

1014

Ohio Campaign Finance Report

LORAIN CBURTY BOARD OF ELECTIONS

Form 30-A ORC 3517.10

		021 007 18	D 12- 22					
Committee Name		001 10	1- 12. 22	Office Sought				District
Joel Arredondo								
Street Address		City		State	Zij	p		-
607 Allison Avenue		Lorain		ОН	4	4052		
Candidate Name OR PAC Registration Number Treasurer Name						Election Date (I	MM/DD/	(YYY)
Joel Arredondo Juanita Senquiz			Jiz			11/02/2021		
Type of Report (cho	ose one):							
Annual Se	emiannual Pre-Primary	Post-Pr	rimary 🗵 Pro	e-General	Pos	t-General		
Statewide Candidate	s Only:						Year	
July Monthly	August Monthly Se	ptember Mont	thly				202	E
Amended Report	Termination		Short Form R	eport (R.C. 35	17.10	D(H))		
⊠ No ☐ Yes	Check this box if the co		Check this	s box if the com report. See at	nmitte tache	ee is filing a		
1. Amount brough	ht forward from last report			712.90	0			
2. Total monetary contributions (From Forms 31-A and 31-E)			E)	7,830.00				
3. Total other income (From Form 31-A-2)				0				
4. Total funds available (sum of lines 1, 2, 3)				8,542.90				
5. Total monetary	expenditures (From Forms	31-B and 31-F	=)	4,654.9	7			
6. Balance on har	nd (line 4 minus line 5)			3,887.9	3			
7. Value of in-kind	d contributions received (Fr	om Form 31-J	J-1)					
8. Value of in-kind	d contributions made (From	Form 31-J-2)				7		
9. Outstanding loa	ans owed by committee (Fr	om Form 31-C	()					
10. Outstanding d	lebts owed by committee (F	rom Form 31-	-N)					
11. Outstanding le	oans owed to committee (F	rom Form 31-l	K)					
12. Value of indep	pendent expenditures made	(From Form	31-U)					
	I IS MADE UNDER PENALT MITS ELECTION FALSIFICA				FTH	DEGREE.		
Juanile	Don			1	0//	7/2021		
Signature of Treasurer or	Deputy Treasurer			Date	(MM/D	D/YYYY)		
Contribution Pages	Expenditure Pages	Other I	Pages	Total Pages				
18	4	-		22		Last U	pdated	09/20



Event	Date	8-1-2021	Page 1

Full Name of Committee							K.C. 3517.10(
Joel Arredondo - Lorain Council Campaign	Fund						
Full Name of Contributor					Registration	Number, if PAC	
Donald Zaleski							
Street Address	Employer	r/Occupa	tion/Labor Orga	nization*	Date (MM/D	D/YYYY)	Amount
4868 Pheasant Drive						8/23/2021	25.00
City		State	Zip Code		Form (Cash,	Check, Etc	
Lorain		он 🔻	44053		Check		Andrew Say -
Full Name of Contributor					Registration	Number, if PAC	
Max Schaefer							
Street Address	Employer	/Occupal	tion/Labor Orga	nization*	Date (MM/DI	D/YYYY)	Amount
2976 Oberlin Avenue						8/1/2021	25.00
City	1	State	Zip Code		Form (Cash,	Check, Etc	
Lorain		он 🔻	44052		Check		
Full Name of Contributor					Registration	Number, if PAC	
Larry Donaldson							
et Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)		Amount			
1515 S. Lakeview Blvd			Date (MINIE	8/14/2021	50.00		
City	1	State	Zip Code		Form (Cash,		
Lorain		он 🖵	44052		Check	Ollowit Eto	
Full Name of Contributor			P. N. S. S. P. T. C.		Santana .	Number, if PAC	
Sharon Sweda				. 1	regionation	rtumber, ii r Ao	
Street Address	Employer	/Occupat	ion/Labor Orga	nization*	Date (MM/DI	D/YYYY)	Amount
67 Beech Cliff Drive						8/13/2021	50.00
City	1	State	Zip Code		Form (Cash,	Check, Etc	
Amherst		он 🔻	44001		Check		
Full Name of Contributor					Registration	Number, if PAC	
Beth Henley							
Street Address	Employer	/Occupat	ion/Labor Orga	nization*	Date (MM/DI	D/YYYY)	Amount
2923 Cleveland Street	×					8/1/2021	25.00
City	1 5	State	Zip Code		Form (Cash,	Check, Etc	
Lorain	(он 🔻	44052		Check		
Required for contributions from individuals over \$100 name of the individual's business, if any, rather than emaggregate of \$100, the labor organization of which the	nployer sho	uld be lis	ted. If two or m	ore emplo	oyees contribu	ite via payroll dedu	
Fill in the boxes below only on the last page for this ever fransfer the Total contributions for this event to form No event in the date column		der Full N	Name of Contrib	outor state	e "Contribution	ns from form No. 31	-E" and list the date of the
Total Contributions This Event	Total Exp	penditure	s This Event			Page Total \$_1	75.00



