

Ohio Campaign Finance Report

committee Name		上上し 118番番	Office Soug	ght	-0.7	Distri
riends Of Victoria Kempton	2021 OCT 21	P 2: 39	City Cour	ncil		10
treet Address	City			State	Zip	
746 Oakdale Ave	Lorain			Oh	44052	
Candidate Name OR PAC Registration Number /ictoria Kempton	Treasurer Name Rebecca Kem				Election Date (MM/DD/YYYY)
Type of Report (choose one): Annual Semiannual Pre-Prima Statewide Candidates Only: July Monthly August Monthly	ary Post-Pi		e-General	F	Post-General	Year 2021
Amended Report Termination	September Worl		21/D 0	054	7.40(11)	
□ No □ Yes □ Check this box if the wishes to terminate			s box if the	comm	nittee is filing a ched instructions	5.
1. Amount brought forward from last repo	ort		0	0.00		
2. Total monetary contributions (From For	ms 31-A and 31-	E)	3045.06			
3. Total other income (From Form 31-A-2)	7 t .		239.06			
4. Total funds available (sum of lines 1, 2,	3)		3284.12			
5. Total monetary expenditures (From For	F)	3119.04				
6. Balance on hand (line 4 minus line 5)		16	65.08			
7. Value of in-kind contributions received	(From Form 31-	J-1)				
8. Value of in-kind contributions made (Fr	rom Form 31-J-2)					
9. Outstanding loans owed by committee	(From Form 31-0	C)				
10. Outstanding debts owed by committee	e (From Form 31	-N)				
11. Outstanding loans owed to committee	From Form 31-	K)				
12. Value of independent expenditures ma	ade (From Form	31-U)				
	ALTY OF ELECT			E FIF	TH DEGREE.	



Form 31-B

Full Name of Committee					
Friends Of Victoria Kempton					
To Whom Paid			Date (MM/DD/YYYY)		Amount
CafePress			04/01/20	21	25.06
Street Address	Purpose				
11909 Shelbyville Road	Plastic Bag	S			
City	State	Zip	Code	Che	ck Number
Louisville	KY ▼	040	012	De	bit Card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Act Blue			4/05/20	21	3.98
Street Address	Purpose				
366 Summer Street	payment pr	oces	ssing charg		
City	State	Zip	Code	Che	ck Number
Summerville	ME 🔻	02	144	dire	ect debit
To Whom Paid	1		Date (MM/DD/YYYY)		Amount
Vantiv			04/09/2021 8.04		
Street Address	Purpose				
8500 Governor's Hill Drive	payment pr	oces	ssing charg		
City	State	Zip Code Check Number		ck Number	
Symmes Township	ОН	45249 direct debit			ect debit
To Whom Paid			Date (MM/DD/YYYY)		Amount
Amazon			04/12/20	21	31.55
Street Address	Purpose				
6050 Gateway Court	Face masks	6			
City	State Zip Code Check Number		ck Number		
Groveport	он	43	125	del	bit
To Whom Paid			Date (MM/DD/YYYY)		Amount
Fifth Third bank			04/26/20	21	11.00
Street Address	Purpose				
557 Broadway	Service Cha	arge			
City	State	Zip	Code	Che	ck Number
Lorain	он	440	052	dire	ect debit

F	
Page Total \$ 79.63	



Form 31-B

Full Name of Committee					
Friends of Victoria Kempton					
To Whom Paid		Date (MM/DD/)	YYYY)	Amount	
Walgreens			04/26/2021	28.74	
Street Address	Purpose				
2730 Broadway4380	Ink for pi	rinter			
City	State	Zip Code	Che	eck Number	
Lorain	он	44052	De	ebit card	
To Whom Paid	7.1	Date (MM/DD/)	YYYY)	Amount	
Bob Evans			04/27/2021	31.54	
Street Address	Purpose				
503 Griswold Rd	Campaig	n Meeting			
City	State	Zip Code	Che	eck Number	
Amherst	ОН	44035	De	ebit Card	
To Whom Paid		Date (MM/DD/	YYYY)	Amount	
Street Address	Purpose				
City	State	Zip Code Check Number		eck Number	
	он				
To Whom Paid		Date (MM/DD/)	YYYY)	Amount	
Street Address	Purpose				
City	State	tate Zip Code Check Number			
	он				
To Whom Paid	,	Date (MM/DD/)	YYYY)	Amount	
Street Address	Purpose				
City	State OH	Zip Code	Che	eck Number	

