

1047

Ohio Campaign Finance Report

Form 30-

ORC 3517.10

Manager Court of the Court of t						
Committee Name	. (,		Office Sought	0	District
Friends as	ed Supporters of Ma	ry Spe	engoustr	Council.	Al Tary	je
Street Address	Cit	9 -		State Zip		
2122 E. Sky	fline Ar.	derain	_	Oh 9	14053	
Candidate Name OR PA9	Registration Number Treasu	urer Name	,		Election Date (MM/DD/YYYY)
	ingouster 8	homas	Apline	oushi	11-02-	2021
Type of Report (cho		2 2 2				
Annual Se	miannual Pre-Primary	Post-Prima	ry Pre	-General Pos	t-General	
Statewide Candidates	s Only:					Year
July Monthly	August Monthly Septemb	er Monthly				2
Amended Report	Termination	Sh	ort Form R	eport (R.C. 3517.10	D(H))	
No ☐ Yes	Check this box if the committee wishes to terminate with this			box if the committee report. See attache		i.
	33.511.2.513.2.32.43.513.44.44.43.513.2.43.513.2.43.513.3					
1. Amount brough	ht forward from last report			340.34		
2, Total monetary	contributions (From Forms 31-A	and 31-E)	5	800.00		
3. Total other inc	ome (From Form 31-A-2)			D		
4. Total funds ava	ailable (sum of lines 1, 2, 3)			6.140.34		
5. Total monetary	expenditures (From Forms 31-B	and 31-F)		5 50 le.4	4	
6. Balance on ha	nd (line 4 minus line 5)			633.9	0	
7. Value of in-kin	d contributions received (From Fo	orm 31-J-1)		O		
8. Value of in-kin	d contributions made (From Form	1 31-J-2)		O	202	0
9. Outstanding lo	ans owed by committee (From Fo	orm 31-C)		667.47	8	202
10. Outstanding	debts owed by committee (From f	Form 31-N)		D	20	SE S
11. Outstanding	loans owed to committee (From F	Form 31-K)		O	U	LEC C
12. Value of inde	pendent expenditures made (From	m Form 31-	(ال	0	f.	HA THE
THIS STATEMEN WHOEVER COMP	T IS MADE UNDER PENALTY OF MITS ELECTION FALSIFICATION	ELECTION IS GUILTY	FALSIFICA OF A FELO	TION. NY OF THE FIFTH	DEGREE.	de .
Marit	Springer			/A·	20.2021	
Signature of Treasurer of	1 0.0			Date (MM/I		
Contribution Pages	Expenditure Pages	Other Pag	es	Total Pages		
13	4			18	Last	Updated 09/20



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		100	
	iters of larg	Sourcourk	
Full Name of Contributor	()	Registration No	umber, if PAC
Freends of Karen Sh			1945 - 1947 (Complete)
Street Address	Employer/Occupation/Labor Or	rganization*	Form (Cash, Check, etc.)
5812 Plymouthak			Check
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Morain	Un 44053	9-17-21	50.60
Full Name of Contributor		Registration No	umber, if PAC
Loren Democrat W	omens Club		
Street Address	Employer/Occupation/Labor Or	rganization*	Form (Cash, Check, etc.)
1321 5th St.			Check
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Lorain	Ch 44052	9-16-21	750.W
Full Name of Contributor .		Registration No	umber, if PAC
Greph M. Smits	L		
Street Address	Employer/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)
1227 W. Erie Are			Check
City 0 -	State Zip Code	Date (MM/DD/YYYY)	Amount
Molain	Ch 44052	10-14-21	100.00
Full Name of Contributor		Registration No	umber, if PAC
Elva R. Martes			
Street Address	Employer/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)
2271, n. Jefferson B	Ard		Check
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Man	9- 44052	9-24-21	50.00
Full Name of Contributor		Registration No	umber, if PAC
From 31 E			
Street Address	Employer/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/DD/YYYY)	Amount
[*	•	9-17-21	\$4850.00