	8/1/2021	- 2
Event Date	0/1/2021	Page 2

	54 (B) (B)			THE RESERVE OF	-		
Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund							
Full Name of Contributor	i dila			Degistration	Number, if PAC		
Jean Sekulic				rvegistration	Number, ii PAC		
Street Address	Employ	er/Occupa	tion/Labor Organization	Date (MM/D	D/YYYY)	Amount	
68 N. Pointe Drive					8/1/2021	25.00	
City		State	Zip Code	Form (Cash,	Check, Etc		
Avon Lake		он 🔻	44012	Check			
Full Name of Contributor				Registration	Number, if PAC		
Friends of Kokoski							
Street Address	Employe	er/Occupal	ion/Labor Organization*	Date (MM/D	D/YYYY)	Amount	
4612 Lucas Court					8/1/2021	50.00	
City		State	Zip Code	Form (Cash,	Check, Etc		
Elyria		ОН ▼	44035	Check			
Full Name of Contributor				Registration	Number, if PAC		
Marcia Ballinger							
Street Address	et Address Employer/Occupation/Labor Organization*		Date (MM/DI	D/YYYY)	Amount		
33000 Hidden Hollow Court	Hidden Hollow Court			8/1/2021	50.00		
City		State	Zip Code	Form (Cash,	Check, Etc		
North Ridgeville		он 🔻	44039	Check			
Full Name of Contributor				Registration	Number, if PAC		
Friends of Cory Shawver							
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount	
2117 W. 11th Street					8/3/2021	50.00	
City		State	Zip Code	Form (Cash,	Check, Etc		
Lorain		он 🕶	44052	Check			
Full Name of Contributor				Registration	Number, if PAC		
Patricia Morrisson							
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount	
3471 E. Erie Avenue					8/9/2021	50.00	
City		State	Zip Code	Form (Cash,	Check, Etc		
Lorain		он 🔻	44052				
* 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 ever Transfer the Total contributions for this event to form No event in the date column		Inder Full N	Name of Contributor stat	e "Contribution	ns from form No. 31	-E" and list the date of the	
Total Contributions This Event	Total E	xpenditure	s This Event		Page Total \$2	25.00	



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Event Date	8/1/2021	Page 3

E. II N	-				* w */-	************
Full Name of Committee						
Joel Arredondo - Lorain Council Campaign	Fund					
Full Name of Contributor				Registration Number, if PAC		
Kyle Gelenius						
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
2711 W. 39th Street					8/1/2021	60.00
City		State	Zip Code	Form (Cash,	Check, Etc	
Lorain		он 🔻	44053	Check		
Full Name of Contributor				Registration	Number, if PAC	
Lorain Democrat Womens Club						
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
					8/9/2021	750.00
City	\vdash	State	Zip Code	Form (Cash,	Check, Etc	
Lorain		он 🔻	44053	Check		
Full Name of Contributor				Registration	Number, if PAC	
Ron Mantini						
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DI	D/YYYY)	Amount	
5400 Victoria Drive	2 2 2 2 2 2			7/29/2021	50.00	
City		State	Zip Code	Form (Cash,	Check, Etc	
Lorain		он 🕶	44053	Check		
Full Name of Contributor				Registration	Number, if PAC	
Friends of Tom Orlando						
Street Address	Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD	D/YYYY)	Amount
36265 Falcon Crest Avenue					7/22/2021	250.00
City		State	Zip Code	Form (Cash,	Check, Etc	
Avon		он 🔻	44011	Check		
Full Name of Contributor				Registration I	Number, if PAC	
Comm To Elect Martin Heberling III						
Street Address	Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD	D/YYYY)	Amount
400 Shadylawn Drive				8/1/2021		40.00
City		State	Zip Code	Form (Cash,	Check, Etc	
Amerst		он 🔻	44001			
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than emaggregate of \$100, the labor organization of which the	ployer she	ould be lis	ted. If two or more emplo	oyees contribu	te via payroll dedu	
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form No event in the date column		nder Full I	Name of Contributor state	e "Contribution	s from form No. 31	-E" and list the date of the
Total Contributions This Event	Total Ex	penditure	s This Event		Page Total \$ 1	,150.00
				3		



Event Date	8/1/2021	Page 4

				al mention and the second second	R.C. 3517.10(B
Full Name of Committee					
Joel Arredondo - Lorain Council Campaign	Fund				
Full Name of Contributor				Registration Number, if PAC	
Lisette Gracia					
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3561 Perry Court				8/3/2021	25.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🔻	44053	Check	
Full Name of Contributor				Registration Number, if PAC	
Suzanne Shure					
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1505 W. Erie Avenue				8/3/2021	20.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🔻	44052	Check	
Full Name of Contributor				Registration Number, if PAC	
Peter Paslawski				A STATE OF THE STA	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1149 W. 6th Street				8/3/2021	25.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🔻	44052	Check	
Full Name of Contributor				Registration Number, if PAC	
Thomas Miller					
Street Address	Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
655 Bayberry Road				7/18/2021	50.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🔻	44053	Check	
Full Name of Contributor				Registration Number, if PAC	
Thomas Teodosio					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
495 Belmont Park Drive				8/1/2021	50.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Munroe Falls		он 🔻	44262	Check	
Required for contributions from individuals over \$100 to mame of the individual's business, if any, rather than emaggregate of \$100, the labor organization of which the extension of the boxes below only on the last page for this every	nployer sho employees ent.	ould be lis are mem	ted. If two or more emplo bers, if any, must also ap	es. If contributor is self-employed byees contribute via payroll dedu opear. [R.C. 3517.10(B)(4)]	ction and exceed the
Transfer the Total contributions for this event to form No event in the date column	o. 31-A. Un	der Full N	Name of Contributor state	*Contributions from form No. 31	-E* and list the date of the
Total Contributions This Event	Total Exp	penditure	s This Event	Page Total \$1	70.00



