



## Ohio Campaign Finance Report

Form 30-A  
ORC 3517.10

Committee Name FRIENDS OF TERRI SOTO		Office Sought TREASURER		District
Street Address 1026 LAKEVIEW DR.		City LORAIN	State OH	Zip 44052
Candidate Name OR PAC Registration Number TERRI SOTO		Treasurer Name LISETTE GRACIA		Election Date (MM/DD/YYYY) 11/02/2021
<b>Type of Report</b> (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				
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	\$3,057.78
2. Total monetary contributions (From Forms 31-A and 31-E)	\$8,590.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	11,647.78
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$4,673.22
6. Balance on hand (line 4 minus line 5)	6,974.56
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	\$1,630.00
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.

*Lisette Gracia*  
Signature of Treasurer or Deputy Treasurer

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

Contribution Pages  
15

Expenditure Pages  
7

Other Pages  
8

Total Pages  
30

Last Updated 09/2017



## Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF TERRI SOTO				
Full Name of Contributor LORAIN DEMMOCRAT WOMENS CLUB			Registration Number, if PAC	
Street Address P.O. BOX		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LORAIN	State OH	Zip Code 44053	Date (MM/DD/YYYY) 08/09/2021	Amount 750.00
Full Name of Contributor LORAIN PROFESSIONAL FIRE FIGHTERS LOCAL 267			Registration Number, if PAC	
Street Address 1350 BROADWAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LORAIN	State OH	Zip Code 44052	Date (MM/DD/YYYY) 10/5/2021	Amount 200.00
Full Name of Contributor JONATHON D. STEPHANCHICK			Registration Number, if PAC	
Street Address 2935 LEXINGTON AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LORAIN	State OH	Zip Code 44055	Date (MM/DD/YYYY) 10/05/2021	Amount 50.00
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount 7,590.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (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)]

Page Total \$8,590.00



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO			
<b>To Whom Paid</b> LORAIN HISTORICAL SOCIETY		<b>Date (MM/DD/YYYY)</b> 6/23/2021	<b>Amount</b> 100.00
<b>Street Address</b> 329 W 10TH STREET		<b>Purpose</b> GOLF SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1808
<b>To Whom Paid</b> SUPER PRINTER		<b>Date (MM/DD/YYYY)</b> 6/25/2021	<b>Amount</b> 202.35
<b>Street Address</b> 1925 NORTH RIDGE RD E		<b>Purpose</b> FOOTBALL SCHEDULER	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1809
<b>To Whom Paid</b> LORAIN PALACE YOUTH THEATER		<b>Date (MM/DD/YYYY)</b> 06/29/2021	<b>Amount</b> 55.00
<b>Street Address</b> 617 BROADWAY		<b>Purpose</b> PROGRAM SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1810
<b>To Whom Paid</b> FRIENDS OF CORY SHAWVER		<b>Date (MM/DD/YYYY)</b> 6/29/2021	<b>Amount</b> 50.00
<b>Street Address</b> 2117 W. 11TH STREET		<b>Purpose</b> FUNDRAISER TICKETS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1811
<b>To Whom Paid</b> FRIENDS OF JOEL ARREDONDO		<b>Date (MM/DD/YYYY)</b> 7/14/2021	<b>Amount</b> 50.00
<b>Street Address</b> 1274 MICHIGAN AVE		<b>Purpose</b> FUNDRAISER TICKETS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 14812

