



1047

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name <i>Friends and Supporters of Mary Springowski</i>		Office Sought <i>Council At Large</i>		District
Street Address <i>2122 E. Skyline Ave.</i>		City <i>Lorain</i>	State <i>Oh</i>	Zip <i>44053</i>
Candidate Name OR PA# Registration Number <i>Mary Springowski</i>		Treasurer Name <i>Thomas Springowski</i>		Election Date (MM/DD/YYYY) <i>11-02-2021</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	<i>340.34</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>5,800.00</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>6,140.34</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>5,506.44</i>
6. Balance on hand (line 4 minus line 5)	<i>633.90</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>0</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>0</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>667.47</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>0</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>0</i>
12. Value of independent expenditures made (From Form 31-U)	<i>0</i>

 LORAIN COUNTY
BOARD OF ELECTIONS

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Mary Springowski
Signature of Treasurer or Deputy Treasurer

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

Contribution Pages
13

Expenditure Pages
4

Other Pages
1

Total Pages
18

Last Updated 09/2017



Statement of Contributions Received

Page 1

Form 31-A

ORC 3517.10

Full Name of Committee <i>Friends and Supporters of Mary Springowski</i>				
Full Name of Contributor <i>Friends of Karen Shawver</i>			Registration Number, if PAC	
Street Address <i>5812 Plymouth St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44053</i>	Date (MM/DD/YYYY) <i>9-17-21</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Lorain Democrat Womens Club</i>			Registration Number, if PAC	
Street Address <i>1321 5th St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Date (MM/DD/YYYY) <i>9-16-21</i>	Amount <i>750.00</i>
Full Name of Contributor <i>Joseph M. Smith</i>			Registration Number, if PAC	
Street Address <i>1227 W. Erie Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Date (MM/DD/YYYY) <i>10-14-21</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Elva R. Masters</i>			Registration Number, if PAC	
Street Address <i>2271 N. Jefferson Blvd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Date (MM/DD/YYYY) <i>9-24-21</i>	Amount <i>50.00</i>
Full Name of Contributor <i>Shom 31 E</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY) <i>9-17-21</i>	Amount <i>\$4850.00</i>

*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 *5,800.00*



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends & Supporters of Mary Springowski</i>			
To Whom Paid <i>Friends of Stephanie Smith Pinsky</i>		Date (MM/DD/YYYY) <i>8-29-21</i>	Amount <i>30.⁰⁰</i>
Street Address <i>829 Lincoln St.</i>		Purpose <i>fundraiser</i>	
City <i>Amherst</i>	State <i>OH</i>	Zip Code <i>44001</i>	Check Number <i>1438</i>
To Whom Paid <i>Lorain Co. Democratic Party</i>		Date (MM/DD/YYYY) <i>9-9-21</i>	Amount <i>150.⁰⁰</i>
Street Address <i>520 Broadway #300</i>		Purpose <i>fundraiser</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1439</i>
To Whom Paid <i>Friends of Heberling</i>		Date (MM/DD/YYYY) <i>9-9-21</i>	Amount <i>100.⁰⁰</i>
Street Address <i>400 Shadyawn Dr.</i>		Purpose <i>fundraiser</i>	
City <i>Amherst</i>	State <i>OH</i>	Zip Code <i>44001</i>	Check Number <i>1440</i>
To Whom Paid <i>Valor Home</i>		Date (MM/DD/YYYY) <i>9-10-21</i>	Amount <i>250.⁰⁰</i>
Street Address <i>221 W. 21st.</i>		Purpose <i>fundraiser</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1441</i>
To Whom Paid <i>Local 267 Firefighters</i>		Date (MM/DD/YYYY) <i>9-11-21</i>	Amount <i>175.⁰⁰</i>
Street Address <i>1350 Broadway</i>		Purpose <i>fundraiser</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1442</i>

Page Total \$ *705.⁰⁰*



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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Friends of Terri Soto		9-15-21	50. ⁰⁰
Street Address		Purpose	
327 Amherst Ave		fundraiser	
City	State	Zip Code	Check Number
Lorain	OH	44052	1443
To Whom Paid		Date (MM/DD/YYYY)	Amount
Friend of Craig Snodgrass		10-1-21	30. ⁰⁰
Street Address		Purpose	
6323 Oak Point Estates		fundraiser	
City	State	Zip Code	Check Number
Lorain	OH	44053	1446
To Whom Paid		Date (MM/DD/YYYY)	Amount
St. Anthony School		10-2-21	200. ⁰⁰
Street Address		Purpose	
1339 E. Erie Ave		fundraiser	
City	State	Zip Code	Check Number
Lorain	OH	44052	1447
To Whom Paid		Date (MM/DD/YYYY)	Amount
Friends of Tony Dinnick		10-4-21	50. ⁰⁰
Street Address		Purpose	
228 Delaware Ave		fundraiser	
City	State	Zip Code	Check Number
Lorain	OH	44052	1448
To Whom Paid		Date (MM/DD/YYYY)	Amount
Voided Check			0-0
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		1449

