

1062

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

LORAIN COUNTY BOARD OF ELECTIONS

All the second s	DOF	1110				
Committee Name		1 007 01	D 3: 05	Office Sought		District
Friends	of Mitchell	OCT 21	1.8	Lorain (horan
Street Address		City		State Z	p	
1529 Wes	st 30th St.	hora	210	40	44052	
Candidate Name OR PAC	Registration Number	Treasurer Name			Election Date (MM	/DD/YYYY)
Mitchell	J Fallis	Y: Yia	Fallis		Moala	021
Type of Report (cho	ose one):					
Annual Se	miannual Pre-Primary	Post-Pr	imary 🔀 Pre	-General Po	st-General	
Statewide Candidates	s Only:				[Year
July Monthly	August Monthly Sep	tember Mont	hly			2021
Amended Report	Termination		Short Form R	eport (R.C. 3517.1	0(H))	
No ☐ Yes	Check this box if the comwishes to terminate with			box if the committ report. See attach		
1. Amount brough	ht forward from last report			364.94		
2. Total monetary	contributions (From Forms 3	31-A and 31-	E)			
3. Total other inco	ome (From Form 31-A-2)			500 + 10		
4. Total funds ava	ailable (sum of lines 1, 2, 3)	gration in	street erved	865.04	general of	
5. Total monetary	expenditures (From Forms 3	11-B and 31-l	F)	105.55		
6. Balance on har	nd (line 4 minus line 5)			759,49		
7. Value of in-kind	d contributions received (Fro	m Form 31-	J-1)	3,502,58		
8. Value of in-kine	d contributions made (From I	Form 31-J-2)			e de la company	
9. Outstanding lo	ans owed by committee (Fro	m Form 31-0	c)	28,937.72		
10. Outstanding of	debts owed by committee (Fr	rom Form 31	-N)			
11. Outstanding I	oans owed to committee (Fro	om Form 31-	K)			
12. Value of indep	pendent expenditures made	(From Form	31-U)			
THIS STATEMEN' WHOEVER COMM	T IS MADE UNDER PENALTY	OF ELECT	ION FALSIFICA	TION. NY OF THE FIFTH	DEGREE.	
mitchel	Salles				Rolanzi	
Signature of Treasurer of Contribution Pages	Expenditure Pages	Other	Pages	Total Pages	DD/YYYY)	





Statement of Other Income

Form 31-A-2

R.C. 3517.10(B

F P	11 T C 11.		
Friends of Mitche	ell J. Falli.	S	
		Registration Nu	mber, if PAC
Hormet Communit Street Address 2051 Cooper Foster City	- FCO		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
205. (Refund T	00/01/000	Casla
Sity Soper Foster	State State	03/3//2021 Zip Code	Amount
	ОН	State Show Law Pres	
Full Name of Contributor		44001	.03
		Registration Nu	mber, if PAC
Lormet Communi	ty FCO		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
2051 Cooper Fost	er Pack Refund ± v+	06/30/202	Cash
City Cooper Fos	State	06 30 20a Zip Code	Amount
0	ОН	111100	.03
Pmberst Full Name of Contributor		Registration Nu	
		Registration Nu	Imber, if PAC
Lormet Communit.	FCO		
Lornet Communitative Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
2051 Cancer Enter	-Part Refund ± Ut	Ralanlana	Cash
2051 Cooper Footer	State	891301208 Zip Code	Amount
	ОН	1.11.0	-04
Full Name of Contributor		Registration Nu	
		Registration No	imber, if PAC
From Form 31- (Street Address	2		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	ОН		50000
		4-4	500.00
Full Name of Contributor		Registration Nu	imber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
Oily .		1 60	1

Page Total \$	500.10
raye Total \$	000

^{*} 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.





Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Friends of Mitchell J. Fal	211		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lormet Community FCU		01/31/2021	8.95
Street Address	Purpose		
2051 Cooper Foster Park	Bank	K SETTICE (charge
City		Zip Code	Check Number
Amherst	OH	44001	N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lormet Community FCU		02/28/2021	8,95
Street Address	Purpose	,	
2051 Cooper Foster Park	Ban	Le Service	Charge
City	State	Zip Code	Check Number
Amherst	ОН	44001	NIA
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lormet Community FCU		03/3/12021	8.95
Street Address	Purpose	I.	
205, Cooper Foster Park	Bank	c Service	Charae
City	State	Zip Code	Check Number
Amherst	ОН	44001	MA
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lornet Community Fou		64/30/202	8.95
Street Address	Purpose		
2051 Cooper Foster Park		k Service	
City		Zip Code	Check Number
Amherst	ОН	44001	MIA
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lornet Community Fo	U	05/31/3021	8.95
Street Address	Control of the Contro		
2051 COOPER Foster Park	Bar	LE Service	2 Charge
City		255	Check Number
Amheret	ОН	44001	MIA
Market Street Control of the Control			