Page Total \$ 457.35



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO			
<b>To Whom Paid</b> SHOREWAY SPORTS & GRAPHICS		<b>Date (MM/DD/YYYY)</b> 08/06/2021	<b>Amount</b> 414.19
<b>Street Address</b> 4325 OBERLIN AVE.		<b>Purpose</b> CAMPAIGN SHIRTS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1814
<b>To Whom Paid</b> TROOPER K VELEZ MEMORIAL FUND		<b>Date (MM/DD/YYYY)</b> 8/07/2021	<b>Amount</b> 125.00
<b>Street Address</b> 4330 KINGSBURY CT		<b>Purpose</b> HOLE SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1815
<b>To Whom Paid</b> FRIENDS AND SUPPORTERS OF MARY SPRINGOWSKI		<b>Date (MM/DD/YYYY)</b> 8/15/2021	<b>Amount</b> 50.00
<b>Street Address</b> 2122 E SKYLINE DRIVE		<b>Purpose</b> 2 TICKETS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1818
<b>To Whom Paid</b> COMMITTEE TO ELECT MARTIN HEBERLING		<b>Date (MM/DD/YYYY)</b> 9/13/2021	<b>Amount</b> 50.00
<b>Street Address</b> 400 SHADYLAWN DRIVE		<b>Purpose</b> 2 TICKETS	
<b>City</b> AMHERST	<b>State</b> OH	<b>Zip Code</b> 44001	<b>Check Number</b> 1647
<b>To Whom Paid</b> FRIENDS OF SNODGRASS COMMITTEE		<b>Date (MM/DD/YYYY)</b> 9/13/2021	<b>Amount</b> 60.00
<b>Street Address</b> 6323 OAK POINT ESTATES		<b>Purpose</b> 2 TICKETS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1648

Page Total \$ 699.19



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO			
<b>To Whom Paid</b> SACRED HEART CHAPEL		<b>Date (MM/DD/YYYY)</b> 9/13/2021	<b>Amount</b> 100.00
<b>Street Address</b> 4301 PEARL AVENUE		<b>Purpose</b> RACE SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1649
<b>To Whom Paid</b> NCNW LORAIN COUNTY SECTION		<b>Date (MM/DD/YYYY)</b> 9/10/2021	<b>Amount</b> 50.00
<b>Street Address</b> P.O. BOX 98		<b>Purpose</b> 2 TICKETS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1646
<b>To Whom Paid</b> EL CENTRO SERVICIOS SOCIALES		<b>Date (MM/DD/YYYY)</b> 9/27/2021	<b>Amount</b> 50.00
<b>Street Address</b> 2800 PEARL AVE		<b>Purpose</b> SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1653
<b>To Whom Paid</b> ST ANTHONY OF PADUA SCHOOL		<b>Date (MM/DD/YYYY)</b> 10/02/2021	<b>Amount</b> 50.00
<b>Street Address</b> 1339 E. ERIE AVE		<b>Purpose</b> SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1654
<b>To Whom Paid</b> SUPER PRINTER		<b>Date (MM/DD/YYYY)</b> 10/04/2021	<b>Amount</b> 133.13
<b>Street Address</b> 1925 NORTH RIDGE RD E		<b>Purpose</b> MAILERS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1656

Page Total \$ 383.13



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO			
<b>To Whom Paid</b> SUPER PRINTER		<b>Date (MM/DD/YYYY)</b> 10/04/2021	<b>Amount</b> 621.96
<b>Street Address</b> 1925 NORTH RIDGE RD		<b>Purpose</b> CAMPAIGN SIGNS	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1657
<b>To Whom Paid</b> IAV POST 1		<b>Date (MM/DD/YYYY)</b> 10/04/2021	<b>Amount</b> 100.00
<b>Street Address</b> 4567 OBERLIN AVE		<b>Purpose</b> SPONSORSHIP	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Check Number</b> 1658
<b>To Whom Paid</b> FRIENDS OF SOUTH LORAIN		<b>Date (MM/DD/YYYY)</b> 7/14/2021	<b>Amount</b> 250.00
<b>Street Address</b>		<b>Purpose</b> SPONSORSHIP CONCERT	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1813
<b>To Whom Paid</b> USPS		<b>Date (MM/DD/YYYY)</b> 10/04/2021	<b>Amount</b> 58.00
<b>Street Address</b>		<b>Purpose</b> STAMPS	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b> 1655
<b>To Whom Paid</b> WNZN- FM 89.1		<b>Date (MM/DD/YYYY)</b> 10/06/2021	<b>Amount</b> 500.00
<b>Street Address</b> 1505 KANSAS AVE		<b>Purpose</b> RADIO ADVERTISEMENT	
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1659

Page Total \$ 1,529.96



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO			
To Whom Paid TOTAL EXPENDITURES FROM 31-F		Date (MM/DD/YYYY)	Amount \$1,603.59
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1,603.59

**JON HUSTED**  
Ohio Secretary of State



Page 1

## Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO					
From Whom Received RICK SOTO				Prior Amount	Amt. Incurred this Period
Street Address 1026 LAKEVIEW					Outstanding Balance 1630.00
City LORAIN	State OH	Zip Code 44052	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
			01/13/16	\$50.00	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
			02/19/16	500.00	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
			03/11/16	1080.00	
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	OH				
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 \$ 1,630.00

