



## Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

1060

LORAIN COUNTY BOARD OF ELECTIONS  
2021 OCT 21 P 2:39

Committee Name Friends Of Victoria Kempton		Office Sought City Council		District
Street Address 1746 Oakdale Ave		City Lorain	State Oh	Zip 44052
Candidate Name OR PAC Registration Number Victoria Kempton		Treasurer Name Rebecca Kempton		Election Date (MM/DD/YYYY) 11/02/2021

**Type of Report** (choose one):  
☐ Annual   ☐ Semiannual   ☐ Pre-Primary   ☐ Post-Primary   ☒ Pre-General   ☐ Post-General

Statewide Candidates Only:  
☐ July Monthly   ☐ August Monthly   ☐ September Monthly

<b>Amended Report</b> <input 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.
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1. Amount brought forward from last report	00.00
2. Total monetary contributions (From Forms 31-A and 31-E)	3045.06
3. Total other income (From Form 31-A-2)	239.06
4. Total funds available (sum of lines 1, 2, 3)	3284.12
5. Total monetary expenditures (From Forms 31-B and 31-F)	3119.04
6. Balance on hand (line 4 minus line 5)	165.08
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)	
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.

*Rebecca E. Kempton*  
 Signature of Treasurer or Deputy Treasurer

*10/21/2021*  
 Date (MM/DD/YYYY)

Contribution Pages  
10

Expenditure Pages  
16

Other Pages  
33

Total Pages  
59

Last Updated 09/2017



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
To Whom Paid CafePress		Date (MM/DD/YYYY) 04/01/2021	Amount 25.06
Street Address 11909 Shelbyville Road		Purpose Plastic Bags	
City Louisville	State KY	Zip Code 04012	Check Number Debit Card
To Whom Paid Act Blue		Date (MM/DD/YYYY) 4/05/2021	Amount 3.98
Street Address 366 Summer Street		Purpose payment processing charg	
City Summerville	State ME	Zip Code 02144	Check Number direct debit
To Whom Paid Vantiv		Date (MM/DD/YYYY) 04/09/2021	Amount 8.04
Street Address 8500 Governor's Hill Drive		Purpose payment processing charg	
City Symmes Township	State OH	Zip Code 45249	Check Number direct debit
To Whom Paid Amazon		Date (MM/DD/YYYY) 04/12/2021	Amount 31.55
Street Address 6050 Gateway Court		Purpose Face masks	
City Groveport	State OH	Zip Code 43125	Check Number debit
To Whom Paid Fifth Third bank		Date (MM/DD/YYYY) 04/26/2021	Amount 11.00
Street Address 557 Broadway		Purpose Service Charge	
City Lorain	State OH	Zip Code 44052	Check Number direct debit

Page Total \$ 79.63



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## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Victoria Kempton				
To Whom Paid Walgreens		Date (MM/DD/YYYY) 04/26/2021		Amount 28.74
Street Address 2730 Broadway4380		Purpose Ink for printer		
City Lorain	State OH	Zip Code 44052	Check Number Debit card	
To Whom Paid Bob Evans		Date (MM/DD/YYYY) 04/27/2021		Amount 31.54
Street Address 503 Griswold Rd		Purpose Campaign Meeting		
City Amherst	State OH	Zip Code 44035	Check Number Debit Card	
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 \$ 60.28



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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
To Whom Paid Zelege Flowershop		Date (MM/DD/YYYY) 5/20/2021	Amount 56.39
Street Address 1001 Reed Ave		Purpose Flowers for vender who donated food for Clean -Up	
City Lorain	State OH	Zip Code 44052	Check Number Debit Card
To Whom Paid Instacart		Date (MM/DD/YYYY) 05/21/2021	Amount 39.99
Street Address 50 Beale Street		Purpose Billed in error / refunded	
City San Francisco	State CA	Zip Code 94105	Check Number Debit Card
To Whom Paid Instacart		Date (MM/DD/YYYY)	Amount 36.19
Street Address 50 Beale Street		Purpose Billed in error / Refunded	
City San Francisco	State CA	Zip Code 94105	Check Number Debit Card
To Whom Paid Lorain Youth Brigade		Date (MM/DD/YYYY) 5/7/2021	Amount 100.00
Street Address 400 Shadylawn Drive		Purpose Donation / fund raiser	
City Amherst	State OH	Zip Code 44001	Check Number 1026
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 232.57





# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton -june			
To Whom Paid Double Good Popcorn		Date (MM/DD/YYYY) 06/03/2021	Amount 25.95
Street Address 16W060 83rd Street		Purpose Fundraiser / Lorain democratic Womans Club	
City Burr Ridge	State IL <input type="text"/>	Zip Code 60527	Check Number Debit card
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 06/10/2021	Amount 14.00
Street Address		Purpose	
City Lorain	State OH <input type="text"/>	Zip Code 94105	Check Number Direct Debit
To Whom Paid Instacart		Date (MM/DD/YYYY) 06/15/2021	Amount 34.66
Street Address 50 Beale Street		Purpose	
City San Francisco	State OH <input type="text"/>	Zip Code 94105	Check Number Debit card
To Whom Paid Instacart		Date (MM/DD/YYYY)	Amount 46.01
Street Address 50 Beale Street		Purpose Office Supplies	
City San Francisco	State CA <input type="text"/>	Zip Code 94105	Check Number Debit card
To Whom Paid Instacart		Date (MM/DD/YYYY)	Amount 31.06
Street Address 50 Beale Street		Purpose	
City San Francisco	State CA <input type="text"/>	Zip Code 94105	Check Number

Page Total \$ 120.62



## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Victoria Kempton				
To Whom Paid USPS		Date (MM/DD/YYYY) 05/05/2021		Amount 11.00
Street Address 439 West 4th Street		Purpose Stamps		
City Lorain	State OH	Zip Code 44052	Check Number Debit Card	
To Whom Paid Vantiv		Date (MM/DD/YYYY) 05/11/2021		Amount .50
Street Address 8500 Governor's Hill Drive		Purpose Payment Processing		
City Symmes Township	State OH	Zip Code	Check Number direct Debit	
To Whom Paid Instacart		Date (MM/DD/YYYY) 05/12/2021		Amount 44.45
Street Address 50 Beale Street		Purpose ( From Staples ) Office supplies / Paper		
City San Francicso	State CA	Zip Code 94105	Check Number Debit Card	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 05/12/2020		Amount 14.00
Street Address 557 Broadway		Purpose Service Charge		
City Lorain	State OH	Zip Code 44052	Check Number direct debit	
To Whom Paid Ohio Ethics Commision		Date (MM/DD/YYYY) 5/18/21		Amount 35.00
Street Address		Purpose filing fee		
City Columbus	State OH	Zip Code	Check Number Debit Card	

 Page Total \$ 104.95


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 Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
To Whom Paid Instacart		Date (MM/DD/YYYY) 07/01/21	Amount 33.82
Street Address 50 Beale Street		Purpose	
City San Francisco	State OH	Zip Code 94105	Check Number Debit Card
To Whom Paid Discount Drug Mart		Date (MM/DD/YYYY) 07/02/2021	Amount 59.94
Street Address 2253 Colorado Ave		Purpose Candidate - Democrat Meet & Greet - Decorations/ Water	
City Lorain	State OH	Zip Code 44052	Check Number Debit Card
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 07/09/2021	Amount 72.00
Street Address 557 Broadway		Purpose Service Charge	
City Lorain	State OH	Zip Code 44052	Check Number Drect Debit
To Whom Paid Instacart		Date (MM/DD/YYYY) 07/19/2021	Amount 10.64
Street Address 50 Beale Street		Purpose Subscription Charge	
City San Francisco	State OH	Zip Code 94105	Check Number Debit Card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 176.40



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## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>				
Friends Of Vicroria Kempton				
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
Don Tequila		07/23/21		16.78
<b>Street Address</b>		<b>Purpose</b>		
1134 Abbe Rd N		Campaign meeting		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
Elyria	OH	44035	Debit Card	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
Fifth Third Bank		07/13/2021		14.00
<b>Street Address</b>		<b>Purpose</b>		
557 Broadway		Service Charge		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
Lorain	OH	44052	Direct Debit	
<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>	<b>Zip Code</b>	<b>Check Number</b>	
	OH			
<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>	<b>Zip Code</b>	<b>Check Number</b>	
	OH			
<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>	<b>Zip Code</b>	<b>Check Number</b>	
	OH			

Page Total \$ 30.78




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 Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>			
Friends Of Victoria Kempton			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Applebee's		8/30/2021	51.74
Street Address		Purpose	
4320 Leavitt		Campaign Meeting	
City	State	Zip Code	Check Number
Lorain	OH	44052	Debit Card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			Check Number

Page Total \$ 51.74



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## Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 86.99


