers	6-27-21	75,00
City	State	ZID Code	Received at Fundraisi	ng Event?	
Lorain	Ohio	44053	☐ Yes 📈 No		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	f PAC
Kilriece Brooks					
Street Address	Description of Item or S	-		Date (MM/DD/YYYY)	Fair Market Value
3250 Camden Ave	Car	Zip Code		6-27-21	711.67
City	State	Zip Code	Received at Fundraisi	ng Event?	
Lorain	Oh	44055	☐ Yes 💢 No		
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC
Kyriece Brood	45				
Street Address	Description of Item or S			Date (MM/DD/YYYY)	_
3250 Campentre	yard?	Signs		9-18-21	176.09
City	State	Zip Code	Received at Fundraisi	ng Event?	102
Lorain	Oh 1	44055	☐ Yes No		
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraisi	ng Event?	
	-		Yes No		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraisi	ng Event?	L
	-		☐ Yes ☐ No		
		1			

<sup>\*</sup> 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)]



1030A

## **Ohio Campaign Finance Report**

Form 30-A

BOARD OF FLOOR	ORC 3517.10
Committee Name	Office Sought District
Friends of Kyriece Bra	BEKS LORAIA CITY Treasure Loc
Street Address City	State Zip
243 Fair Paxed Vern	nition Oh 44089
Candidate Name OR PAC Registration Number Treasurer Name	e Election Date (MM/DD/YYYY)
Kyriece Brooks Elizal	beth McKinney 11/2/2021
Type of Report (choose one):	
Annual Semiannual Pre-Primary Post-Pr	rimary Pre-General Post-General
Statewide Candidates Only:	Year
☐ July Monthly ☐ August Monthly ☐ September Month	1thly 202 (
Amended Report Termination	Short Form Report (R.C. 3517.10(H))
☐ No ☐ Yes ☐ Check this box if the committee wishes to terminate with this report	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)	Ø
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)	91150,00
7. Value of in-kind contributions received (From Form 31-	J-1) \$262,76 Beth
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-0	
10. Outstanding debts owed by committee (From Form 31	9
11. Outstanding loans owed to committee (From Form 31-	
12. Value of independent expenditures made (From Form	(31-0)
THIS STATEMENT IS MADE UNDER PENALTY OF ELECT WHOEVER COMMITS ELECTION FALSIFICATION IS GUIL	
Signature of Treasurer Openuty Treasurer	10 19 21 Date (MM/DD/YYYY)
Contribution Pages Expenditure Pages Other	r Pages Total Pages
	Last Updated 09/2017