Total Received This Period \$ -0- (also record on Form 31-A-2)

Total Payments Received this Period \$ -0- (also record on Form 31-B)

Total Outstanding Balance \$ 1,630.00 (also record on Form 30-A)



Event Date 9/15/2021 Page 1

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> DIANILDA DISMUKE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4000 CLINTON AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44055	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> SHARON SWEDA			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 67 BEECH CLIFF DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/14/2021	<b>Amount</b> 50.00
<b>City</b> AMHERST	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> JAMES M. MALICK			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 572 FIELDSTONE DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> AMHERST	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> ELIZABETH J. TEPPER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2223 N JEFFERSON	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/07/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> MARK A. BETLESKI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5114 MILLS CREEK LN	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> N RIDGEVILLE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44039	<b>Form (Cash, Check, Etc)</b> 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  
\$ 7,590.00

Total Expenditures This Event  
\$ 1,603.59

Page Total \$ 250.00



Event Date 9/15/2021 Page 2

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> BRUCE E. HOUSEMAN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1338 W 2ND ST	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> ANN M. STAMBOL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2010 NANTUCKET DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> FRIENDS OF SNODGRASS COMMITTEE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6323 OAK POINT ESTATES	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> KENNETH L. CROMER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1026 KING AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> ELISA CALEZ			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4311 RIVERSIDE DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	

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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

\$7,590.00

Total Expenditures This Event

\$1,603.59

Page Total \$250.00



Event Date 9/15/2021 Page 3

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

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

Full Name of Committee FRIENDS OF TERRI SOTO				
Full Name of Contributor LISETTE GRACIA			Registration Number, if PAC	
Street Address 3661 PERRY COURT	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor MARIA T YUZON			Registration Number, if PAC	
Street Address 6064 KYRA LANE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor FRIENDS AND SUPPORTERS OF MARY SPRINGOWSKI			Registration Number, if PAC	
Street Address 2122 E SKYLINE DR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor LINDA A. WEBBER			Registration Number, if PAC	
Street Address 947 KING AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor FRIENDS OF KAREN SHAWVER			Registration Number, if PAC	
Street Address 5812 PLYMOUTH DRIVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	

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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  
\$7,590.00

Total Expenditures This Event  
1,603.59

Page Total \$250.00



Event Date 9/15/2021 Page 4

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> JOSE CANDELARIO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 297 W MARINA PKWY	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> JASON STOYKA			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3902 WINGER DRIVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> DEBORAH A. HASEL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3724 TEMPLE AVENUE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 75.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> LEWIS TED KALO, III			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6149 ANTLER XING	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> JOAN VILLARREAL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 200 HEMLOCK DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 100.00
<b>City</b> ELYRIA	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44035	<b>Form (Cash, Check, Etc)</b> 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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$ 375.00



Event Date 9/15/2021 Page 5

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

Form 31-E

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> MARY SANTIAGO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6284 OAK BRANCH CIRCLE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> COMMITTEE TO ELECT MARTIN HEBERLING, III			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 400 SHADYLAWN DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 100.00
<b>City</b> AMHERST	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> MARK MIHOK			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3552 STERLING RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/08/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> EFRAIN SOTO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7586 W RIDGE RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 100.00
<b>City</b> ELYRIA	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44035	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> FRIENDS OF JOEL ARREDONDO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1274 MICHIGAN AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/26/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	

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Fill in the boxes below only on the last page of 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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$ 500.00



Event Date 9/15/2021 Page 6

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> ROBERT F. EARLEY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 496 E; DRODGE RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/24/2021	<b>Amount</b> 200.00
<b>City</b> AURORA	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44202	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> FAMILIES FOR LUNDY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 135 GLENVIEW DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/29/2021	<b>Amount</b> 100.00
<b>City</b> AVON LAKE	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44012	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> MARILYN F. LOPEZ			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2710 MARSHALL AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/28/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> BETH J. HENLEY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2923 CLEVELAND BLVD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/23/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> FRIENDS OF JOE MILLER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> P.O. BOX 601	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/26/2021	<b>Amount</b> 50.00
<b>City</b> AMHERST	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b>	