Page Total \$	60.28	



Form 31-B

Full Name of Committee					
Friends Of Victoria Kempton					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Zeleke Flowershop			5/	20/2021	56.39
Street Address	Purpose				
1001 Reed Ave	Flowers fo	r ven	der who donated	food for (Clean -Up
City	State	Zip	Code	Che	eck Number
Lorain	ОН	440	052	De	bit Card
To Whom Paid		-	Date (MM/DD/YYYY)		Amount
Instacart			05/	21/2021	39.99
Street Address	Purpose				
50 Beale Street	Billed in er	ror/	refunded		
City	State	Zip	Code	Che	eck Number
San Francisco	CA ~	94	105	De	bit Card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Instacart					36.19
Street Address	Purpose				
50 Beale Street	Billed in er	Billed in error / Refunded			
City	State	State Zip Code Check Number		eck Number	
San Francisco	CA 🕶	94	105	De	bit Card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Lorain Youth Brigade				5/7/2021	100.00
Street Address	Purpose				
400 Shadylawn Drive	Donation /	fund	raiser		
City	State	State Zip Code Check Number		eck Number	
Amherst	он	440	001	10	26
To Whom Paid			Date (MM/DD/YYYY)		Amount
					-
Street Address	Purpose				
City	State	Zip	Code	Che	eck Number
	ОН				

Page Total \$ 232.57	
Page Total \$	



Form 31-B

Full Name of Committee				
Friends Of Victoria Kempton -june				
To Whom Paid		Date (MM/DD/YYYY)	Amount
Double Good Popcorn			06/03/2021	25.95
Street Address	Purpose			
16W060 83rd Street	Fundraiser /	Lorain d	emocratic Womans C	Club
City	State	Zip Code	Che	eck Number
Burr Ridge	IL 🔻	60527	De	bit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Fifth Third Bank			06/10/2021	14.00
Street Address	Purpose			
City	State	Zip Code	Che	eck Number
Lorain	ОН	94105	Dir	ect Debit
To Whom Paid		Date (MM/DD/YYYY)	Amount
Instacart			06/15/2021	34.66
Street Address	Purpose	-		
50 Beale Street				
City	State	Zip Code	Che	eck Number
San Francisco	он	94105	De	bit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ilnstacart				46.01
Street Address	Purpose			
50 Beale Street	Office Suppl	ies		
City	State	Zip Code	Che	eck Number
San Francisco	CA	94105	De	bit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Instacart				31.06
Street Address	Purpose			
50 Beale Street				
City	State	Zip Code	Che	eck Number
San Francisco	CA CA	94105		

1		
Page Total \$	120.62	



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. F	24.4.4	14

Form 31-B R.C. 3517.10

ull Name of Committee			
riends of Victoria Kempton			
o Whom Paid	Date (MM/DD/YYYY)	Amount	
JSPS	05/05/2021	11.00	
tion Address	 		

Purpose 439 West 4th Street Stamps City State Zip Code Check Number Lorain OH 44052 Debit Card To Whom Paid Date (MM/DD/YYYY) Amount Vantiv 05/11/2021 .50 Street Address Purpose 8500 Governor's Hill Drive Payment Processing City State Zip Code Check Number Symmes Township ОН direct Debit To Whom Paid Date (MM/DD/YYYY) Amount Instacart 05/12/2021 44.45 Street Address Purpose 50 Beale Street (From Stapbles) Office supplies / Paper City State Zip Code Check Number San Francicso CA 94105 **Debit Card** To Whom Paid Date (MM/DD/YYYY) Fifth Third Bank 05/12/2020 14.00 Street Address Purpose 557 Broadway Service Charge City State Zip Code Check Number Lorain ОН 44052 direct debit To Whom Paid Date (MM/DD/YYYY) Amount Ohio Ethics Commision 5/18/21 35.00 Street Address Purpose filing fee City State Zip Code Check Number Columbus ОН Debit Card

. 104 95	100
Page Total \$ 104.95	10.4





Form 31-B

Full Name of Committee						
Friends Of Victoria Kempton						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Instacart			07/01/	21	33.82	
Street Address	Purpose					
50 Beale Street						
City	State	Zip	Code	Che	eck Number	
San Francisco	ОН	94	105	De	ebit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Discount Drug Mart			07/02/20	21	59.94	
Street Address	Purpose					
2253 Colorado Ave	Candidate -	De	mocrat Meet & Greet -	De	corations/ Water	
City	State	Zip	Code		Check Number	
Lorain	OH 44052 D			De	ebit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Fifth Third Bank			07/09/2021 72.00			
Street Address Purpose					•	
557 Broadway	Service Charge					
City	State	Zip	Code	Che	eck Number	
Lorain	ОН	44	052	Dr	ect Debit	
To Whom Paid	1		Date (MM/DD/YYYY)		Amount	
Instacart			07/19/20	21	10.64	
Street Address	Purpose		/			
50 Beale Street	Subscriptio	n C	harge			
City	State	Zip	Code	Che	eck Number	
San Francisco	ОН	94	105	De	ebit Card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose				•	
City	State	Zip	Code	Che	eck Number	
	ОН					
		_		_		