Event Date	8/1/2021	Page 5
Evera Date	o neoe i	rage 3

State	tion/Labor Organization*	Registration Number, if PAC	
State	tion/Labor Organization*		
State	tion/Labor Organization*	Date (MAMPRAGAGA)	
		Date (MM/DD/YYYY)	Amount
		7/19/2021	50.00
	Zip Code	Form (Cash, Check, Etc	
OH -	44052	Check	
		Registration Number, if PAC	
Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
		7/20/2021	50.00
State	Zip Code	Form (Cash, Check, Etc	
он 🕶	44055	мо	
		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
		7/9/2021	200.00
State	Zip Code	Form (Cash, Check, Etc	A CONTRACT CONTRACT
он ▼	43697	Check	
		Registration Number, if PAC	
Employer/Öccupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
	•	7/9/2021	100.00
State	Zip Code	Form (Cash, Check, Etc	
он 🕶	44052	Check	
		Registration Number if PAC	
		riogical distribution, at the	
Employer/Occupati	ion/Labor Organization*	Date (MM/DD/VVV)	Amount
Linployenocoupus	on Labor Organization		
State	Zip Code		
OH 🔽	44052	Check	
nployer should be lis employees are mem nt.	ted. If two or more emplo bers, if any, must also ap	oyees contribute via payroll deduction page (R.C. 3517.10(B)(4)]	ction and exceed the
	State OH Employer/Occupati State OH Employer/Occupati State OH State OH OH Interployer should be lister by the sample of th	OH ▼ 44055 Employer/Occupation/Labor Organization* State Zip Code 43697 Employer/Occupation/Labor Organization* State Zip Code OH ▼ 44052 Employer/Occupation/Labor Organization* State Zip Code 44052 Employer/Occupation/Labor Organization* State Zip Code OH ▼ 44052 to statewide and General Assembly candidate organization and comployees are members, if any, must also approximate.	State OH



	CSCV	1-5
Event Date	8/1/2021	Page 6

R.C. 3517.10(B) **Full Name of Committee** Joel Arredondo - Lorain Council Campaign Fund Full Name of Contributor Registration Number, if PAC Gregory Argenti Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 4381 Elyria Avenue 7/11/2021 100.00 City State Zip Code Form (Cash, Check, Etc. Lorain OH -44055 Check Full Name of Contributor Registration Number, if PAC N. E. RIvera Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 6082 Lake Avenue 7/8/2021 150.00 City State Zip Code Form (Cash, Check, Etc. Elyria ОН 44035 Check Full Name of Contributor Registration Number, if PAC George Koury Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 4654 Fields Way 7/7/2021 85.00 City State Zip Code Form (Cash, Check, Etc. Lorain ОН 44053 Check Full Name of Contributor Registration Number, if PAC Patrick Riley Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 4860 Pheasant Drive 7/11/2021 85.00 City State Zip Code Form (Cash, Check, Etc. Lorain ОН 44053 Check Full Name of Contributor Registration Number, if PAC Gregory Zilka Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 375 Creekside Drive 7/14/2021 85.00 City Zip Code Form (Cash, Check, Etc. State OH -Avon Lake 44012 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

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 \$ 505.00	

aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



21 Page 7	
	Page /

		11 11 11				R.C. 3517.10(B)
Full Name of Committee						
Joel Arredondo - Lorain Council Campaign	Fund					
Full Name of Contributor		Registration Number, if PAC				
Sherrill McLoda						
Street Address	Employer	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYY	Y)	Amount
620 Mayfield Ct.				7/12/2021		85.00
City	1	State	Zip Code	Form (Cash, Check	, Etc	
Amherst		он 🔻	44001	Check		
Full Name of Contributor				Registration Number	er, if PAC	
Janet Garcia						
Street Address	Employer	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYY)	Y)	Amount
705 Parkview Avenue				7	/12/2021	50.00
City		State	Zip Code	Form (Cash, Check	, Etc	
Lorain		он 🔽	44052	Check		
Full Name of Contributor				Registration Numbe	er, if PAC	
Daisie Reish						
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYY)	Y)	Amount	
37390 Giles Road			6	/18/2021	50.00	
City	8	State	Zip Code	Form (Cash, Check,	, Etc	
Grafton	(он 🔻	44044	Check		
Full Name of Contributor				Registration Number	er, if PAC	
Dennis Will						
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY	()	Amount
5213 Parkhurst Drive				7.	/18/2021	50.00
City	S	State	Zip Code	Form (Cash, Check,	. Etc	
Sheffield Village	(он 🔻	44054	Check		
Full Name of Contributor				Registration Number	r, if PAC	
Benjamin Norton				, , , , , , , , , , , , , , , , , , , ,		
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY	()	Amount
3535 E. Erie Avenue				7/16/2021		50.00
City	s	State	Zip Code	Form (Cash, Check,	, Etc	
Lorain	(он 🔻	44052	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 even Transfer the Total contributions for this event to form No event in the date column		der Full N	Name of Contributor state	*Contributions from	form No. 31	-E" and list the date of the
Total Contributions This Event	Total Exp	penditure	s This Event	Page	Total \$2	85.00