Page Total \$ 44.75



Statement of Expenditure:

Form 31-

Militia.				5.0
Full Name of Committee				R.C. 35
Friends of Mila 11 = =				
Friends of Mitchell J. F	21115			
Q7			Date (MM/DD/YYYY)	Amount
Lornet Community FCU			06/30/20	8.95
	Durnasa			0,73
2051 Cooper Foster Parl	c B	Vae	Sarvina	Chara
O	State	Zip	Code	Check Number
1 1 1 1 2 1 20 1	ОН		14001	1
Whom Paid			Date (MM/DD/YYYY)	Amount A
Formet Community FCO				1
reet Address	Purpose			8.95
2051 (5000 501 0)	0			
2051 Cooper Foster Pan	State	Zip C	Service	Charge
Properst	ОН	2.00	7008	Check Number
Whom Paid	011		44001	NA
			Date (MM/DD/YYYY)	Amount
eet Address				
	Purpose			
	State	Zip C	ode	Check Number
	ОН			
Whom Paid		I	Pate (MM/DD/YYYY)	Amount
			(Amount
et Address	Purpose			
	State	Zip Co	4.	
	OH	Zip Co	de	Check Number
Whom Paid	1011			
		D	ate (MM/DD/YYYY)	Amount
et Address				
rr mai vaa	Purpose			
	State	Zip Cod	de	Check Number
	ОН			
		_		
			Page Total	\$ 905
			Page Lotal	y 3 CI E





			R.C. 38
Full Name of Committee			
Friends of Mitchell J. F.	\\		
o Whom Paid	21115	Date (MM/DD/YYYY	
1 1		130 200 (614 200 000)	· o.
Lormet Community Fcu	T	07/31/2	202, 8.95
	Purpose		
2051 Cooper Fuster Park	Bar	L Service	Charge
,	State	Zip Code	Check Number
Amherst	ОН	44001	N/A
Whom Paid		Date (MM/DD/YYYY)	Amount
HOrmet Community FCU		68/3/120	8,95
	Purpose		
2051 Cooper Foster Park	Ba	V Carrie	- ()
Coper osser rare	State	Zip Code	Check Number
Amberst	ОН		
Whom Paid		U 400 (Date (MM/DD/YYYY)	
1 1 0 1 =-			
Lormet Community FCU		08/01/2	1000
eet Address	D	OBIOITA	0001 1000
eet Address	Purpose	9810112	081 /000
eet Address			
2051 Capper Coster Park	State	Zip Code	Check Number
2051 Cooper Foster Park Amhorst		Zip Code 4400)	Check Number
2051 Cooper Foster Park Amhorst	State		Check Number
Amhorst Whom Paid Hormet Community ECO	State	Zip Code 4400) Date (MM/DD/YYYY)	Check Number
Amhorst Whom Paid Hormet Community ECO	State	Zip Code 4400)	Check Number
Panhorst Whom Paid Lormet Community FCD Set Address 2051 Congres Foster Park	State OH	Zip Code 4400) Date (MM/DD/YYYY)	Check Number Amount 15.00
Panhorst Whom Paid Lormet Community FCD Set Address 2051 Congres Foster Park	State OH	Zip Code 4400) Date (MM/DD/YYYY)	Check Number Amount 15.00
Amhorst Mormet Community FCO et Address 2051 Cooper Foster Park	State OH	Zip Code 4400) Date (MM/DD/YYYY) 09101120 Zip Code	Check Number N/D Amount 15.00
Anhorst Whom Paid Lornet Community FCD Park 2051 Capper Foster Park Parkerst	State OH Purpose State	Zip Code 4400) Date (MM/DD/YYYY) O9101120 Zip Code 44001	Check Number Amount 15.00 Check Number
Amhorst Whom Paid Lormet Community FCO Pet Address 2051 Cooper Foster Park Pemborst Amhorst	State OH Purpose State	Zip Code 4400) Date (MM/DD/YYYY) Zip Code 44001 Date (MM/DD/YYYY)	Check Number Amount 15.00 Check Number Check Number
Anhorst Whom Paid Lormet Community FCO Per Address 2051 Cooper Foster Park Amhorst Whom Paid Lormet Community FCO Per Address Anhorst Amhorst Hormet Community FCO	State OH Purpose State OH	Zip Code 4400) Date (MM/DD/YYYY) O9101120 Zip Code 44001	Check Number Amount 15.00 Check Number Check Number
Amhorst Whom Paid Lormet Community FCO Park Panhorst Anhorst Anhorst	State OH Purpose State OH	Zip Code 4400) Date (MM/DD/YYYY) Zip Code 4400 Date (MM/DD/YYYY) GG[30]	Check Number Amount 15.00 Check Number Amount Amount 8.95
Panhorst Whom Paid Lormet Community From Panhorst Panhorst	State OH Purpose State OH	Zip Code 4400) Date (MM/DD/YYYY) ORIO1120 Zip Code H4001 Date (MM/DD/YYYY) ORIO13013	Check Number Amount 15.00 Check Number Amount Amount 8.95
Whom Paid Anhorst Whom Paid	State OH Purpose State OH	Zip Code 4400) Date (MM/DD/YYYY) Zip Code 4400 Date (MM/DD/YYYY) GG[30]	Check Number Amount 15.00 Check Number Amount Amount 8.95