*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)]

Page Total	5,	800,00
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Statement of Expenditures

Form 31-B

R.C. 3517.10

- · · · · · · · · · · · · · · · · · · ·			
Full Name of Committee	11	· Sacra	1
grandy reproducts	Mary	Spurgoust	<u> </u>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Thrends of Stephanic Smit	h Parole	4 8-29-21	30.00
Street Address	Purpose	25	
829 Lincoln St.	fu	ndraises	
City	State 0 2	Zip Code	Check Number
Amherst	ОН	44001	1438
To Whom Paid		Date (MM/DD/YYYY)	Amount
Lorain Co. Democratic Pa	erty	9-9-21	150.
Street Address	Purpose		
520 Broadway \$ 300	Jun	draves	
City	State / Z	Zip Code	Check Number
Frain	ОН	44052	1439
To Whom Paid		Date (MM/DD/YYYY)	Amount •
Friends of Heberling		9-9-21	100.0
Street Address	Purpose /	1 21 10	
400 Shadylaun Dr.	ge	indraises	
City	State	Zip Code	Check Number
Amherst	ОН	44001	1440
To Whom Paid		Date (MM/DD/YYYY)	Amount
Valor Home		9-10-21	250,00
Street Address	Purpose /		
221 W. 21st.	- Fu	indrases	
City	State :	Zip Code	Check Number
Loran	ОН	44052	1441
To Wham Paid		Date (MM/DD/YYYY)	Amount
Local 267 Frefrichlin		9-11-21	175.50
Street Address	Purpose		
The state of the s		2.	
1350 Broadway	4	undraises	
City Droadway	4	Zip Code	Check Number
	4		Check Number

Page Total \$_	705.
Page Total \$_	703.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Trillads of Serre soto		9-15-21	50.00
Thurs of Derri Soto	Purpose	1	
327 Amherst Ave	9	jundraise	
City 0 .	State	Zip Code	Check Number
Train	ОН	44052	1443
To Whom Paid	*	Date (MM/DD/YYYY)	Amount
Theend of Craix Snod	glan	10-1-21	30.60
Street Address	Purpose	0 .	
6323 Oak Point Eslates		fundrande	
City 0	State	Zip Code	Check Number
Louis	ОН	4+053	1446
To Whom Paid		Date (MM/DD/YYYY)	Amount
St. Anthony School		16-2-21	200.0
Street Address	Purpose		
1339 8. Erie Ave	fu	ndraises	
City	State '	Zip Code	Check Number
Train	ОН	44052	1443
To Whom Paid	×	Date (MM/DD/YYYY)	Amount
Theends of Dony Dina	echin	10-4-21	50.00
Street Address	Purpose	18	
228 Delaware to	Ju	ndraises	
City	State	Zip Code	Check Number
Frain	ОН	44052	1448
To Whom Pald		Date (MM/DD/YYYY)	Amount
Volded theck			6-0
Street Address	Purpose		
City	State	Zip Code	Check Number
	ОН		1449

Page Total \$	330
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
	. 0		
Thrends & Supporters of M	ary of	Mnegowski	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Thomas G. Sourgowsky		10-6-21	2779.84
Street Address	Purpose		
2122 E. Skeline dr.	heir	nbursement	
City O		Zip Code	Check Number
Strain	он	44053	1450
To Whom Paid		Date (MM/DD/YYYY)	Amount
Portworks Livy Commi	ttu	10-9-21	50,40
Street Address	Purpose		
319 Black River an	fu	ndraws	
City	State	Zip Code	Check Number
Loran	ОН	44052	1451
To Whom Paid		Date (MM/DD/YYYY)	Amount
1. A. V.		10-9-21	100.00
Street Address	Purpose		
4567 Oberlin Avr	Jan	advances Sp	sonson
City (State	Zip Code	Check Number
Fran	ОН	44053	1452
To Whom Paid		Date (MM/DD/YYYY)	Amount
From form 31F.		9-17-21	1,541.60
Street Address	Purpose		
	1		
City .	State	Zip Code	Check Number
	ОН		n -
To Whom Paid		Date (MM/DD/YYYY)	Amount
	T_	•	
Street Address	Purpose		
Street Address	Purpose		
Street Address City		Zip Code	Check Number
		Zip Code	Check Number