Page	Total	\$ 176.40	
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Form 31-B

Friends Of Vicroria Kempton To Whom Paid Date (MM/DD/YYYY) Amount 16.78	me of Committee	70 Page 10 Pag					
Don Tequila O7/23/21 16.78	Of Vicroria Kempton						
Street Address	Paid			Date (MM/DD/YYYY)	Amount	
City State Zip Code Check Number Elyria OH 44035 Debit Card To Whom Paid Date (MM/DD/YYYY) Amount Street Address Purpose 557 Broadway Service Charge City State Zip Code Check Number OH 44052 Direct Debit To Whom Paid To Whom Paid Date (MM/DD/YYYY) Amount Date (MM/DD/YYYY) Amount Amount Date (MM/DD/YYYY) Amount Amount Amount Date (MM/DD/YYYY) Amount	quila			,	07/23/21	16.78	
City State Zip Code Check Number Elyria OH 44035 Debit Card To Whom Paid Date (MM/DD/YYYY) Amount Fifth Third Bank 07/13/2021 14.00 Street Address Purpose 557 Broadway Service Charge City State Zip Code Check Number Lorain OH 44052 Direct Debit To Whom Paid Date (MM/DD/YYYY) Amount	dress	Purpose					
Elyria OH 44035 Debit Card To Whom Paid Fifth Third Bank O7/13/2021 14.00 Street Address 557 Broadway Service Charge City Lorain OH 44052 Debit Card Date (MM/DD/YYYY) Amount 14.00 Check Number Direct Debit Date (MM/DD/YYYY) Amount	bbe Rd N	Campai	gn mee	ting			
To Whom Paid Fifth Third Bank Street Address Date (MM/DD/YYYY) Amount 07/13/2021 14.00 Street Address Purpose Service Charge City State Zip Code Check Number Direct Debit To Whom Paid Date (MM/DD/YYYY) Amount		State	Zip	Code	Che	eck Number	
Fifth Third Bank		ОН	44	035	De	ebit Card	
Street Address 557 Broadway Service Charge City State City Code OH 44052 Date (MM//DD/YYYY) Amount	Paid			Date (MM/DD/YYYY)	Amount	
557 Broadway Service Charge City State Zip Code Check Number Lorain OH 44052 Direct Debit To Whom Paid Date (MM/DD/YYYY) Amount	ird Bank			07/	/13/2021	14.00	
City State Zip Code Check Number Lorain OH 44052 Direct Debit To Whom Paid Date (MM/DD/YYYY) Amount	tress	Purpose					
Lorain OH 44052 Direct Debit To Whom Paid Date (MM/DD/YYYY) Amount	padway	Service	Charge				
To Whom Paid Date (MM/DD/YYYY) Amount		State	Zip	Code	Che	eck Number	
		ОН	44052		Di	Direct Debit	
Street Address Purpose	Paid			Date (MM/DD/YYYY)	Amount	
Street Address Purpose							
	tress	Purpose					
City State Zip Code Check Number		State	Zip	Code	Che	eck Number	
ОН		ОН					
To Whom Paid Date (MM/DD/YYYY) Amount	Paid			Date (MM/DD/YYYY)	Amount	
Street Address Purpose	tress	Purpose					
City State Zip Code Check Number		State	Zip	Code	Che	Check Number	
ОН		ОН				*	
To Whom Paid Date (MM/DD/YYYY) Amount	Paid			Date (MM/DD/YYYY)	Amount	
Street Address Purpose	iress	Purpose					
City State Zip Code Check Number		State	Zip	Code	Che	eck Number	
ОН		ОН					

Page	Total	\$ 30.	78		



Form 31-B

Full Name of Committee		7	
Friends Of Victoria Kempton			
To Whom Paid		Date (MM/DD/YYYY	() Amount
Applebee's		8	3/30/2021 51.74
Street Address	Purpose		
4320 Leavitt	Campaio	n Meeting	
Dity	State	Zip Code	Check Number
Lorain	ОН	44052	Debit Card
Fo Whom Paid		Date (MM/DD/YYYY	
		1	
Street Address	Purpose		
Dity	State	Zip Code	Check Number
No.	ОН		one on training
To Whom Paid	A STATE OF THE STA	Date (MM/DD/YYY)	() Amount
o mom ad		Date (MM/DD/YYYY	Amount
Street Address	Dumana		
oreer Address	Purpose		
A CONTRACTOR OF THE PROPERTY O	10000	1	- 17
Dity	State	Zip Code	Check Number
4	ОН		
o Whom Paid		Date (MM/DD/YYYY	/) Amount
<u> </u>			. 4
Street Address	Purpose		
# O C C C C C C C C C C C C C C C C C C			
City	State	Zip Code	Check Number
	ОН	2.2	- X
To Whom Paid		Date (MM/DD/YYY)	/) Amount
Street Address	Purpose		7 70 7
City	State	Zip Code	Check Number
	ОН		
		V-7	
		Page	Total \$ 51.74