Page Total \$ 330.⁰⁰

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends & Supporters of Mary Springowski</i>			
To Whom Paid <i>Thomas J. Springowski</i>		Date (MM/DD/YYYY) <i>10-6-21</i>	Amount <i>2779.84</i>
Street Address <i>2122 E. Skyline Dr.</i>		Purpose <i>reimbursement</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44053</i>	Check Number <i>1450</i>
To Whom Paid <i>Portworks Levy Committee</i>		Date (MM/DD/YYYY) <i>10-9-21</i>	Amount <i>50.00</i>
Street Address <i>319 Black River Ln</i>		Purpose <i>fundrais</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44052</i>	Check Number <i>1451</i>
To Whom Paid <i>I. A. V.</i>		Date (MM/DD/YYYY) <i>10-9-21</i>	Amount <i>100.00</i>
Street Address <i>4567 Oberlin Ave</i>		Purpose <i>fundraiser sponsor</i>	
City <i>Lorain</i>	State <i>OH</i>	Zip Code <i>44053</i>	Check Number <i>1452</i>
To Whom Paid <i>from farm 31F</i>		Date (MM/DD/YYYY) <i>9-17-21</i>	Amount <i>1,541.60</i>
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ *4,471.44*

Event Date 9-17-2021 Page 1Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Patrick Riley</u>			Registration Number, if PAC	
Street Address <u>4860 Pheasant Ln</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8-12-21</u>	Amount <u>75.00</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Friends of Terri Soto</u>			Registration Number, if PAC	
Street Address <u>3271 Amherst Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>08-15-2021</u>	Amount <u>50.00</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Judge D. Chris Cook</u>			Registration Number, if PAC	
Street Address <u>4627 Fields Way</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>50.00</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Victor J. Nardoni</u>			Registration Number, if PAC	
Street Address <u>1541 Meuster Rd</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>100.00</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Friends to elect Joshua Thornberry</u>			Registration Number, if PAC	
Street Address <u>6139 Meadow Farm Ln</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8-9-21</u>	Amount <u>50.00</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>check</u>	

* 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 \$ 325.00

Event Date 9-17-21 Page 2Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Committee to elect Martin Heberling</u>			Registration Number, if PAC	
Street Address <u>400 Shady Lawn Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>100.⁰⁰</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Johnny R. Jones</u>			Registration Number, if PAC	
Street Address <u>4465 Oakhill Blvd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-17-21</u>	Amount <u>50.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Susan Cruzado Burge</u>			Registration Number, if PAC	
Street Address <u>37852 Colorado Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>150.⁰⁰</u>
City <u>Avon</u>	State <u>OH</u>	Zip Code <u>44011</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Ernest L. Ritchey</u>			Registration Number, if PAC	
Street Address <u>1127 4th St.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-12-21</u>	Amount <u>100.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Friends of Tom Delando</u>			Registration Number, if PAC	
Street Address <u>36265 Falcon Crest Dr</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>100.⁰⁰</u>
City <u>Avon</u>	State <u>OH</u>	Zip Code <u>44011</u>	Form (Cash, Check, Etc) <u>check</u>	

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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

Total Expenditures This Event

Page Total \$ 500.⁰⁰

Event Date 9-17-21 Page 3Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>The Committee to Elect J.D. Tomlinson for Lorain County Prosecutors</u>			Registration Number, if PAC	
Street Address <u>16623 Rosedale Dr.</u>		Employer/Occupation/Labor Organization*		Amount <u>250.00</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Date (MM/DD/YYYY) <u>8-25-21</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Anthony B. Scardini</u>			Registration Number, if PAC	
Street Address <u>260 Arizona Ave</u>		Employer/Occupation/Labor Organization*		Amount <u>50.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Date (MM/DD/YYYY) <u>8-23-21</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Lorain Professional Firefighter Local 267</u>			Registration Number, if PAC	
Street Address <u>1350 Broadway</u>		Employer/Occupation/Labor Organization*		Amount <u>150.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Date (MM/DD/YYYY) <u>8-21-21</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Daniel P. Stringer</u>			Registration Number, if PAC	
Street Address <u>12500 Edgewater Dr.</u>		Employer/Occupation/Labor Organization*		Amount <u>50.00</u>
City <u>Lakewood</u>	State <u>OH</u>	Zip Code <u>44107</u>	Date (MM/DD/YYYY) <u>8-23-21</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Both G. Hanley</u>			Registration Number, if PAC	
Street Address <u>2923 Cleveland Blvd</u>		Employer/Occupation/Labor Organization*		Amount <u>50.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Date (MM/DD/YYYY) <u>8-14-21</u>	Form (Cash, Check, Etc) <u>Check</u>