8/1/2021	Page 8
	8/1/2021

Full Name of Committee	-					R.C. 3517.10(B
Joel Arredondo - Lorain Council Campaign	Fund					
Full Name of Contributor				Registration Number, if PAC		
Thomas Hesmond						
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) Amount		Amount	
2887 Creekview Lane					7/9/2021	50.00
City	Sta	ate	Zip Code	Form (Cash,	Check, Etc	
Avon	OF	4	44011	Check		
Full Name of Contributor					Number, if PAC	
Robert Hayden						
Street Address	Employer/O	ccupa	tion/Labor Organization*	Date (MM/D	D/YYYY)	Amount
3726 Miami Avenue					7/9/2021	50.00
City	Sta	ate	Zip Code	Form (Cash,	Check, Etc	
Lorain	OH	1	44053	Check		
Full Name of Contributor				Registration	Number, if PAC	
Joseph Smith						
Street Address	Employer/Occupation/Labor Organization*		Date (MM/D	D/YYYY)	Amount	
1227 W. Erie Avenue					7/13/2021	50.00
City	Sta	ite	Zip Code	Form (Cash,	Check, Etc	
Lorain	OH	1	44052	Check		
Full Name of Contributor				Registration	Number, if PAC	
Boris Lazoff						
Street Address	Employer/O	ccupat	ion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
4708 Tanglewood Drive					7/10/2021	50.00
City	Sta	te	Zip Code	Form (Cash,	Check, Etc	
Lorain	ОН	-	44053	Check		
Full Name of Contributor				Registration	Number, if PAC	
Gerald Amato						
Street Address	Employer/Od	ccupat	ion/Labor Organization*	Date (MM/DD/YYYY)		Amount
1 Landings Way					7/12/2021	25.00
City	Sta	te	Zip Code	Form (Cash,	Check, Etc	
Avon Lake	ОН	-	44012	Check		
* 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 e	ployer should	be lis	ted. If two or more emplo	oyees contribu	ite via payroll deduc	
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		r Full N	Name of Contributor state	e *Contribution	ns from form No. 31	-E" and list the date of the
Total Contributions This Event	Total Exper	nditure	s This Event		Page Total \$2	25.00



8/1/2021	Page 9
	8/1/2021

Form 31-E

R.C. 3517.10(B) **Full Name of Committee** Joel Arredondo - Lorain Council Campaign Fund Full Name of Contributor Registration Number, if PAC Margaret Webber Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 930 Kings Avenue 7/7/2021 25.00 City Zip Code Form (Cash, Check, Etc. Lorain ОН 44052 Check Full Name of Contributor Registration Number, if PAC Judith Nedwick Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 470 Augdon Drive 7/9/2021 25.00 City State Zip Code Form (Cash, Check, Etc. Elyria OH -44035 Check Full Name of Contributor Registration Number, if PAC Christopher Dalton Street Address Employer/Occupation/Labor Organization* Amount Date (MM/DD/YYYY) 211 N. Leavitt Road 7/12//2021 35.00 City State Zip Code Form (Cash, Check, Etc. 44001 Amherst OH -Check Full Name of Contributor Registration Number, if PAC Kimberly Kurkowski Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 4723 Greenbriar Lane 8/1/2021 25.00 City Zip Code Form (Cash, Check, Etc. State Lorain ОН 44053 Check Full Name of Contributor Registration Number, if PAC Victoria Kempton Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 1746 Oakdale Avenue 7/31/2021 25.00 City State Zip Code Form (Cash, Check, Etc. Lorain он І 44052 Check

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 \$ 135.00	
		rage rotal \$	_

^{*} 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)]



Event Date	8/1/2021	Page 10

F. II N				R.C. 3517.10(E	
Full Name of Committee Joel Arredondo - Lorain Council Campaig	n Fund				
Full Name of Contributor			Pagistration Number if BAC		
Stephen Bansek			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1142 W. 6th Street	,		8/1/2021	25.00	
City Lorain		Zip Code	Form (Cash, Check, Etc		
	OH 🔽	44052	Check		
Full Name of Contributor Maria Carrion			Registration Number, if PAC		
Street Address	Employer/Occupatio	n/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3732 Toledo Avenue			7/31/2021	25.00	
City	State 2	Zip Code	Form (Cash, Check, Etc		
Lorain	OH -	44055	Check		
Full Name of Contributor JoAnne Moon			Registration Number, if PAC		
Street Address	Employer/Occupation	n/l abor Omanization*	Date (MINDDOODO)	Amount	
3543 Toledo Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1//2021	25.00	
City	State Z	Tip Code	Form (Cash, Check, Etc	20.00	
Lorain		14055	Check		
Full Name of Contributor			Registration Number, if PAC		
Walther For Judge					
Street Address	Employer/Occupation	n/Labor Organization*	Date (MM/DD/YYYY)	Amount	
3324 Hickory Hil Avenue			8/1/2021	50.00	
City	State Z	ip Code	Form (Cash, Check, Etc		
Lorain	он 🕶 4	4052	Check		
Full Name of Contributor			Registration Number, if PAC		
Linda Webber					
Street Address	Employer/Occupation	/Labor Organization*	Date (MM/DD/YYYY)	Amount	
947 King Avenue			8/1/2021	25.00	
City	State Z	ip Code	Form (Cash, Check, Etc		
Lorain	он 🔽 4	4052	Check		
Required for contributions from individuals over \$100 name of the individual's business, if any, rather than eaggregate of \$100, the labor organization of which the	employer should be listed	d. If two or more emplo	yees contribute via payroll deduc		
Fill in the boxes below only on the last page for this ex- fransfer the Total contributions for this event to form to event in the date column	vent.	7	# 10 P. T. T. # 10 P. T.	-E" and list the date of the	
Total Contributions This Event	Total Expenditures 1	This Event	Page Total \$ 1	50.00	