\* 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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$450.00



Event Date 9/15/2021 Page 7

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

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

Full Name of Committee FRIENDS OF TERRI SOTO				
Full Name of Contributor TERRI M. FREDERICK			Registration Number, if PAC	
Street Address 31572 WINNERS CIR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/30/2021	Amount 50.00
City AVON LAKE	State OH <input type="checkbox"/>	Zip Code 44012	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor WILFREDO LOZANO, SR			Registration Number, if PAC	
Street Address 1340 WEST 10TH STREET	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor FRIENDS OF SHERIFF STAMMITTI			Registration Number, if PAC	
Street Address 4884 PHEASANT DR.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/24/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor RONALD L. MANTINI			Registration Number, if PAC	
Street Address 5400 VICTORIA DR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/25/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor BAMBI DILLON			Registration Number, if PAC	
Street Address 228 DELAWARE AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/22/2021	Amount 75.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) CHECK	

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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  
\$1,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$275.00



Event Date 9/15/2021 Page 8

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

Form 31-E

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> ANTHONY B. GIARDINI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 260 ARIZONA AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/23/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> JANET GARCIA			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 705 PARKVIEW	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/24/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> PAUL R. ADAMS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3780 PARKSIDE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/29/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> JOANNE MOON			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3543 TOLEDO AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 8/23/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> NICHOLAS ELDER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5515 LONGBROOK RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/09/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CASH	

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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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$ 300.00



Event Date 9/15/2021 Page 10

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

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

Full Name of Committee FRIENDS OF TERRI SOTO				
Full Name of Contributor ELADIO ANDUJAR			Registration Number, if PAC	
Street Address 1948 E 34TH STREET	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44055	Form (Cash, Check, Etc) CASH	
Full Name of Contributor JASON ORELLANO			Registration Number, if PAC	
Street Address 6921 BLACK WALNUT TRACE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CASH	
Full Name of Contributor MALLORY SANTIAGO			Registration Number, if PAC	
Street Address 3418 MAGNOLIA DR	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) CASH	
Full Name of Contributor PAM CARTER			Registration Number, if PAC	
Street Address 1910 POLE AVE	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 9/15/2021	Amount 50.00
City LORAIN	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) CASH	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State OH <input type="checkbox"/>	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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$200.00



Event Date 9/15/2021 Page 9

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> ALBERT CALO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4387 JENEE DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> MARGARET VOGEL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 38459 MISTY MEADOW TRL	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> NORTH RIDGEVILLE	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44039	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> ROLANDO SOTO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4210 HICKORY AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 40.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> DARLENE DOWELL			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4753 OAK POINT RD APT 203	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> RAFAEL IRIZARRY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4105 DENISON AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44055	<b>Form (Cash, Check, Etc)</b> CASH	

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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

\$ 7,590.00

Total Expenditures This Event

\$ 1,603.59

Page Total \$ 240.00



Event Date 9/15/2021 Page 11

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> FRANKIE GONZALEZ			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6360 BALSAM DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/15/2021	<b>Amount</b> 50.00
<b>City</b> AMHERST	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> KATHY KEIFFER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 694 WINESAP RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> AMHERST	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44001	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b> LORI KOKOSKI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 203 GERHART	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 250.00
<b>City</b> ELYRIA	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44035	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> WALTHER FOR JUDGE			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4324 HICKORY HILL	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECKS	
<b>Full Name of Contributor</b> JUDGE D. CHRIS COOK			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4627 FIELDS WAY	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/17/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="text"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECKS	

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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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$450.00



Event Date 9/15/2021 Page 12

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> AUDALI J. TORRES			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4731 CHELSEA AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/5/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44055	<b>Form (Cash, Check, Etc)</b> CHECKS	
<b>Full Name of Contributor</b> INEZ JAMES			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 799 N. ABBE RD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 10/08/2021	<b>Amount</b> 50.00
<b>City</b> ELYRIA	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44035	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> DEBORAH R BRADLEY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 520 BROADWAY	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/09/2021	<b>Amount</b> 250.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> LYNETTE G. RUTKOWSKI			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3406 OBERLIN AVE	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09/09/2021	<b>Amount</b> 500.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> MICHAEL FERRER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3520 EDGEWOOD DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/25/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Form (Cash, Check, Etc)</b> 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  
**\$7,590.00**