* 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 \$ 550.00

Event Date 9-17-21 Page 4Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Friends of Joe Miller</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 601</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-18-21</u>	Amount <u>100.00</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Daniel W. Given</u>			Registration Number, if PAC	
Street Address <u>3945 Woodstock Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-13-21</u>	Amount <u>100.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Joseph Thomas Laveck</u>			Registration Number, if PAC	
Street Address <u>2501 Seton Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-25-21</u>	Amount <u>100.00</u>
City <u>Avon</u>	State <u>OH</u>	Zip Code <u>44011</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Zaworski & Nielsen Special text.</u>			Registration Number, if PAC	
Street Address <u>753 Broadway</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-21-21</u>	Amount <u>100.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Paul R. Adams</u>			Registration Number, if PAC	
Street Address <u>3780 Parkside Circle West</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-14-21</u>	Amount <u>100.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	

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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

Total Expenditures This Event

Page Total \$ 500.00

Event Date 9-17-21 Page 5Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee				
Friends & Supporters of Mary Springowski				
Full Name of Contributor		Registration Number, if PAC		
Chris Pjanowski				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
380 Woodward Dr.		8-22-21	25. ⁰⁰	
City	State	Zip Code	Form (Cash, Check, Etc)	
Elgin	OH	44035	Check	
Full Name of Contributor		Registration Number, if PAC		
Dale Vandersonmen				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
4885 Deer Run Dr.		8-15-21	25. ⁰⁰	
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH		Check	
Full Name of Contributor		Registration Number, if PAC		
Kyle J. Selenius				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
2711 W. 39 th		8-12-21	50. ⁰⁰	
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH	44053	Check	
Full Name of Contributor		Registration Number, if PAC		
Victoria Kempton				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
1748 Oakdale Ave		9-15-21	25. ⁰⁰	
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH	44052	Check	
Full Name of Contributor		Registration Number, if PAC		
Marie Andukovich				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3918 Palm Ave		9-17-21	100. ⁰⁰	
City	State	Zip Code	Form (Cash, Check, Etc)	
Lorain	OH	44055	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

Total Expenditures This Event

Page Total \$ 225.⁰⁰

Event Date 9-17-21 Page 4Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Scott C. Campana</u>			Registration Number, if PAC	
Street Address <u>48201 Rice Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-15-21</u>	Amount <u>250.⁰⁰</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Tom J. Borowicz</u>			Registration Number, if PAC	
Street Address <u>2513 E. 31st St</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-12-21</u>	Amount <u>250.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44055</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Nancy Greer</u>			Registration Number, if PAC	
Street Address <u>49754 Bursley Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-13-2021</u>	Amount <u>50.⁰⁰</u>
City <u>Wellington</u>	State <u>OH</u>	Zip Code <u>44090</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Gayle Manning</u>			Registration Number, if PAC	
Street Address <u>9436 Foxboro Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-14-21</u>	Amount <u>25.⁰⁰</u>
City <u>North Ridgeville</u>	State <u>OH</u>	Zip Code <u>44039</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Joel P. Arredondo</u>			Registration Number, if PAC	
Street Address <u>607 Allison Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-11-21</u>	Amount <u>75.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>check</u>	

* 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 \$ 650.⁰⁰

Event Date 9-17-21 Page 7Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>S. A. Abel</u>			Registration Number, if PAC	
Street Address <u>1019 7. St.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-11-21</u>	Amount <u>50.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>R. A. Kaplan</u>			Registration Number, if PAC	
Street Address <u>1615 W. 12th St.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-12-21</u>	Amount <u>50.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Mark Mhok</u>			Registration Number, if PAC	
Street Address <u>3552 Sterling Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-8-21</u>	Amount <u>100.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Zachary B. Simonoff</u>			Registration Number, if PAC	
Street Address <u>124 Middle Ave. #500</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-3-21</u>	Amount <u>100.00</u>
City <u>Glyria</u>	State <u>OH</u>	Zip Code <u>44035</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Michael Kobashin</u>			Registration Number, if PAC	
Street Address <u>2382 Ottawa River Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-31-21</u>	Amount <u>350.00</u>
City <u>Toledo</u>	State <u>OH</u>	Zip Code <u>43611</u>	Form (Cash, Check, Etc) <u>Check</u>	

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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