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9	Page
	100

Form 31-B

R.C. 3517.10 **Full Name of Committee** Friends of Victoria Kempton To Whom Paid Date (MM/DD/YYYY) Amount Instacart 08/17/2021 20.78 Street Address Purpose 50 Beale Street Billed in error / refuned on 9/8/2021 City State Zip Code Check Number ОН San Francisco 94105 Direct Debit To Whom Paid Amount Date (MM/DD/YYYY) Instacart 10.64 08/20/21 Street Address Purpose 50 Beale Street Subscription City State Zip Code Check Number ОН San Francisco 94105 **Direct Debit** To Whom Paid Date (MM/DD/YYYY) Amount Papasitos 08/23/2021 36.92 Street Address Purpose 2532 W Erie Ave Campaign strategy dinner. City Zip Code Check Number State ОН 44053 Lorain Debit Card To Whom Paid Amount Date (MM/DD/YYYY) Gyros & More 08/30/2021 13.85 Street Address Purpose 1515 Broadway Volinteer / Meeting City State Zip Code Check Number ОН 44052 Lorain Debit To Whom Paid Amount Date (MM/DD/YYYY) Ariel -Hotel 8/25/2021 4.80 Street Address Purpose 301 Broadway Ave Campaign Meeting City State Zip Code Check Number ОН

44052

-			200	C1975	072 177
Page	Total	\$ 86.9	99		

Debit

Lorain



10	



Form 31-B

Full Name of Committee				_	R.G. 3517.1
Friends Of Victoria Kempton					
To Whom Paid		_	Date (MM/DD/YYYY)		Amount
Instacart			08/09/20	121	2.65
Street Address	Purpose		06/09/20	JZ 1	2.05
Cast State St. States	U10.20*-010.204900				
50 Beale Street City		-	or / refunded on 9-08-2		
1 (1 mm)	State	1000	Code	Che	eck Number
San Francisco	ОН	94	105	Dir	rect Debit
To Whom Paid			Date (MM/DD/YYYY)		Amount
Fifth Third Bank			08/11/20	021	32.00
Street Address	Purpose				
557 Broadway	Service Ch	arge	э		
City	State Zip Code Check Number				eck Number
Lorain	ОН	44052 Direct Debit			rect Debit
To Whom Paid	-		Date (MM/DD/YYYY)		Amount
Joel Arredondo	7/31/20)21	21 25.00	
Street Address	Purpose				
607 Allison Ave	Fundraiser				
City	State	Zip	Code	Che	eck Number
Lorain	OH 44052 1031			31	
To Whom Paid			Date (MM/DD/YYYY)		Amount
Shipyards			08/13/20	21	17.95
Street Address	Purpose		•		
500 Shipyards Way	Campaign	mee	eting - Meal		
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	De	bit Card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Shipyards			08/16/20	21	26.10
Street Address	Purpose				
500 Shipyards Way	Campaign	nee	eting - Meal		
City	State	Zip	Code	Che	ck Number

ОН

44052

Page Tota	-1 C	103	70

Debit

Lorain Ohio



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Statement of Expend	ditures

Form 31-B

Full Name of Committee		-		-	
Friends of Victoria Kempton					
To Whom Paid		_	Date (MM/DD/YYYY)	_	Amount
Jack Bradley			08/12/2021		100.00
Street Address	Purpose		9400.5 11 11.540.0000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1358 West 2nd Street	Fundraiser				
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	10	31
To Whom Paid			Date (MM/DD/YYYY)		Amount
North Coast Building Industry Association			08/12/20	21	30.00
Street Address	Purpose				
5201 Waterford AVE	FundRaiser				
City	State	tte Zip Code Check Number			ck Number
Sheffield Lake	ОН	44	035	10	32
To Whom Paid			Date (MM/DD/YYYY)		Amount
Act Blue / Friends of Martin Heberling			08/09/2021 25.00		
Street Address Purpose					
14 Arrow Street	Fundraiser				
City	State	Zip Code Check Number			ck Number
Cambridge	CA 02138 Direct Debit			ect Debit	
To Whom Paid			Date (MM/DD/YYYY)		Amount
Act Blue / Lorain County Demoratic			08/09/20	21	25.00
Street Address	Purpose				
14 Arrow Street	Fundraiser				
City	State	Zip	Code	Che	eck Number
Cambridge	MA	02	138	Dir	rect Debit
To Whom Paid			Date (MM/DD/YYYY)		Amount
Instacart			08/09/	21	51.29
Street Address	Purpose				
50 Beale Street	Charged in	erro	or / refunded on 9-08-20	021	
City	State	Zip	Code	Che	eck Number
San Fransisco	CA	94	105	Dir	rect Debit