Page Total \$







Statement of Loans Received

Form 31-

0 0 2517 10

Charles I.S.								R.G. 3517.10
Full Name of Committee								
Friends 0	FN	1:4211	J Falli	9				
From Whom Received	1	11.061	0,	-		Prior Amount	Amt. In	curred this Period
M: Lab = 11 -	7 [1110				28,437,72		
Mitchell -	<u></u> , , ,	allis		1/11//			Outsta	nding Balance
1529 Wes	13	0 m S	treed					
City	State	Zip Code 44052	Loans Recei	ved TI	his Period	Payment	s This	Period
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD	YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
ANALIS LINES			oalaala	28.1	500.00			
Registration Number, if PAC			Date of Loan (MM/DD		Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DD	YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
From Whom Received						Prior Amount	Amt, In	curred this Period
Street Address							Outsta	nding Balance
City	State	Zip Code	Loans Recei	ved T	his Period	Payment	s This	Period
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD	/YYYY)	Amount	Date of Payment (MM/D	(۲۲۲۲סמ	Amount
Registration Number, if PAC			Date of Loan (MM/DD	/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY)	Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DD	/YYYY)	Amount	Date of Payment (MM/I	DD/YYYY)	Amount
						L		L
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgive (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	if any, rath nization of n" in the "C	ner than employer which the employer Outstanding Baland	should be listed. If two of ees are members, if any ce" space. Transfer tota	or more , must a of all lo	employees contr ilso appear. [R.C ans received this	ibute via payroll deduction 3517.10(B)(4)] s period to the Statemen	on and e	r Income
Total Prior Amount \$		28,427	72					
Total Received This Period	\$	500	.00.	also rec	ord on Form 31-	A-2)		
Total Payments Received t	his Perio	od \$	(also reco	ord on Form 31-E	3)		
Total Outstanding Balance	\$	28,93	7.72 (also rec	ord on Form 30-A	4)		



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				Ξ	Ξ	Ξ	Ξ	_

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

and the second s					R.G. 3517.10
Full Name of Committee					
Friends of Mitche	11 J. Fall	15			
Full Name of Contributor		Employer Occupation	n, Labor Organization*	Registration Number,	if PAC
Mitchell J. Fallis Street Address					
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
1529 W 30T- St.	Postca	rd Mail	Received at Fundraisi	calallaca	1742.35
City				ng Event?	
horain	0# -	44052	Yes No		
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Mitchell J. Fall	<				
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
1529 West 307- St	U.S.PS State	Postago	2	09/29/2021	1,568,53
City			Contraction for the state of the property of the state of	ing Event?	
Lorain	04	44052	Yes No		
Full Name of Contributor			n, Labor Organization*	Registration Number,	if PAC
Mitchell J. Fallis					
Street Address	Description of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value
1529 West 301-SI	Friend	to Friend	Postcard	09/28/202	191.70
City				ing Event?	
Lorain	04	44052	☐ Yes ဩ No		
Full Name of Contributor		Employer, Occupation	n, 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 Fundraisi	ing Event?	
	-		Yes No		
Full Name of Contributor		Employer, Occupation	on, 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 Fundrais	ing Event?	
1	-		Yes No		
* Required for contributions from individuals over	\$100 to statewide and g	general assembly cano	didates. If contributor is	self-employed, the occu	upation and name
of the individual's business, if any, rather than em \$100, the labor organization of which the employe	ployer should be listed. I ses are members, if any,	must also appear. [R.	es contribute via payro C. 3517.10(B)(4)]	oil deduction and exceed	a the aggregate of
				3,502.5	58