



Ohio Campaign Finance Report

Form 30-A


ORC 3517.10

LORAIN COUNTY
BOARD OF ELECTIONS

Committee Name Friends of Mitchell J Fallis		Office Sought Lorain Council - at-large		District Lorain
Street Address 1529 West 30th St.		City Lorain	State OH	Zip 44052
Candidate Name OR PAC Registration Number Mitchell J Fallis		Treasurer Name Vivian Fallis		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	364.94
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	500.10
4. Total funds available (sum of lines 1, 2, 3)	865.04
5. Total monetary expenditures (From Forms 31-B and 31-F)	105.55
6. Balance on hand (line 4 minus line 5)	759.49
7. Value of in-kind contributions received (From Form 31-J-1)	3,502.58
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	28,937.72
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.


 Signature of Treasurer or Deputy Treasurer

10/20/2021
 Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Page _____

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Mitchell J. Fallis			
Full Name of Contributor Lormet Community FCU		Registration Number, if PAC	
Street Address 2051 Cooper Foster Park	Type* Refund Int	Date (MM/DD/YYYY) 03/31/2021	Form (Cash, Check, etc.) Cash
City Amherst	State OH	Zip Code 44001	Amount .03
Full Name of Contributor Lormet Community FCU		Registration Number, if PAC	
Street Address 2051 Cooper Foster Park	Type* Refund Int	Date (MM/DD/YYYY) 06/30/2021	Form (Cash, Check, etc.) Cash
City Amherst	State OH	Zip Code 44001	Amount .03
Full Name of Contributor Lormet Community FCU		Registration Number, if PAC	
Street Address 2051 Cooper Foster Park	Type* Refund Int	Date (MM/DD/YYYY) 09/30/2021	Form (Cash, Check, etc.) Cash
City Amherst	State OH	Zip Code 44001	Amount .04
Full Name of Contributor From Form 31-C		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount 500.00
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

* 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 \$ 500.10



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Mitchell J. Fallis				
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 01/31/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 02/28/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 03/31/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 04/30/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 05/31/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	

Page Total \$ 44.75



Statement of Expenditure

Form 31-

R.C. 3517.1

Full Name of Committee			
Friends of Mitchell J. Fallis			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lorimet Community FCU		06/30/2021	8.95
Street Address		Purpose	
2051 Cooper Foster Park		Bank Service Charge	
City	State	Zip Code	Check Number
Amherst	OH	44001	N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lorimet Community FCU			8.95
Street Address		Purpose	
2051 Cooper Foster Park		Bank Service Charge	
City	State	Zip Code	Check Number
Amherst	OH	44001	N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 8.95



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Mitchell J. Fallis				
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 07/31/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 08/31/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Bank Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 08/01/2021	Amount 10.00	
Street Address 2051 Cooper Foster Park		Purpose Dormant Account Fee		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 09/01/2021	Amount 15.00	
Street Address 2051 Cooper Foster Park		Purpose Dormant Account Fee		
City Amherst	State OH	Zip Code 44001	Check Number N/A	
To Whom Paid Lorimet Community FCU		Date (MM/DD/YYYY) 09/30/2021	Amount 8.95	
Street Address 2051 Cooper Foster Park		Purpose Service Charge		
City Amherst	State OH	Zip Code 44001	Check Number N/A	

Page Total \$ 51.85



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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Mitchell J. Fallis							
From Whom Received Mitchell J. Fallis					Prior Amount 28,437.72	Amt. Incurred this Period	
Street Address 1529 West 30th Street						Outstanding Balance	
City Lorain	State OH	Zip Code 44052	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
			09/29/2021	500.00			
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	Loans Received This Period		Payments This Period		
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 \$ 28,437.72Total Received This Period \$ 500.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 28,937.72 (also record on Form 30-A)



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In-Kind Contributions Received

Form 31-J-1

R.C. 3517.10

Full Name of Committee Friends of Mitchell J. Fallis				
Full Name of Contributor Mitchell J. Fallis		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1529 W 30th St.	Description of Item or Service Postcard Mailer chosen		Date (MM/DD/YYYY) 09/11/2021	Fair Market Value 1742.35
City Lorain	State OH	Zip Code 44052	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Mitchell J. Fallis		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1529 West 30th St	Description of Item or Service U.S. PS Postage		Date (MM/DD/YYYY) 09/29/2021	Fair Market Value 1,568.53
City Lorain	State OH	Zip Code 44052	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Mitchell J. Fallis		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1529 West 30th St	Description of Item or Service Friend to Friend Postcard		Date (MM/DD/YYYY) 09/28/2021	Fair Market Value 191.70
City Lorain	State OH	Zip Code 44052	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	

* 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)]

3,502.58