Page	Total	\$ 23	31.2	29		



Form 31-B

Full Name of Committee			Special Control			100
Friends Of Victoria Kempton						
To Whom Paid			Date (MM/DD/YYYY)	- 0	Amount	
National Council Negro Woman			09/19/	2021	25.00	
Street Address	Purpose					- 1 X
PO Box 98	Fundrais	er				
City	State	Zip	Code	Che	eck Number	
Lorain	ОН	44	052	11	02	
To Whom Paid	, a c		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		- 7			
City	State	Zip	Code	Che	eck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		-18		Be.	
City	State	Zip	Code	Che	eck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	T.
Street Address	Purpose					
City	State	Zin	Code	Che	eck Number	
V".	OH	Zip	Code	CITE	or mannoer	
To Whom Paid			Date (MM/DD/YYYY)	- 1	Amount	
Street Address	Purpose	N.	7 7 7			
City	State	Zip	Code	Che	eck Number	
	ОН					
	-	VA.				
			Page Tot	al \$ 2	5.00	1
						7.59





Form 31-B

Full Name of Committee					
Friends Of Victoria Kempton					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Mc Donald's			09/17/2021		17.21
Street Address	Purpose				
3221 Oberlin Ave	Campa	ign Mee	eting / Lunch		
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	De	ebit
To Whom Paid			Date (MM/DD/YYYY)	-	Amount
Fire Fighters #267			09/04/	2021	25.00
Street Address	Purpose		1		
1350 Broadway Ave	Fundra	iser			
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	10	39
To Whom Paid			Date (MM/DD/YYYY)		Amount
Terri Soto			08/24/	2021	25.00
Street Address	Purpose				- 7°, - ×
1026 Lakeview Drive	Fundra	iser			
City	State	State Zip Code Check Number		eck Number	
Lorain	ОН	44	052	10	35
To Whom Paid			Date (MM/DD/YYYY)		Amount
Mary Springowski			09/1	19/20	25.00
Street Address	Purpose				
2122 East Skyline Drive	Fundra	iser			
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	11	01
To Whom Paid			Date (MM/DD/YYYY)	Ü.	Amount
Harrison Cultural Center			8/24/	2021	140.00
Street Address	Purpose			70	1 1001
1922 Hamiltion Ave	Fundra	iser			
City	State	Zip	Code	Che	eck Number
Lorain	ОН	44	052	10	38

Page	Total S	232.2	1	



Form 31-B

Full Name of Committee						
Friends Of Victoria Kempton						
To Whom Paid		Date (MM/DD/YYY	Y) 6,	Amount		
STAPLES		0	9/02/2021	43.32		
Street Address	Purpose	Purpose				
1733 Midway Mall Blvd	Office S	Supplies -				
City	State	Zip Code	Che	eck Number		
Elyria	ОН	44035	De	ebit Card		
To Whom Paid	7 1	Date (MM/DD/YYY	Y) .	Amount		
Fifth Third Bank		0	9/08/2021	23.99		
Street Address	Purpose			10 m		
557 Broadway Ave	Check E	Book Charge				
City	State	Zip Code	Che	eck Number		
Lorain	ОН	44052	Di	rect Debit		
To Whom Paid		Date (MM/DD/YYY	Y)	Amount		
Dollar Tree		0	9/08/2021	10.65		
Street Address	Purpose	Purpose				
2250 Colorado Ave	Folders	Folders / rubber bands - Office supplies				
City	State	Zip Code	Che	eck Number		
Lorain	ОН	44052	De	ebit Card		
To Whom Paid	9 3	Date (MM/DD/YYY	Y)	Amount		
EL SOL DE CLEVELAND / Juniors Printing Div		0	9/09/2021	733.00		
Street Address	Purpose		44	**************************************		
3157 West 105th Street	Post Ca	ards/ Yard Signs				
City	State	Zip Code	Che	eck Number		
Cleveland	ОН	44111	De	ebit		
To Whom Paid	1	Date (MM/DD/YYY	Υ)	Amount		
Fifth Third Bank		0	9/13/2021	14.00		
Street Address	Purpose			A.,		
557 Broadway Ave	Service	Charge				
City	State	Zip Code	Che	eck Number		
Lorain Ohio	ОН	44052	Di	rect Debit		