Page Total \$ 4 471. 44



Event Date	9-17-2021	Page	1
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				R.C. 3517.10(B)
Full Name of Committee	10	0		
Friends & Supporters	of Mary	Springousk		
Full Name of Contributor			Registration Number, if PAC	
Patrick Reley				
Street Address	Employer/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
4860 Pheasant An			18-12-21	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
dirain	04	44053	Check	
Full Name of Contributor			Registration Number, if PAC	
Friends of Jerri &	Soto			
Street Address	Employer/Occupat	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
3271 Amherst Ave			08-15-2021	50.90
City &	State	Zip Code	Form (Cash, Check, Etc	
Notain	On	44052	Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Cook.			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4627 Fields Way	A 840	622	8.13.21	Amount SO.
City	State	Zip Code	Form (Cash, Check, Etc	
Locain	On	44053	Check	
Full Name of Contributor			Registration Number, if PAC	
Victor J. Narde	ni			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1541 Meister Rd			8.13.21	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Korain	On	44053	Check	
Full Name of Contributor			Registration Number, if PAC	
Thrends to elect go	shua Th	ornsberry		
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6139 Meadow Farm L			8-9-21	56.00
City .	State	Zip Code	Form (Cash, Check, Etc	
Lorain	On	44053	check	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than el aggregate of \$100, the labor organization of which the	mployer should be lis	sted. If two or more empl	oyees contribute via payroll de	yed, the occupation and the duction and exceed the
Fill in the boxes below only on the last page for this ev Transfer the Total contributions for this event to form N event in the date column	ent. No. 31-A, Under Full	Name of Contributor stat	e "Contributions from form No.	31-E" and list the date of the
Total Contributions This Event	Total Expenditure	es This Event	Page Total \$	325.00



Event Date	9-17-21	Page 2
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Form 31-E R.C. 3517.10(B)

Full Name of Committee Registration Number, if PAC Employer/Occupation/Labor Organization* Amount Date (MM/DD/YYYY) 100.00 State Zip Code Registration Number, if PAC Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 5000 City Zip Code C heck 44053 Full Name of Contributor Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 150 City State Zip Code Check Registration Number, if PAC Date (MM/DD/YYYY) Street Address Employer/Occupation/Labor Organization* Amount 100.00 Zip Code City Check Registration Number, if PAC Amount Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) 100.00 Zip Code 4401