Total Expenditures This Event  
**\$1,663.59**

Page Total \$900.00



Event Date 9/15/2021 Page 13

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

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

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> JESSICA JARDINICO			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 934 LAKEVIEW DR	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/13/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> DEBRA AMADOR			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2031 E 30TH ST	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/3/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44055	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> VICTOR L. LEANDRY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 936 HIGHLAND PARK BLVD	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/30/2021	<b>Amount</b> 50.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b> FRIENDS OF CORY SHAWVER			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2117 W 11TH STREET	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/16/2021	<b>Amount</b> 100.00
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44052	<b>Form (Cash, Check, Etc)</b> CHECK	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	

\* 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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$300.00



Event Date 9/15/2021 Page 14

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

Form 31-E

R.C. 3517.10(B)

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>Full Name of Contributor</b> CHECK CONTRIBUTIONS \$25.00 AND UNDER			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 445.00
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b> CHECKS	
<b>Full Name of Contributor</b> CASH CONTRIBUTIONS \$25.00 AND UNDER			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 9/15/2021	<b>Amount</b> 2405.00
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b> CASH	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	

\* 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  
\$7,590.00

Total Expenditures This Event  
\$1,603.59

Page Total \$2850.00



Date 09/15/2021 Page 1

## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>To Whom Paid</b> SUPER PRINTER		<b>Date (MM/DD/YYYY)</b> 8/11/2021		<b>Amount</b> 173.60
<b>Street Address</b> 1925 NORTH RIDGE RD E		<b>Purpose</b> TICKET MAILER AND LOOSE DINNER TICKETS		
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44055	<b>Check Number</b> 1816	
<b>To Whom Paid</b> US POST MASTER		<b>Date (MM/DD/YYYY)</b> 8/11/2021		<b>Amount</b> 68.56
<b>Street Address</b>		<b>Purpose</b> POSTAGE FOR TICKET MAILER		
<b>City</b> AMHERST	<b>State</b>	<b>Zip Code</b> 44001	<b>Check Number</b> 1817	
<b>To Whom Paid</b> GORDON FOOD SERVICE		<b>Date (MM/DD/YYYY)</b> 9/6/2021		<b>Amount</b> 199.33
<b>Street Address</b> 5349 ABBE RD		<b>Purpose</b> SUPPLIES FOR LATINO FIESTA		
<b>City</b> ELYRIA	<b>State</b> OH	<b>Zip Code</b> 44035	<b>Check Number</b> 1819	
<b>To Whom Paid</b> EPIFANIA SANTIAGO AKA SANTIAGO CATERING		<b>Date (MM/DD/YYYY)</b> 9/10/2021		<b>Amount</b> 600.00
<b>Street Address</b> 1307 W. 20TH STREET		<b>Purpose</b> 5 TRAYS OF PORK AND 5 TRAYS OF RICE		
<b>City</b> LORAIN	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Check Number</b> 1820	
<b>To Whom Paid</b> GORDON FOOD SERVICE		<b>Date (MM/DD/YYYY)</b> 9/15/2021		<b>Amount</b> 58.33
<b>Street Address</b> 24005 LORAIN RD		<b>Purpose</b> SUPPLIES FOR LATINO FIESTA		
<b>City</b> NORTH OLMSTED	<b>State</b> OH	<b>Zip Code</b> 44070	<b>Check Number</b> 1650	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$1,099.82



Date 9/15/2021 Page 2

## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF TERRI SOTO				
<b>To Whom Paid</b> ROSEWOOD		<b>Date (MM/DD/YYYY)</b> 9/15/2021		<b>Amount</b> 350.00
<b>Street Address</b> 4493 OBERLIN AVE		<b>Purpose</b> HALL RENTAL		
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Check Number</b> 1651	
<b>To Whom Paid</b> NATE RODRIGUEZ		<b>Date (MM/DD/YYYY)</b> 9/27/2021		<b>Amount</b> 153.77
<b>Street Address</b> WOODSTOCK		<b>Purpose</b> TAMALES		
<b>City</b> LORAIN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44053	<b>Check Number</b> 1652	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Check Number</b>	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Check Number</b>	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Check Number</b>	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 503.77