-			
Page Tot	al \$ 824	.96	



03/192021	Page 2
	03/192021

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee				
Friends Of Victoria Kempton				
To Whom Paid			Date (MM/DD/YYYY)	Amount
Briona Potter			4/20/21	25.00
Street Address	Purpose			
	Server	at Fundraise	r	567
City	State	Zip Code	Check Number	
Lorain	OH ▼	44052	1021	
To Whom Paid	-	ļ.	Date (MM/DD/YYYY)	Amount
Stapbles Direct			03/08/2021	41.62
Street Address	Purpose			
1733 Midway Mall Blvd	Invatati	ons for fundr	raiser	
City	State	Zip Code	Check Number	
Elyria	ОН ▼	44035	direct Card	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Amazon			03/08/2021	15.93
Street Address	Purpose			
6050 Gateway Court	Invatati	on envolope:	s	
City	State	Zip Code	Check Number	
Groveport		43125	Debit Card	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
	<u> </u>			
To Whom Paid		34	Date (MM/DD/YYYY)	Amount
D 2				
Street Address	Purpose			
2				
City	State	Zip Code	Check Number	
A Carlon	-			AND THE PARTY OF T
	A STATE OF THE STA			

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.

	27.18	
Page Total \$_	0010	



Date	03/192021	Page 1
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee			
Friends Of Victoria Kempton			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Mary Feilds		03/20/21	500.00
Street Address	Purpose		
939 Broadway Ave	Food for fundraiser		
City	State Zip Code	Check Number	15世代 10世代 10世代 10世代 10世代 10世代 10世代 10世代 10
Lorain Ohio	OH ▼ 44052	1023	
To Whom Paid		Date (MM/DD/YYYY)	Amount
amazon		03/11/21	10.68
Street Address	Purpose		
6050 Gateway Court	Take out containers		
City	State Zip Code	Check Number	
Groveport	он 🔻	Debit	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Zippity Print		03/03/21	74.06
Street Address	Purpose		
1600 East 23rd Street	Tickets for the event		
City	State Zip Code	Check Number	
Cleveland	он 🔻	Debit Card	
To Whom Paid		Date (MM/DD/YYYY)	Amount
USPS		03/10/2021	66.00
Street Address	Purpose		
439 West 4th Street	Stamps		
City	State Zip Code	Check Number	District Living
Lorain	OH ▼ 44052	Debit	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Maddy Toris			25.00
Street Address	Purpose		
	Server at fundraiser		
City	State Zip Code	Check Number	
Lorain	он ▼ 44052	1022	

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.

	17/ 74
Page Total \$_	615,17



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee	-		1		
Friends Of Victoria Kempton					
Full Name of Contributor			-	Registration Numb	er, if PAC
Metroits					
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
2470 East Main Street	ORG.				Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43209		07/19/2021	350.00
Full Name of Contributor		1 12.1		Registration Numb	er, if PAC
Victoria Kempton					
Street Address	Employ	er/Occupation/Lab	or Organization*	N. 1	Form (Cash, Check, etc.)
1746 Oakdale Ave	Self				Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	ОН	44052		07/12/2021	80.00
Full Name of Contributor	0 7		100	Registration Numb	er, if PAC
Victoria Kempton				7.8	
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1746 Oakdale Ave	Self				Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	OH	44052		07/12/2021	56.00
Full Name of Contributor	7	100	1 1 7 5	Registration Numb	er, if PAC
Victoria Kempton					
Street Address	Employ	er/Occupation/Lab	or Organization*	5.00	Form (Cash, Check, etc.)
1746 Oakdale Ave	Self				Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	ОН	44052	20 mg	07/12/2021	40.00
Full Name of Contributor			+	Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Lab	oor Organization*	7 1 1 m	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	DD/YYYY)	Amount
*					

Page 1	Total	526.00

^{*}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)]





Form 31-A

ORC 3517.10

Full Name of Committee	er, er	- 1		Light 12 c	
Friends Of Victoria Kempton					
Full Name of Contributor			Same of the	Registration Numb	er, if PAC
Friends of Martin Heberling				8	
Street Address	Employe	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
400 Shadylawn Drive	City Co	ouncilman / Sch	ool Teacher		Check
City	State	Zip Code	Date (MM/DI		Amount
Amherst	ОН	44001	8-	-13-2	20.00
Full Name of Contributor				Registration Numb	er, if PAC
Lorain Woman©s Democratic Club				A. A.	
Street Address	Employe	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
	ORG				Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	ОН	44052		08/11/2021	500.00
Street Address		er/Occupation/Lab			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		5		Registration Numb	per, if PAC
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		744 J		Registration Numb	per, if PAC
Street Address	Employ	er/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount

Page Total	520.00	ď	

^{*}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)]





Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Friends of Victoria Kempton					
Full Name of Contributor			Sec. Total	Registration Numb	er, if PAC
Lorain County Democrats				4	
Street Address	Employ	er/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
520 Broadway Ave	ORG				Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	ОН	44052	1. 1.5	09/07/2021	500.00
Full Name of Contributor				Registration Numb	er, if PAC
Sarah Kempton					
Street Address	Employ	er/Occupation/Lab	oor Organization*	7 7.	Form (Cash, Check, etc.)
1746 Oakdale Ave	Selfer	nployed			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lorain	ОН	44052		9/14/2020	200.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	No.				11
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employ	er/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
		19		TR	

*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)]

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Page	Total	700.00





Statement of Contributions Received

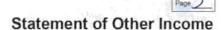
Form 31-A

					ORC 3517.10
Full Name of Committee Friends Of Victoria Kempton					
Full Name of Contributor				Registration Numb	er. if PAC
Anthony Giardini					
Street Address	Employer	r/Occupation/Lab	oor Organization*	77.7	Form (Cash, Check, etc.)
260 Arizona Ave	lawyer				Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Lorain	OH ▼	44109		4/19/2021	150.00
Full Name of Contributor		-		Registration Number	er, if PAC
Street Address	Employer	:/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	//Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor			14	Registration Number	er, if PAC
Street Address	Employer	//Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Lab	oor Organization*	l	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYY)	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	150.00	





Form 31-A-2

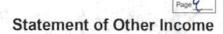
R.C. 3517.10(B)

Full Name of Committee			1
Friends Of Victoria Kempton			
Full Name of Contributor	75.0	Registration Numb	er, if PAC
Instacart			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	07/12/21	Direct Credit
City	State	Zip Code	Amount
San Francisco	ОН	94105	41.22
Full Name of Contributor	17 17 17	Registration Numb	er, if PAC
Instacart			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	07/12/2021	Direct Credit
City	State	Zip Code	Amount
San Francisco	ОН	94105	55.00
Full Name of Contributor		Registration Numb	er, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor	5 50	Registration Numb	er, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	ОН		
Full Name of Contributor		Registration Numb	er, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	ОН	1.	
Contract of the Contract of th	The state of the s		Annual Control of the

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^{*} 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.





Form 31-A-2

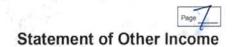
R.C. 3517.10(B)

Full Name of Committee		The state of the s	
Friends Of Victoria Kempton			
Full Name of Contributor		Registration Number	per, if PAC
Instacart			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	09/08/2021	Direct credit
City	State	Zip Code	Amount
San Francisco	CA	94105	2.65
Full Name of Contributor	120 - 200 - 257	Registration Numb	per, if PAC
Instacart			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	09/08/2021	Direct Credit
City	State	Zip Code	Amount
San Francisco	ОН	94105	4.23
Full Name of Contributor	Name of the Party	Registration Numb	per, if PAC
Instacart		140	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	09/08/2021	Direct Credit
City	State	Zip Code	Amount
San Fransisco	CA	94105	20.78
Full Name of Contributor		Registration Numb	per, if PAC
Instacart			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
50 Beale Street	Refund	09/08/2021	Direct Credit
City	State	Zip Code	Amount
San Francisco	ОН	94105	51.29
Full Name of Contributor		Registration Numb	per, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		1. 172
City	State	Zip Code	Amount
	ОН		

Page '	Total	0	78	95
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^{*} 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.





Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
Friends Of Victoria Kempton	- X		
Full Name of Contributor		Registration Numb	er, if PAC
Fifth Third Bank			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
557 Broadway	Refund	07/12/2021	Direct Credit
City	State	Zip Code	Amount
Lorain	ОН	44052	16.00
Full Name of Contributor		Registration Numb	er, if PAC
Fifth Third Bank		71	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
557 Broadway	Refund	07/12/2021	Direct Credit
City	State	Zip Code	Amount
Lorain	ОН	44052	11.00
Full Name of Contributor		Registration Numb	er, if PAC
Fifth Third Bank			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
557 Broadway	Refund	07/12/2021	Direct Credit
City	State	Zip Code	Amount
Lorain	ОН	44052	14.00
Full Name of Contributor		Registration Numb	er, if PAC
Fifth Third Bank			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
557 Broadway	Refund	07/12/2021	Direct Credit
City	State	Zip Code	Amount
Lorain	ОН	44052	14.00
Full Name of Contributor		Registration Numb	er, if PAC
		4 10	
Instacart		Date MANADRAGAGA	Form (Cash, Check, etc.)
Instacart Street Address	Type*	Date (MM/DD/YYYY)	
TALLERS A POLICE OF THE PROPERTY OF THE PARTY OF THE PART	Type*	07/12/2021	Direct Credit
Street Address			