		15.351
Event Date	8/1/2021	Page 11

						R.C. 3517.10(B
Full Name of Committee						
Joel Arredondo - Lorain Council Campaign	Fund					
Full Name of Contributor		Registration	Number, if PAC			
Larry Shepherd						
Street Address	Employ	Employer/Occupation/Labor Organization*		n* Date (MM/I	DD/YYYY)	Amount
3736 Leavitt Road					8/1/2021	25.00
City		State	Zip Code	Form (Cash	, Check, Etc	
Lorain		ОН ▼	44053	Check		
Full Name of Contributor		-		Registration	Number, if PAC	
Wilfredo Lozano						
Street Address	Employ	er/Occupa	tion/Labor Organizatio	n* Date (MM/E	DD/YYYY)	Amount
1340 W. 10th Street					8/1/2021	25.00
City		State	Zip Code	Form (Cash	, Check, Etc	
Lorain		он 🔻	44052	Check		
Full Name of Contributor	tributor		Registration	Number, if PAC		
Bessie Nelson						
Street Address	Employer/Occupation/Labor Organization*		n* Date (MM/D	D/YYYY)	Amount	
1137 W. 18th Street					8/1//2021	25.00
City		State	Zip Code	Form (Cash	, Check, Etc	
Lorain		он 🕶	44052	Check		
Full Name of Contributor		-		Registration	Number, if PAC	
Inez James						
Street Address	Employ	er/Occupal	tion/Labor Organization	n* Date (MM/D	D/YYYY)	Amount
799 N. Abbe Road					8/1/2021 50.00	
City		State	Zip Code	Form (Cash	, Check, Etc	
Elyria		он 🕶	44035	Check		
Full Name of Contributor			Registration	Registration Number, if PAC		
Jose Ramirez						
Street Address	Employe	er/Occupat	ion/Labor Organization	n* Date (MM/D	D/YYYY)	Amount
46985 Cooper Foster Pk					8/1/2021	50.00
City		State	Zip Code	Form (Cash,	Check, Etc	
Amherst		он 🕶	44001	Check		
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than emaggregate of \$100, the labor organization of which the examples of \$100 and the second secon	nployer sh	nould be lis	ted. If two or more em	ployees contrib	ute via payroll dedu	d, the occupation and the ction 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		Inder Full I	Name of Contributor st	ate "Contributio	ns from form No. 31	-E" and list the date of the
Total Contributions This Event	Total E	xpenditure	s This Event		Page Total \$_1	75.00



Event Date	8/1/2021	Page 12

		V-10				R.C. 3517.10(E
Full Name of Committee Joel Arredondo - Lorain Council Campaig	n Fund					
Full Name of Contributor				Posisteation	Number if DAC	
				Registration	Number, if PAC	
Daniel Arredondo						
Street Address	Employer/0	occupa	tion/Labor Organization*	Date (MM/D	D/YYYY)	Amount
125 W. Walnut St.					8/1/2021	50.00
City	St	ate	Zip Code	Form (Cash,	, Check, Etc	
Ravenna	0	н 🔻	44266	Check		
Full Name of Contributor				Registration	Number, if PAC	
Friends of Terri Soto						
Street Address	Employer/0	ссира	tion/Labor Organization*	Date (MM/D)	D/YYYY)	Amount
3271 Amherst Avenue					7/14/2021	50.00
City	St	ate	Zip Code	Form (Cash,	Check, Etc	
Lorain	0	H ▼	44052	Check		
Full Name of Contributor				Registration	Number, if PAC	
Michael Ioannidis						
Street Address	Employer/C	ccupa	tion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
765 Hollyview Drive					8/1//2021	50.00
City	St	ate	Zip Code	Form (Cash,	Check, Etc	
Sheffield Lake	0	4 -	44054	Check		
Full Name of Contributor				Registration	Number, if PAC	
Sanford Washington						
Street Address	Employer/C	ccupa	tion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
2711 W. 37th Street					7/30/2021	50.00
City	St	ate	Zip Code	Form (Cash,	Check, Etc	
Lorain	O	+ -	44053	Check		
Full Name of Contributor		_		Registration	Number, if PAC	
David Graves						
Street Address	Employer/C	ccupa	tion/Labor Organization*	Date (MM/DI	D/YYYY)	Amount
631 Treeside Lane					7/27/2021	50.00
City	Sta	ate	Zip Code	Form (Cash,	Check, Etc	
Avon Lake	0	1 🔻	44012	Check		
* Required for contributions from individuals over \$10 name of the individual's business, if any, rather than e aggregate of \$100, the labor organization of which the	employer shoul	d be lis	sted. If two or more emplo	yees contribu	ite via payroll dedu	
Fill in the boxes below only on the last page for this er Transfer the Total contributions for this event to form i event in the date column		er Full I	Name of Contributor state	e "Contribution	ns from form No. 31	-E" and list the date of the
Total Contributions This Event	Total Expe	nditure	s This Event		Page Total \$2	50.00
					rage rotal \$_	