Total Expenditures This Event

Page Total \$ 650.00


 Event Date 9-17-21 Page 8
**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Melody Leisewe</u>			Registration Number, if PAC	
Street Address <u>4025 Stanford Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>8-28-21</u>	Amount <u>25.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Robert Coteff</u>			Registration Number, if PAC	
Street Address <u>1404 W. 22nd St</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-6-21</u>	Amount <u>50.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Jim Carrion</u>			Registration Number, if PAC	
Street Address <u>3949 Courtyard Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Walther for Judge</u>			Registration Number, if PAC	
Street Address <u>4324 Hickory Hill Dr</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Bob G. Hanley</u>			Registration Number, if PAC	
Street Address <u>2923 Cleveland Blvd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	

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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

Total Expenditures This Event

 Page Total \$ 225.⁰⁰


 Event Date 9-17-21 Page 9
**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>C. M. Sepkowsky</u>			Registration Number, if PAC	
Street Address <u>5340 Edgewood Dr</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>James Plone</u>			Registration Number, if PAC	
Street Address <u>647 Washington Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-11-21</u>	Amount <u>50.⁰⁰</u>	
City <u>Chyria</u>	State <u>OH</u>	Zip Code <u>44035</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Samela M. Carter</u>			Registration Number, if PAC	
Street Address <u>1910 Pole Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Betty Sutton for Judge</u>			Registration Number, if PAC	
Street Address <u>289 E. Baird Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.⁰⁰</u>	
City <u>Barberton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Form (Cash, Check, Etc) <u>check</u>	
Full Name of Contributor <u>Jonathan Stepanchick</u>			Registration Number, if PAC	
Street Address <u>3398 Parkside Circle East</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-15-21</u>	Amount <u>50.⁰⁰</u>	
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>check</u>	

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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

Total Expenditures This Event

 Page Total \$ 250.⁰⁰

Event Date 9-17-21 Page 10Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Mark Belleski</u>			Registration Number, if PAC	
Street Address <u>5114 Mills Creek Ln</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>50.00</u>
City <u>North Ridgeville</u>	State <u>OH</u>	Zip Code <u>44039</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Friends of Snodgrass Committee</u>			Registration Number, if PAC	
Street Address <u>6323 Oak Point Estate</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>25.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Rebecca L. Harnych</u>			Registration Number, if PAC	
Street Address <u>819 S. Main St.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>25.00</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Jeanne Moon</u>			Registration Number, if PAC	
Street Address <u>3543 Toledo Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>25.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44055</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Sherry L. Glass Stricksack</u>			Registration Number, if PAC	
Street Address <u>549 Fieldstone Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9.17-21</u>	Amount <u>50.00</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>Check</u>	

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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

Total Expenditures This Event

Page Total \$ 175.00

Event Date 9-17-21 Page 11Statement of Contributions Received
at a Social or Fund-Raising EventForm 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Sharon A. Sweda</u>			Registration Number, if PAC	
Street Address <u>67 Beech Cliff Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>100.00</u>
City <u>Amherst</u>	State <u>OH</u>	Zip Code <u>44001</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Gregory W. Argenti</u>			Registration Number, if PAC	
Street Address <u>4381 Elyria Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>150.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44055</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Thomas A. Iodosis</u>			Registration Number, if PAC	
Street Address <u>495 Belmont Park Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>25.00</u>
City <u>Munroe Falls</u>	State <u>OH</u>	Zip Code <u>44262</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Linda A. Webster</u>			Registration Number, if PAC	
Street Address <u>947 King Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>25.00</u>
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44052</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	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

Total Expenditures This Event

Page Total \$ 300.00

Event Date 9-17-21 Page _____

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

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

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
Full Name of Contributor <u>Contributions of \$25.00 or less</u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount <u>\$500.00</u>
City	State <input type="text"/>	Zip Code		Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State <input type="text"/>	Zip Code		Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State <input type="text"/>	Zip Code		Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State <input type="text"/>	Zip Code		Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State <input type="text"/>	Zip Code		Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State <input type="text"/>	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

Total Expenditures This Event

Page Total \$ 500.00

Date 9-17-21 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <u>Friends & Supporters of Mary Springowski</u>				
To Whom Paid <u>Higners</u>		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>801.⁰⁰</u>	
Street Address <u>1854 Broadway</u>		Purpose <u>food for fundraisers</u>		
City <u>Lorain</u>	State <input type="checkbox"/>	Zip Code <u>44052</u>	Check Number <u>1444</u>	
To Whom Paid <u>Rosewood Place</u>		Date (MM/DD/YYYY) <u>9-17-21</u>	Amount <u>740.⁰⁰</u>	
Street Address <u>4493 Oberlin Ave</u>		Purpose <u>Hall Rental</u>		
City <u>Lorain</u>	State <input type="checkbox"/>	Zip Code <u>44053</u>	Check Number <u>1445</u>	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <input type="checkbox"/>	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 \$ 1,541.⁰⁰