^{*} 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 S	63.89	in a second



Event Date 3 - 19 - 2/ Page Page	Event Date	3-19-21	Page
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Statement of Contributions Received at a Social or Fund-Raising Event

A CONTRACTOR OF THE STATE OF TH					R.C. 3517.10(B
Full Name of Committee					
Friends Of Victoria Kempton					
Full Name of Contributor				Registration Number, if PAC	
Tony Horn					
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
401 E Erie Street	Bail Bondsmen		03/17/2021	100.00	
City		State	Zip Code	Form (Cash, Check, Etc	Application of the second
Lorain		ОН ▼	44052	Cash	T. P. S.
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
		ОН ▼			
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
	Social Worker				
City	-	State	Zip Code	Form (Cash, Check, Etc	internal to be a financial territoria. In
		он 🔻			
Full Name of Contributor				Registration Number, if PAC	X 2.7 (C. 100 A)
Heather Long					
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1034 West 12th Street	Nurse			03/19/21	60.00
City		State	Zip Code	Form (Cash, Check, Etc	CAROL ROPESTED
Lorain		он 🔻	44052	Cash	
Full Name of Contributor				Registration Number, if PAC	
Joel Arredondo					
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
607 Allison Ave	City Council President		residrnt	03/19/2021	40.00
City		State	Zip Code	Form (Cash, Check, Etc	A STATE OF THE PARTY OF THE PAR
Lorain Ohio		ОН ▼	44052	Check	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than en aggregate of \$100, the labor organization of which the	nployer sh	nould be lis	sted. If two or more empl	oyees contribute via payroll dedu	
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form N event in the date column		Inder Full	Name of Contributor stat	e "Contributions from form No. 3	1-E" and list the date of the
Total Contributions This Event	Total E	xpenditure	es This Event	Page Total \$	200.00
	-				



Event Date 3-19-2	Page Z
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Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E .C. 3517.10(B)

					R.C. 3517.10(B
Full Name of Committee Friends Of Victoria Kempton					
Full Name of Contributor				Registration Number, if PAC	
Comm to Elect Martin Hererling III					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
400 Shadylane Drive	Teacher	Teacher / Councilman		03/18/2021	50.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Amherst		OH ▼	44001	check	
Full Name of Contributor				Registration Number, if PAC	
George Koury					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4654 Feilds Way				03/18/2021	50.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Lorain	(т нс	44053	Check	
Full Name of Contributor	me of Contributor			Registration Number, if PAC	
Deborah Bradley					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1358 West 2nd Street	Consultant			3/19	100.00
City	S	State	Zip Code	Form (Cash, Check, Etc	All many many many many many many many many
Lorain	(он 🔻	44052	Check	
Full Name of Contributor				Registration Number, if PAC	
Delores Vickers					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1321 West 22nd Street	1			03/19/2021	40.00
City	S	State	Zip Code	Form (Cash, Check, Etc	MERCHANIST THE
Lorain		HI 🔻	44052		
Full Name of Contributor				Registration Number, if PAC	** / / · · · · · · · · · · · · · · · · ·
Shelia Lanning					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
25590 Baker				03/19/2021	60.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Wellington		~	44090	60.00	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than eaggregate of \$100, the labor organization of which the	mployer sho	uld be lis	ted. If two or more empl	oyees contribute via payroll dedu	
Fill in the boxes below only on the last page for this ev Transfer the Total contributions for this event to form Nevent in the date column		der Full I	Name of Contributor stat	e "Contributions from form No. 3	1-E" and list the date of the
Total Contributions This Event	Total Exp	penditure	s This Event	Page Total \$	300.00



3-1	9-21	Page 3
	3-1	3-14-21

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

Full Name of Committee				
Friends Of Victoria Kempton				
Full Name of Contributor			Registration Number, if PAC	
Karen Shaver				
Street Address	Employer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
5812 Plymouth			03/19/2020	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lorain	он	44052	cash	
Full Name of Contributor			Registration Number, if PAC	
ndividual contributions totaling \$25				
Street Address	Employer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
			03/19/2020	360.00
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		-1	Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
, it				4 - 1 - 1
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
		1	1.35	
Required for contributions from individuals a ame of the individual's business, if any, rath ggregate of \$100, the labor organization of	er than employer should be	listed. If two or more emp	loyees contribute via payroll dedu	
ill in the boxes below only on the last page fransfer the Total contributions for this event yent in the date column		ull Name of Contributor sta	te "Contributions from form No. 3	1-E" and list the date of the
Fotal Contributions This Event	Total Expendit	ures This Event	Page Total \$	110.00