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 Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
To Whom Paid Instacart		Date (MM/DD/YYYY) 08/09/2021	Amount 2.65
Street Address 50 Beale Street		Purpose Charged in error / refunded on 9-08-2021	
City San Francisco	State OH	Zip Code 94105	Check Number Direct Debit
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 08/11/2021	Amount 32.00
Street Address 557 Broadway		Purpose Service Charge	
City Lorain	State OH	Zip Code 44052	Check Number Direct Debit
To Whom Paid Joel Arredondo		Date (MM/DD/YYYY) 7/31/2021	Amount 25.00
Street Address 607 Allison Ave		Purpose Fundraiser	
City Lorain	State OH	Zip Code 44052	Check Number 1031
To Whom Paid Shipyards		Date (MM/DD/YYYY) 08/13/2021	Amount 17.95
Street Address 500 Shipyards Way		Purpose Campaign meeting - Meal	
City Lorain	State OH	Zip Code 44052	Check Number Debit Card
To Whom Paid Shipyards		Date (MM/DD/YYYY) 08/16/2021	Amount 26.10
Street Address 500 Shipyards Way		Purpose Campaign meeting - Meal	
City Lorain Ohio	State OH	Zip Code 44052	Check Number Debit

Page Total \$ 103.70


 // **Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Victoria Kempton			
To Whom Paid Jack Bradley		Date (MM/DD/YYYY) 08/12/2021	Amount 100.00
Street Address 1358 West 2nd Street		Purpose Fundraiser	
City Lorain	State OH	Zip Code 44052	Check Number 1031
To Whom Paid North Coast Building Industry Association		Date (MM/DD/YYYY) 08/12/2021	Amount 30.00
Street Address 5201 Waterford AVE		Purpose FundRaiser	
City Sheffield Lake	State OH	Zip Code 44035	Check Number 1032
To Whom Paid Act Blue / Friends of Martin Heberling		Date (MM/DD/YYYY) 08/09/2021	Amount 25.00
Street Address 14 Arrow Street		Purpose Fundraiser	
City Cambridge	State CA	Zip Code 02138	Check Number Direct Debit
To Whom Paid Act Blue / Lorain County Demoratic		Date (MM/DD/YYYY) 08/09/2021	Amount 25.00
Street Address 14 Arrow Street		Purpose Fundraiser	
City Cambridge	State MA	Zip Code 02138	Check Number Direct Debit
To Whom Paid Instacart		Date (MM/DD/YYYY) 08/09/21	Amount 51.29
Street Address 50 Beale Street		Purpose Charged in error / refunded on 9-08-2021	
City San Fransisco	State CA	Zip Code 94105	Check Number Direct Debit

Page Total \$ 231.29




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 Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>			
Friends Of Victoria Kempton			
To Whom Paid		Date (MM/DD/YYYY)	Amount
National Council Negro Woman		09/19/2021	25.00
Street Address		Purpose	
PO Box 98		Fundraiser	
City	State	Zip Code	Check Number
Lorain	OH	44052	1102
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City		State	Zip Code
OH			

Page Total \$ 25.00



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## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>				
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		Campaign Meeting / Lunch		
City	State	Zip Code	Check Number	
Lorain	OH	44052	Debit	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Fire Fighters #267		09/04/2021		25.00
Street Address		Purpose		
1350 Broadway Ave		Fundraiser		
City	State	Zip Code	Check Number	
Lorain	OH	44052	1039	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Terri Soto		08/24/2021		25.00
Street Address		Purpose		
1026 Lakeview Drive		Fundraiser		
City	State	Zip Code	Check Number	
Lorain	OH	44052	1035	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Mary Springowski		09/19/20		25.00
Street Address		Purpose		
2122 East Skyline Drive		Fundraiser		
City	State	Zip Code	Check Number	
Lorain	OH	44052	1101	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Harrison Cultural Center		8/24/2021		140.00
Street Address		Purpose		
1922 Hamilton Ave		Fundraiser		
City	State	Zip Code	Check Number	
Lorain	OH	44052	1038	