1		
Event Date	8/1/2021	Page 13

Full Name of Committee				R.G. 3517.10(B
Joel Arredondo - Lorain Council Campaign	Fund			
	runu		1-	
Full Name of Contributor			Registration Number, if PAC	
Ronnie Rimbert				
Street Address	Employer/Occup	ation/Labor Organization	Date (MM/DD/YYYY)	Amount
331 S. Pleasant Street			8/1/2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Oberlin	ОН ▼	44074	Check	
Full Name of Contributor			Registration Number, if PAC	
Marie Dudukovich				
Street Address	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
3918 Palm Avenue			8/1/2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lorain	он 🕶	44055	Check	
Full Name of Contributor			Registration Number, if PAC	
Paul Adams				
Street Address	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
3780 Parkside Circle West			7/31//2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lorain	он 🕶	44053	Check	
Full Name of Contributor			Registration Number, if PAC	
Joan Reidy				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1427 E. Erie Avenue			8/1/2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lorain	он 🕶	44052	Check	
Full Name of Contributor		10.00	Registration Number, if PAC	
Mitchell Fallis				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1529 W. 30th Street			8/1/2021	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lorain	он 🕶	44052	Check	
* Required for contributions from individuals over \$100 to name of the individual's business, if any, rather than emaggregate of \$100, the labor organization of which the example of \$100 to the labor organization of which	ployer should be li	sted. If two or more employed	oyees contribute via payroll dedu	
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form No event in the date column		Name of Contributor state	e "Contributions from form No. 31	-E" and list the date of the
Total Contributions This Event	Total Expenditure	es This Event	Page Total \$2	50.00



Event Date	8/1/2021	Page 14

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

Full Name of Committee	-	200			
	Ford				
Joel Arredondo - Lorain Council Campaign	Fund				
Full Name of Contributor				Registration Number, if PAC	
Joseph Koziura					
Street Address	Employer/0	Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3850 Heron Drive				8/1/2021	50.00
City	St	tate	Zip Code	Form (Cash, Check, Etc	
Lorain	он 🕶 44053		44053	Check	
Full Name of Contributor				Registration Number, if PAC	
Ellen Jean Wrice					
Street Address	Employer/C	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1034 W. 21st Street				8/1/2021	50.00
City	St	ate	Zip Code	Form (Cash, Check, Etc	
Lorain	0	н 🔻	44052	Check	
Full Name of Contributor				Registration Number, if PAC	
Frank Amador				CONTRACTOR OF THE PROPERTY OF	
Street Address	Employer/C	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4240 Miami Avenue				8/1//2021	50.00
City	St	ate	Zip Code	Form (Cash, Check, Etc	
Lorain	O	H 🕶	44053	Check	
Full Name of Contributor				Registration Number, if PAC	
Brad Mullins					
Street Address	Employer/C	Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
391 Freshwater Drive				8/1/2021	50.00
City	Sta	ate	Zip Code	Form (Cash, Check, Etc	
Lorain	O	H 🔻	44052	Check	
Full Name of Contributor				Registration Number, if PAC	
Gus Nunez					
Street Address	Employer/O	ccupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
PO Box 607				8/1/2021	50.00
City	Sta	ate	Zip Code	Form (Cash, Check, Etc	
Lorain	OF	4	44052	Check	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than en aggregate of \$100, the labor organization of which the 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	nployer shoulemployees ar ent.	d be list re memi	led. If two or more emplo bers, if any, must also ap	oyees contribute via payroll deduction opear. [R.C. 3517.10(B)(4)]	ction and exceed the

Total Expenditures This Event

Total Contributions This Event

Page Total \$ 250,00



Event Date	8/1/2021	Page 15

Full Name of Committee	-			***************************************	1.0. 3317.10(0
Joel Arredondo - Lorain Council Car	mpaign Fund				
Full Name of Contributor	15			Registration Number, if PAC	
Mary Ann Teitelbaum					
Street Address	Emplo	oyer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1918 E. 34th Street				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🕶	44055	Check	
Full Name of Contributor				Registration Number, if PAC	
Richard Novak					
Street Address	Emplo	yer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3394 Shad Dr E				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Mansfield		он 🕶	44093	Check	
Full Name of Contributor				Registration Number, if PAC	
Christopher Waynar					
Street Address	Emplo	yer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
238 River's Edge Drive				7/31//2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Amherst		он 🕶	44001	Check	
Full Name of Contributor				Registration Number, if PAC	
Friends of Snodgrass Committee					
Street Address	Emplo	yer/Occupal	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6323 Oak Point Estates				7/27/2021	85.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		он 🔻	44053	Check	
Full Name of Contributor				Registration Number, if PAC	
Rita Garcia					
Street Address	Emplo	yer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4940 Oberlin Avenue				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		ОН ▼	44052	Check	
name of the individual's business, if any, rather	r than employer s	should be lis	ted. If two or more emple	oyees contribute via payroll dedu	
Transfer the Total contributions for this event to		Under Full I	Name of Contributor state	e "Contributions from form No. 3	1-E" and list the date of the
Total Contributions This Event	Total	Expenditure	s This Event	Page Total \$2	285.00
* Required for contributions from individuals ov name of the individual's business, if any, rather aggregate of \$100, the labor organization of will Fill in the boxes below only on the last page for Transfer the Total contributions for this event to event in the date column Total Contributions This Event	r than employer shich the employer this event. o form No. 31-A.	should be lises are mem	ited. If two or more emploiders, if any, must also a	oyees contribute via payroll deduppear. [R.C. 3517.10(B)(4)] e "Contributions from form No. 3	action and exceed the



Event Date	8/1/2021	Page 16
		-

Form 31-E

Full Name of Contributor				Registration Number, if PAC	
Donald Arty					
Street Address	Employe	r/Occupa	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
2246 E. 33rd Street				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Lorain		OH ▼ 44055		Check	
Full Name of Contributor				Registration Number, if PAC	
Douglas Corwon					
Street Address	Employe	/Occupa	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
3825 Royal Rock Road				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Copley		он 🔻	44321	Check	
Full Name of Contributor				Registration Number, if PAC	
Paul Biber					
Street Address	Employer	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4709 Lake Road				8/1/2021	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Sheffield Lake		он 🔻	44054	Check	
Full Name of Contributor				Registration Number, if PAC	
James Malick					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
572 Fieldstone Drive				8/1/2021	100,00
City		State	Zip Code	Form (Cash, Check, Etc.	
Amherst		он 🔽	44001	Check	
Full Name of Contributor				Registration Number, if PAC	
Sorrento Ristorante					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5223 Detroit Road				7/29/2021	150.00
City	5	State	Zip Code	Form (Cash, Check, Etc	
Sheffield Village		он 🔻	44054	Check	

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

Total Expenditures This Event

event in the date column

Total Contributions This Event

Fill in the boxes below only on the last page for this event.