* 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

	- 00
Page Total \$	500.00



a .	2 - /	^
7-1	+-21	Page
	9-1	9-17-21

					R.C. 3517.10(B)
Full Name of Committee	- N				
Friends & Supporters	of Mas	y Sounge	roshi		
Full Name of Contributor		To Lorai	Registration N	lumber, if PAC	
The Committee to Elect J. A	J. Formlin	for Loral for Loral courty son Proxima			
		ion/Labor Organization	* Date (MM/DD	YYYY)	Amount
6423 Rosedalen.				5-4	250.00
City	State	Zip Code	Form (Cash, (Check, Etc	The state of the s
Amherst	Chi	44001	Che		
Full Name of Contributor			Registration N	lumber, if PAC	
Anthony B. Dearde					
Street Address	Employer/Occupat	ion/Labor Organization	* Date (MM/DD	YYYY)	Amount
260 Arizona fre				13-4	50.00
City .	State	Zip Code	Form (Cash, (Check, Etc	
Joran	Chi	44052	Che	ck	
Full Name of Contributor	0	Local	Registration N	lumber, if PAC	
dorain thopesseon	al Frete	spter 267			
2	Employer/Occupat	ion Labor Organization			Amount
1350 Proadway	Labor	Granizal	W. Committee	1-21	150.5
City O	State	Zip Code	Form (Cash, (Check, Etc	
Lorain	(44052	Che	ck	
Full Name of Contributor			Registration N	lumber, if PAC	
Daniel P. Stringer					
	Employer/Occupat	ion/Labor Organization	* Date (MM/DD	/YYY)	Amount
12500 Edgewater Dr			8.23	,	50.00
City 10	State	Zip Code	Form (Cash,	Check, Etc	
Lakewood	CAL	44107	Che	ck	
Full Name of Contributor	-		Registration N	Number, if PAC	
Both J. Hanley					
Street Address	Employer/Occupat	tion/Labor Organization	* Date (MM/DD	(YYYY)	Amount
2923 Cleveland Blod	1. 11.20		8-10	1-21	50.00
City	State	Zip Code	Form (Cash,	Check, Etc	
Jorain	Chi	44052	Che	ek	The last was a first
* Required for contributions from individuals over \$100 to name of the individual's business, if any, rather than em aggregate of \$100, the labor organization of which the e	ployer should be lis	sted. If two or more em	ployees contribu	te via payroll dedu	ed, the occupation and the uction and exceed the
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form No event in the date column	nt. o. 31-A. Under Full	Name of Contributor st	ate "Contribution	s from form No. 3	1-E" and list the date of the
Total Contributions This Event	Total Expenditure	es This Event	1		The Car
South Section 1110 Section 1110				Page Total \$_	550.00



	_	
Event Date	9-17-21	Page 4

			R.C. 3517.10(B)
Full Name of Committee	0		
Friends & Supporter	s of Mary Spring	onsler	
Full Name of Contributor	0 0110	Registration Number, if PAC	
Friends of Goe lld	ler		ave
Street Address	Employer/Occupation/Labor Organization*		Amount
P. Q. Box 601		8-18.24	100.00
City	State Zip Code	Form (Cash, Check, Etc	
Amherst	De 44001	Check	
Full Name of Contributor		Registration Number, if PAC	
Daniel W. Dive	^		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
3945 Woodstock Nr.		8-13-24 Form (Cash, Check, Etc	100.9
City C	State Zip Code	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Foran	Un 44053	Check	10 TABLE TES
Full Name of Contributor		Registration Number, if PAC	
Osmand The man day	r.h		
Street Andress	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
201 Delon No		8-25-21 Form (Cash, Check, Etc	100.00
City	State Zip Code	Form (Cash, Check, Etc	Water Bally Bally Bally
Avon	De 44011	cheek	
Full Name of Contributor	0	Registration Number, if PAC	
Zaworski & Niels	en special tect.		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
753 Bloadway		8-21-21	100.00
City	State Zip Code	Form (Cash, Check, Etc.	是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
Joian	44052	Check	
Full Name of Contributor		Registration Number, if PAC	
Paul R. Adams			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
3780 Parkside Circle		8-14-21	100.00
City 1	State Zip Code	Form (Cash, Check, Etc	
Jorain	CH 44053	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 should be listed. If two or more emp	loyees contribute via payroll dec	yed, the occupation and the duction and exceed the
Fill in the boxes below only on the last page for this eve Transfer the Total contributions for this event to form N event in the date column	ent. o. 31-A. Under Full Name of Contributor sta	te "Contributions from form No.	31-E" and list the date of the
Total Contributions This Event	Total Expenditures This Event		500.00
		Page Total \$	500.