Page Total \$ 232.21



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## Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton				
To Whom Paid STAPLES		Date (MM/DD/YYYY) 09/02/2021		Amount 43.32
Street Address 1733 Midway Mall Blvd		Purpose Office Supplies -		
City Elyria	State OH	Zip Code 44035	Check Number Debit Card	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 09/08/2021		Amount 23.99
Street Address 557 Broadway Ave		Purpose Check Book Charge		
City Lorain	State OH	Zip Code 44052	Check Number Direct Debit	
To Whom Paid Dollar Tree		Date (MM/DD/YYYY) 09/08/2021		Amount 10.65
Street Address 2250 Colorado Ave		Purpose Folders / rubber bands - Office supplies		
City Lorain	State OH	Zip Code 44052	Check Number Debit Card	
To Whom Paid EL SOL DE CLEVELAND / Juniors Printing Div		Date (MM/DD/YYYY) 09/09/2021		Amount 733.00
Street Address 3157 West 105th Street		Purpose Post Cards/ Yard Signs		
City Cleveland	State OH	Zip Code 44111	Check Number Debit	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 09/13/2021		Amount 14.00
Street Address 557 Broadway Ave		Purpose Service Charge		
City Lorain Ohio	State OH	Zip Code 44052	Check Number Direct Debit	

Page Total \$ 824.96



Date 03/19/2021 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 Victoria Kempton				
To Whom Paid Briona Potter		Date (MM/DD/YYYY) 4/20/21		Amount 25.00
Street Address		Purpose Server at Fundraiser		
City Lorain	State OH	Zip Code 44052	Check Number 1021	
To Whom Paid Stapbles Direct		Date (MM/DD/YYYY) 03/08/2021		Amount 41.62
Street Address 1733 Midway Mall Blvd		Purpose Invatations for fundraiser		
City Elyria	State OH	Zip Code 44035	Check Number direct Card	
To Whom Paid Amazon		Date (MM/DD/YYYY) 03/08/2021		Amount 15.93
Street Address 6050 Gateway Court		Purpose Invatation envelopes		
City Groveport	State	Zip Code 43125	Check Number Debit Card	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

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 \$

82.18





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

Form 31-F  
R.C. 3517.10

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

Page Total \$ 675.74



## Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton				
<b>Full Name of Contributor</b> Metroits			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2470 East Main Street	<b>Employer/Occupation/Labor Organization*</b> ORG.		<b>Form (Cash, Check, etc.)</b> Cash	
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43209	<b>Date (MM/DD/YYYY)</b> 07/19/2021	<b>Amount</b> 350.00
<b>Full Name of Contributor</b> Victoria Kempton			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1746 Oakdale Ave	<b>Employer/Occupation/Labor Organization*</b> Self		<b>Form (Cash, Check, etc.)</b> Cash	
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Amount</b> 80.00
<b>Full Name of Contributor</b> Victoria Kempton			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1746 Oakdale Ave	<b>Employer/Occupation/Labor Organization*</b> Self		<b>Form (Cash, Check, etc.)</b> Cash	
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Amount</b> 56.00
<b>Full Name of Contributor</b> Victoria Kempton			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1746 Oakdale Ave	<b>Employer/Occupation/Labor Organization*</b> Self		<b>Form (Cash, Check, etc.)</b> Cash	
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Amount</b> 40.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</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)]

Page Total 526.00



## Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends Of Victoria Kempton				
Full Name of Contributor Friends of Martin Heberling			Registration Number, if PAC	
Street Address 400 Shadylawn Drive		Employer/Occupation/Labor Organization* City Councilman / School Teacher		Form (Cash, Check, etc.) Check
City Amherst	State OH	Zip Code 44001	Date (MM/DD/YYYY) 8-13-21	Amount 20.00
Full Name of Contributor Lorain Woman@s Democratic Club			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* ORG		Form (Cash, Check, etc.) Check
City Lorain	State OH	Zip Code 44052	Date (MM/DD/YYYY) 08/11/2021	Amount 500.00
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
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
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
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 520.00





## Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Victoria Kempton				
<b>Full Name of Contributor</b> Lorain County Democrats			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 520 Broadway Ave	<b>Employer/Occupation/Labor Organization*</b> ORG		<b>Form (Cash, Check, etc.)</b> Check	
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Date (MM/DD/YYYY)</b> 09/07/2021	<b>Amount</b> 500.00
<b>Full Name of Contributor</b> Sarah Kempton			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1746 Oakdale Ave	<b>Employer/Occupation/Labor Organization*</b> Self employed		<b>Form (Cash, Check, etc.)</b>	
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Date (MM/DD/YYYY)</b> 9/14/2020	<b>Amount</b> 200.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</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)]

Page Total 700.00





## Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends Of Victoria Kempton				
Full Name of Contributor Anthony Giardini			Registration Number, if PAC	
Street Address 260 Arizona Ave	Employer/Occupation/Labor Organization* lawyer		Form (Cash, Check, etc.) Check	
City Lorain	State OH	Zip Code 44109	Date (MM/DD/YYYY) 4/19/2021	Amount 150.00
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
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
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
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
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 150.00



## Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 07/12/21	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 41.22
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 07/12/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 55.00
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
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
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 \$ 96.22



## Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct credit
City San Francisco	State CA	Zip Code 94105	Amount 2.65
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 4.23
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State CA	Zip Code 94105	Amount 20.78
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 51.29
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 51.29
Full Name of Contributor Instacart		Registration Number, if PAC	
Street Address 50 Beale Street	Type* Refund	Date (MM/DD/YYYY) 09/08/2021	Form (Cash, Check, etc.) Direct Credit
City San Francisco	State OH	Zip Code 94105	Amount 51.29

\* 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 \$ 78.95





## Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends Of Victoria Kempton			
<b>Full Name of Contributor</b> Fifth Third Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 557 Broadway	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Form (Cash, Check, etc.)</b> Direct Credit
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Amount</b> 16.00
<b>Full Name of Contributor</b> Fifth Third Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 557 Broadway	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Form (Cash, Check, etc.)</b> Direct Credit
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Amount</b> 11.00
<b>Full Name of Contributor</b> Fifth Third Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 557 Broadway	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Form (Cash, Check, etc.)</b> Direct Credit
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Amount</b> 14.00
<b>Full Name of Contributor</b> Fifth Third Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 557 Broadway	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Form (Cash, Check, etc.)</b> Direct Credit
<b>City</b> Lorain	<b>State</b> OH	<b>Zip Code</b> 44052	<b>Amount</b> 14.00
<b>Full Name of Contributor</b> Instacart		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 50 Beale Street	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 07/12/2021	<b>Form (Cash, Check, etc.)</b> Direct Credit
<b>City</b> San Francisco	<b>State</b> OH	<b>Zip Code</b> 94105	<b>Amount</b> 8.89

\* 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 \$ 63.89



Event Date 3-19-21 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 Victoria Kempton				
Full Name of Contributor Tony Horn			Registration Number, if PAC	
Street Address 401 E Erie Street	Employer/Occupation/Labor Organization* Bail Bondsmen		Date (MM/DD/YYYY) 03/17/2021	Amount 100.00
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			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc)	
Full Name of Contributor Heather Long			Registration Number, if PAC	
Street Address 1034 West 12th Street			Date (MM/DD/YYYY) 03/19/21	Amount 60.00
City Lorain			Form (Cash, Check, Etc) Cash	
Full Name of Contributor Joel Arredondo			Registration Number, if PAC	
Street Address 607 Allison Ave			Date (MM/DD/YYYY) 03/19/2021	Amount 40.00
City Lorain Ohio			Form (Cash, Check, Etc) 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

Total Expenditures This Event

Page Total \$ 200.00


 Event Date 3-19-2 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 Victoria Kempton				
Full Name of Contributor Comm to Elect Martin Hererling III			Registration Number, if PAC	
Street Address 400 Shadylane Drive	Employer/Occupation/Labor Organization* Teacher / Councilman	Date (MM/DD/YYYY) 03/18/2021	Amount 50.00	
City Amherst	State OH <input type="checkbox"/>	Zip Code 44001	Form (Cash, Check, Etc) check	
Full Name of Contributor George Koury			Registration Number, if PAC	
Street Address 4654 Feilds Way	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 03/18/2021	Amount 50.00	
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Deborah Bradley			Registration Number, if PAC	
Street Address 1358 West 2nd Street	Employer/Occupation/Labor Organization* Consultant	Date (MM/DD/YYYY) 3/19	Amount 100.00	
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Delores Vickers			Registration Number, if PAC	
Street Address 1321 West 22nd Street	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 03/19/2021	Amount 40.00	
City Lorain	State HI <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc)	
Full Name of Contributor Shelia Lanning			Registration Number, if PAC	
Street Address 25590 Baker	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 03/19/2021	Amount 60.00	
City Wellington	State <input type="checkbox"/>	Zip Code 44090	Form (Cash, Check, Etc) 60.00	

\* 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)]

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

Total Expenditures This Event

Page Total \$ 300.00


 Event Date 3-19-21 Page 3
**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 Victoria Kempton				
Full Name of Contributor Karen Shaver			Registration Number, if PAC	
Street Address 5812 Plymouth	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/19/2020	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) cash	
Full Name of Contributor Individual contributions totaling \$25			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/19/2020	Amount 360.00
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	

\* 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

910.82

Total Expenditures This Event

757.92

 Page Total \$ 410.00