Page Total \$ 4 00.00



Event Date	8/1/2021	Page 17

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund Full Name of Contributor Lorain Professional Fire Fighters Street Address Lorain Professional Fire Fighters Employer/Occupation/Labor Organization* State OH State Afford OH State OH State Afford Amount Amount By//2021 100.00 Form (Cash, Check, Etc Check Check Check Registration Number, if PAC Check Amount By//2021 Check Form (Cash, Check, Etc Check Check Check Check Form (Cash, Check, Etc Check Check Check Form (Cash, Check, Etc Check Amount By//2021 Amount Check Full Name of Contributor Friends of Joe Miller Street Address Employer/Occupation/Labor Organization* OH State Amount Check Amount Check Form (Cash, Check, Etc Check Amount Check Form (Cash, Check, Etc Check Amount Check Full Name of Contributor Families for Lundy Street Address Employer/Occupation/Labor Organization* Begistration Number, if PAC Form (Cash, Check, Etc Check Check Check Check Amount 7/30/2021 100,00	3317.10(B
Full Name of Contributor Lorain Professional Fire Fighters Street Address 1350 Broadway Avenue Strate Corp. Lorain Strate Corp. Lora	
Lorain Professional Fire Fighters	
1350 Broadway Avenue State Zip Code Form (Cash, Check, Etc Check	
City Lorain Clay Lorain Check Registration Number, if PAC State Jun Name of Contributor Junital Senquiz Street Address Lorain City State Check Che	
Lorain OH	
Full Name of Contributor Juanita Senquiz Street Address 1274 Michigan Avenue Employer/Occupation/Labor Organization* OH V 44052 Employer/Occupation/Labor Organization* Registration Number, if PAC State OH V 44052 Check Form (Cash, Check, Etc Check Registration Number, if PAC Friends of Joe Miller Street Address Employer/Occupation/Labor Organization* PO Box 601 State OH V 44001 City Amherst Employer/Occupation/Labor Organization* OH V 44001 State OH V 44001 Street Address Employer/Occupation/Labor Organization* OH V 44001 Street Address Street Address Full Name of Contributor Families for Lundy Street Address Employer/Occupation/Labor Organization* OH V 44012 State OH V 44012 Form (Cash, Check, Etc Check Check Form (Cash, Check, Etc Check Check Amount 7/30/2021 100,00	
Street Address	
Street Address 1274 Michigan Avenue State	
1274 Michigan Avenue City Lorain State OH	
1274 Michigan Avenue	
Lorain OH	
Full Name of Contributor Friends of Joe Miller Street Address PO Box 601 State	
Friends of Joe Miller Street Address PO Box 601 State Amherst State OH Amherst Employer/Occupation/Labor Organization* OH Advon Lake Employer/Occupation/Labor Organization* State OH Amount 200.00 Form (Cash, Check, Etc Check Form (Cash, Check, Etc Check Registration Number, if PAC Amount 100,00 State OH Amount 100,00 State OH Amount 100,00	
Street Address PO Box 601 State OH V State OH V State OH V Amount Advantabor Organization* Date (MM/DD/YYYY) Amount 200.00 Amount City Amherst Form (Cash, Check, Etc Check Check Registration Number, if PAC Registration Number, if PAC Street Address Street Address 135 Glenview Drive City Avon Lake Employer/Occupation/Labor Organization* State OH V Advantabor Organization* Amount 7/30/2021 100,00	
PO Box 601 City Amherst State OH Advon Lake State OH State OH State OH State OH Advon Lake State OH State OH State OH State OH Advon Lake State OH State OH State OH State OH Advon Lake State OH State OH State OH Advon Lake State OH State OH Advon Lake State OH Advon Lake State OH State OH Advon Lake	
City Amherst State OH Amherst Check Registration Number, if PAC Families for Lundy Street Address 135 Glenview Drive City Avon Lake State OH State OH State OH Amount T/30/2021 State OH Amount T/30/2021 Check Form (Cash, Check, Etc Check Advon Lake Form (Cash, Check, Etc Check Form (Cash, Check, Etc Check Form (Cash, Check, Etc Check Check	
Amherst OH	
Full Name of Contributor Families for Lundy Street Address 135 Glenview Drive City Avon Lake Registration Number, if PAC Registration Number, if PAC Date (MM/DD/YYYY) Amount 7/30/2021 100,00 State OH	1000
Families for Lundy Street Address 135 Glenview Drive City Avon Lake Employer/Occupation/Labor Organization* State OH Admount T/30/2021 State OH Admount T/30/2021 City Avon Lake Date (MM/DD/YYYY) Amount T/30/2021 TO,000 Form (Cash, Check, Etc Check	
Street Address 135 Glenview Drive Employer/Occupation/Labor Organization* 7/30/2021 100,00 City Avon Lake State OH 44012 Check Amount 7/30/2021 100,00	
135 Glenview Drive	
City Avon Lake State OH Avon Lake State OH Avon Lake State OH Avon Lake State OH Avon Lake	
Avon Lake OH 44012 Check	
Full Name of Contributor	
Full Name of Contributor Registration Number, if PAC	
Ted Kalo	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	
5729 Whispering Pines Place 8/1/2021 100.00	
City State Zip Code Form (Cash, Check, Etc	
Lorain OH 44053 Check	
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation an 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 event in the date column	of the
Total Contributions This Event Page Total \$600.00	