7-21	Page 5
	7-21

				R.C. 3517.10(B)
Full Name of Committee				
Theend & Supporter	s of Ma	44 Soun	oorshi	
Full Name of Contributor	0	9	Registration Number, if PAC	
Ahi O- 15				
Mus Fyanowski				
Street Address	Employer/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
Full Name of Contributor Wiss Pyanorush Street Address 380 Windward Dr. City			8-22-21	25.00
City / -	State	Zip Code	Form (Cash, Check, Etc	
Elipia	X -	44035	Check	
Full Name of Contributor			Registration Number, if PAC	
Sale Vanderson	men			
Street Address		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
4885 Durkundr-			8-15-2/	25.00
City .	State	Zip Code	Form (Cash, Check, Etc	
Lorain	Ox-		Check	
Full Name of Contributor			Registration Number, if PAC	Automorphism of the second
Kyli J. Selen	1444			
Street Address		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2711 W.39th		on add on ongain		50.8
		75-0-4-	S-/2-2	50.
City	State	Zip Code		
Dolain	She	44053	Check	
Full Name of Contributor			Registration Number, if PAC	
Uctoria Kempl	on			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1748 Wakdale Ave			9-15-21	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
The air		44052	Check	
Full Name of Contributor	No.	110 50	Registration Number, if PAC	
~			Trogistiates Transcript Tro	
Marie Andukovic				1
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3918 talm Arr			9-17-21	100.00
City D -	State	Zip Code	Form (Cash, Check, Etc	
Forain	One	44055	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 should be lis	sted. If two or more empl	oyees contribute via payroll ded	ed, the occupation and the duction and exceed the
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	ent. o. 31-A. Under Full	Name of Contributor sta	te "Contributions from form No.	31-E" and list the date of the
Total Contributions This Event	Total Expenditure	es This Event	Page Total \$	225.00



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Event Date	1-1	17-21	Page 4

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

				K.O. 3517.10(B
Full Name of Committee			C .	
Triends & Suppos	ters of	Mary So	Registration Number, if PAC	
Full Name of Contributor	0		Registration Number, if PAC	
Scott C. Cempa	na			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
48201 Rice Rd			9-15.21	250.40
City	State	Zip Code	Form (Cash, Check, Etc	
Amherst	Ca-	44001	Check	
Full Name of Contributor	V		Registration Number, if PAC	
Jon J. Browicz	1			
Suber Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2513 E. 318t St			9-12-21	250.0
City D	State	Zip Code	Form (Cash, Check, Etc	
Man		44055	Check	
Full Name of Contributor			Registration Number, if PAC	
Nancy Greer				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
49754 BursleyRd			9-13,2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Wellington	Ju-	44090	Check	
Full Name of Contributor			Registration Number, if PAC	
Dayle Manner	/			
Street Address 0	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
9436 toxboro Dr.			9-14-21	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
North Ridgirll	le On	44039	Check	
Full Name of Contributor			Registration Number, if PAC	
Golf. Arredondo	-			
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
607 Allisan Are			9-11-21	75.00
City of	State	Zip Code	Form (Cash, Check, Etc	
Dorain		44052	Check	
* Required for contributions from individuals over \$100	to statewide and Ge	eneral Assembly candida	ites. If contributor is self-employ	ed, the occupation and the
name of the individual's business, if any, rather than er aggregate of \$100, the labor organization of which the	mployer should be lis	sted. If two or more empl	oyees contribute via payroll ded	uction and exceed the
Fill in the boxes below only on the last page for this evi Transfer the Total contributions for this event to form N	ent. lo. 31-A. Under Full	Name of Contributor stat	te "Contributions from form No.	31-E" and list the date of the

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
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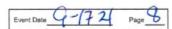
Page Total \$	620,00



Event Date	9-	-17	1-	4	Page 7
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				R.C. 3517.10(B)
Full Name of Committee			C.	
Triends & Supp	t. A.	Ala Xx		
Thenas y puppe	nus /	ware Apr	Registration Number, if PAC	
Full Name of Contributor		0	Registration Number, if PAC	
S. A. Abel				
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1019 7. At.			9-11-21	50.00
City O	State	Zip Code	Form (Cash, Check, Etc	
Maria	101-	44052	Check	
Full Name of Contributor		11000	Registration Number, if PAC	
RA. Kamlin				
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1615 W. 12th St.			9-12-24	58.60
City	State	Zip Code	Form (Cash, Check, Etc	MATERIAL STREET
Forain	Q.	44052	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark Muhok				
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
3552 Sterling Rd		The state of the s	9-8-21	100.6
City O	State	Zip Code	Form (Cash, Check, Etc	STATE OF THE PARTY
Loran	Y.		Check	
Full Name of Contributor			Registration Number, if PAC	
Zachary B. Simo	note			
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
124 Middle Ave = 500			9-3-21	100.60
City	State :	Zip Code	Form (Cash, Check, Etc	ELAN ELAN MILLEN
Gleria	(),	44035	Check	
Full Name of Contributor	O'VE		Registration Number, if PAC	
Michael Kobasher	,			
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
2382 Ottown Ruer			8-31-21	350,00
City		Zip Code	Form (Cash, Check, Etc	BY ALLOW THE PARTY OF THE PARTY
Toledo	QUI.	43611	Check	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than er aggregate of \$100, the labor organization of which the	nployer should be list	ed. If two or more emple	oyees contribute via payroll ded	
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		lame of Contributor stat	e "Contributions from form No. 3	31-E" and list the date of the
Total Contributions This Event	Total Expenditures	This Event	Page Total \$	(050,00)





			R.C. 3517.10(B)
Full Name of Committee	1. 0		
Thiends & Sugror	terson Mary &	xungride	
Full Name of Contributor	0 1	Registration Number, if PAC	
Melody Leisevie			
Street Address	Employer/Occupation/Labor Organization	* Date (MM/DD/YYYY)	Amount
4025 Slanford Ave	1	8-28-21	25.00
City J	State Zip Code	Form (Cash, Check, Etc	
Forain	The 44053	Check	A STATE
Full Name of Contributor		Registration Number, if PAC	
Kovert Coleff			
Street Address	Employer/Occupation/Labor Organization		Amount
1404 W.Z2Nd St		9-6-21	.50.00
City	State Zip Code	Form (Cash, Check, Etc	
Jolan	44052	Check	
Full Name of Contributor		Registration Number, if PAC	
Jim Carrion			
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
3949 Coustyand Dr.		9-17-2/	50.0
City D	State Zip Code	Form (Cash, Check, Etc	The state of
Foran	44053	, Check	The second
Full Name of Contributor		Registration Number, if PAC	
Walther for And	ex		
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
4324 Hickory Hill A	7	9-17-24	58.00
City D	State Zip Code	Form (Cash, Check, Etc	BO STATE OF THE ST
Tolaw	UNE 44052	Check	
Full Name of Contributor		Registration Number, if PAC	
Both G. Henley			
Street Address	Employer/Occupation/Labor Organizatio	Date (MM/DD/YYYY)	Amount
2923 Cleveland Blod		9-17-21	50.00
City D	State Zip Code	Form (Cash, Check, Etc	
Main	W 4405)	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	aployer should be listed. If two or more en	ployees contribute via payroll ded	ed, the occupation and the luction and exceed the
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form Ne event in the date column	ont, o. 31-A. Under Full Name of Contributor s	ate "Contributions from form No.	31-E" and list the date of the
Total Contributions This Event	Total Expenditures This Event		225.00
		Page Total \$	LLJ.



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Event Date	9	-	7	14	Page

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

Full Name of Committee		1	2		
Treends & De monte	mon!	Mary &	Janus	MAL.	
Full Name of Contributor	0	-	Registrati	on Number, if PAC	
C. M. Sickovsky					l
Street Address Em	nployer/Occupation	n/Labor Organizati	on* Date (MM	/DD/YYYY)	Amount
5340 Elawood Dry			9.	-17-21	50.4
City O	State Z	Zip Code	Form (Ca	sh, Check, Etc	
Totain	Pui	44053	ca	eele	
Full Name of Contributor			Registrati	on Number, if PAC	
James Slone					
Street Address En	nployer/Occupatio	n/Labor Organizati	on* Date (MM	/DD/YYYY)	Amount
647 Washington Ar			9-	11-24	50.60
City	State 2	Zip Code		sh, Check, Etc	
Cleria	Phi	44035	s ca	ecle	
Full Name of Contributor			Registrati	on Number, if PAC	
Jamela M. Carter					
	nployer/Occupatio	n/Labor Organizati	ion* Date (MN	(VDD/YYYY)	Amount
1910 Pole tre			4	-17-21	50.60
City D	State 2	Zip Code	Form (Ca	sh, Check, Etc	
Forain	Dr.	4405	2 Ch	ecle	
Full Name of Contributor			Registrati	on Number, if PAC	
Botty Sutton for Ju	des.				
Street Address ()	nployer/Occupation	on/Labor Organizat	ion* Date (MN	N/DD/YYYY)	Amount
289 E. Baird Are			9	-17-21	50,3
City	State	Zip Code	Form (Ca	ish, Check, Etc	
Barberton	4	44203	5 0	reek	
Full Name of Contributor			Registrat	ion Number, if PAC	
Annathon Stephe	nchick				
	mployer/Occupation	on/Labor Organizat		M/DD/YYYY)	Amount 50
3798 Parkind Ciraleas			9-	15-24	30/
City	State	Zip Code	100000000000000000000000000000000000000	ash, Check, Etc	
Forain	المالا	4405	3 0	heell	是
* Required for contributions from individuals over \$100 to s name of the individual's business, if any, rather than emplo aggregate of \$100, the labor organization of which the emp	over should be list	ed. If two or more e	employees con	tribute via payroll ded	ed, the occupation and the luction and exceed the
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 3 event in the date column	31-A, Under Full N	lame of Contributor	r state "Contrib	utions from form No. 3	31-E" and list the date of the
Total Contributions This Event	Total Expenditures	This Event		Page Total \$	250,00
				1 090 101010	100000000000000000000000000000000000000



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Event Date	9	-	7	.7	Page (O

A.			R.C. 3517.10(B)
Full Name of Committee			
Triends & Suprost	ers of Mary Sp	ceronde	
Full Name of Contributor		Registration Number, if PAC	
Mark Belleshi			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
5114 Mills Creek Li		9-17-21	50,6
City //	State Zip Code	Form (Cash, Check, Etc	
North Ridgiville	44039	Chech	
Full Name of Contributor	0	Registration Number, if PAC	
Triends of Snodgra	iss Commetter		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6323 Veh Poutested	'n	9-17-21	25.00
City	State Zip Code	Form (Cash, Check, Etc	
Locain	The 44053	Chech	
Full Name of Contributor		Registration Number, if PAC	1
Rebecca La Harmes	n la		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
819 S. Main St		9-17-4	2500
City	State Zip Code	Form (Cash, Check, Etc	CANADA STATE OF LOT
Smheist	QUE 44001	Check	
Full Name of Contributor		Registration Number, if PAC	
Joanne Moon			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
3543 Medo Are		9-17-21	25.00
City of	State Zip Code	Form (Cash, Check, Etc	
John	44055	Chech	
Full Name of Contributor		Registration Number, if PAC	
Sherry L. Slass &	tropsach		
Street Address	Employer/Occupation/Labor Organization*		Amount
549 Fieldstone D.	110	9.17-21	57.5
City	State Zip Code	Form (Cash, Check, Etc	
Amherst	44001	Chech	
* Required for contributions from individuals over \$100 t name of the individual's business, if any, rather than em aggregate of \$100, the labor organization of which the	ployer should be listed. If two or more empl	oyees contribute via payroll dedu	ed, the occupation and the uction and exceed the
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form No event in the date column	nt, p. 31-A. Under Full Name of Contributor state	te "Contributions from form No. 3	1-E" and list the date of the
Total Contributions This Event	Total Expenditures This Event	D	17500
		Page Total \$	11-



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Event Date	4	-	1	1	1	Page /

			R.C. 3517.10(B)
Full Name of Committee	1. 9		
Triends 4 Dupper	ters of Mary Ap	rengoush	
Full Name of Contributor	0	Registration Number, if PAC	
Sharon A. Swed	u		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
67 Buch Clip Ar.		9-17-24	100,6
City	State Zip Code	Form (Cash, Check, Etc	
Amherst	Chi 44001	Check	
Full Name of Contributor		Registration Number, if PAC	
Gregory W. Steet	Tli		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
438) Cleria Ave		9-17.21	150,50
City D	State Zip Code	Form (Cash, Check, Etc	
Joran	DE 44055	Check	
Full Name of Contributor		Registration Number, if PAC	
Thomas A. Icod	oses		
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
495 Balmort Parkel		9-17-7	25.20
City	State Zip Code	Form (Cash, Check, Etc	
Munroe Falls	€ 44262	Check	
Full Name of Contributor		Registration Number, if PAC	
Linda & Webbe	a		
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
947 King Ave		9-17-21	25.0
City D	State Zip Code	Form (Cash, Check, Etc	
Foram	YUS 2	Check	
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	o statewide and General Assembly candid	ates. If contributor is self-employ	ed, the occupation and the
name of the individual's business, if any, rather than em aggregate of \$100, the labor organization of which the e	ployer should be listed. If two or more emp	loyees contribute via payroll ded	uction and exceed the
Fill in the boxes below only on the last page for this ever	nt.		
Transfer the Total contributions for this event to form No event in the date column	o. 31-A. Under Full Name of Contributor sta	ate "Contributions from form No. 3	31-E" and list the date of the
Total Contributions This Event	Total Expenditures This Event		2014
		Page Total \$	5007



Event Date	9	-	17-	2	Page
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Form 31-E

			R.C. 3517.10(B
Full Name of Committee Truly & Sugar	orter of Mary &	Survende	
Full Name of Contributions of	\$2690	Registration Number, if PAC	
Contributions of	425. 00 less		
Street Address	Employer/Occupation/Labor Organization*	9-17-21	\$500.00
City	State 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 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 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 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 Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over \$10 name of the individual's business, if any, rather than aggregate of \$100, the labor organization of which the	employer should be listed. If two or more employees are members, if any, must also a	loyees contribute via payroll de	yed, the occupation and the duction and exceed the
Fill in the boxes below only on the last page for this er Transfer the Total contributions for this event to form	vent. No. 31-A. Under Full Name of Contributor sta	te "Contributions from form No.	31-E" and list the date of the

Total Expenditures This Event

Pre-General CFR 10/20/2021 04:15 PM

event in the date column

Total Contributions This Event

Page Total \$



Date 9-	17.21	Page
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee		-	10	
Triends & Supporters 7	Ma	res Spie	vepush	
To Whom Paid		0,1	Date (MM/DD/YYYY)	Amount
Fligners			9-17-21	801.60
Street Address	Purpose		0	
1854 Broadway	4	road f	or Gundra	uses
City Q	State	Zip Code	Check Number	
Arain	~	44052	1-444	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Rosewood Place			9-17-21	740.0
Street Address	Purpose	1.00 0		
4493 Overlen tve			ental	
City &	State	Zip Code	Check Number	
Main	-	44053	1445	CONTRACTOR
To Whom Paid			Date (MM/DD/YYYY)	Amount
			11	4
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	THE REAL PROPERTY.
	~			(福基度) 三部
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	The second second
	-			
				The state of the s

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.

	1 /1160
Page Total \$_	1,541.