Full Name of Committee

Event Date	8/1/2021	Page 18

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

Joel Arredondo - Lorain C	Council Campaign	Fund						
Full Name of Contributor						Registration	Number, if PAC	
Various Cash Donations								
Street Address		Employer	/Occupa	tion/Labor Organ	nization*	Date (MM/D	D/YYYY) 8/1/2021	Amount 2,100.00
City			State OH 🔽	Zip Code		Form (Cash,	, Check, Etc	
Full Name of Contributor						Registration	Number, if PAC	
Street Address		Employer	/Occupa	tion/Labor Organ	nization*	Date (MM/D	D/YYYY)	Amount
City			State OH 🕶	Zip Code		Form (Cash,	Check, Etc	
Full Name of Contributor				72 10 10		Registration	Number, if PAC	
Street Address		Employer	/Occupat	tion/Labor Organ	nization*	Date (MM/DI	D/YYYY)	Amount
City			State OH -	Zip Code		Form (Cash,	Check, Etc	
Full Name of Contributor	1					Registration	Number, if PAC	
Street Address		Employer	Occupat	ion/Labor Organ	nization*	Date (MM/DI	D/YYYY)	Amount
City		10	State OH 🔽	Zip Code		Form (Cash,	Check, Etc	
Full Name of Contributor						Registration	Number, if PAC	
Street Address		Employer/	Occupat	ion/Labor Organ	ization*	Date (MM/DI	0/YYYY)	Amount
City			State OH 🔽	Zip Code		Form (Cash,	Check, Etc	
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor orga	, if any, rather than em	ployer shou	uld be lis	ted. If two or mo	re emplo	yees contribu	ite via payroll dedu	d, the occupation and the ction and exceed the
Fill in the boxes below only on the Transfer the Total contributions fo event in the date column			der Full N	Name of Contribu	utor state	*Contribution	ns from form No. 31	-E" and list the date of the
Total Contributions This Event		Total Exp	enditure	s This Event			Page Total \$2	,100.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
Joel Arredondo - Lorain Council Campaign Fund					
		_			T
To Whom Paid			Date (MM/DD/YYYY)		Amount
WDLW Radio			2/7/20	021	150.00
Street Address	Purpose				•
PO Box 277	Sponsor - S	acr	red Heart Chapel Mass	CO	VID 19
City	State	Zip	Code	Che	eck Number
Oberlin	ОН	44	074	14	26
To Whom Paid	-		Date (MM/DD/YYYY)		Amount
Friends of Tom Orlando			7/20/20	021	250.00
Street Address	Purpose	_			33
36265 Falcon Crest Avenue	Fundraiser				
City	State	Zip	Code	Che	eck Number
Avon	он 🔽	44	011	14:	27
To Whom Paid		_	Date (MM/DD/YYYY)		Amount
Shoreway Sports & Graphics			7/23/20)21	422.73
Street Address	Purpose				
4325 Oberlin Avenue	T-Shirts				
City	State	Zip	Code	Che	ck Number
Lorain	он	44	053	142	28
To Whom Paid			Date (MM/DD/YYYY)		Amount
Harrison Cultural Community Center			8/11/20	21	200.00
Street Address	Purpose				
1922 Hamilton Avenue	Fundraiser				
City	State	Zip	Code	Che	ck Number
Lorain	он	440	052	143	37
To Whom Paid			Date (MM/DD/YYYY)		Amount
Lorain Branch NAACP			8/15/	/21	170.00
Street Address	Purpose				
PO Box 206	AD and two	tick	kets		
City	State	Zip	Code	Che	ck Number
Lorain	ОН	440	052	143	38

		4 400 70	
Page	Total	\$ 1,192.73	



Page 2

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee		-		_	-1
Joel Arredondo - Lorain Council Campaign Fund					
To Whom Paid		-	Date (MM/DD/YYYY)	_	Amount
Lorain City Democratic Party (Paul Adams)			8/15/20	021	600.00
Street Address	Purpose				
	Sponsor and 4 tickets				
City	State	Zip	Code	Che	eck Number
Lorain	ОН			14	39
To Whom Paid		_	Date (MM/DD/YYYY)	_	Amount
Fire Fish			8/15/20	021	500.00
Street Address	Purpose			_	
520 Broadway Avenue - 3rd Floor	Sponsor				
City	State	Zip	Code	Che	eck Number
Lorain	он 🔻	44	052	14	40
To Whom Paid		_	Date (MM/DD/YYYY)	_	Amount
Lorain Professional Fire Fighters			8/15/20)21	150.00
Street Address	Purpose				
1350 Broadway Avenue	Fundraiser - Steak Fry				
City	State	Zip	Code	Che	ck Number
Lorain	он	44	052	144	42
To Whom Paid			Date (MM/DD/YYYY)		Amount
Friends of Terri Soto			8/26/20	21	100.00
Street Address	Purpose				
3561 Perry Court	Fundraiser	- 4 t	ickets		
City	State	Zip	Code	Che	ck Number
Lorain	ОН	44	053	144	14
To Whom Paid			Date (MM/DD/YYYY)	٦	Amount
Super Printer			9/13/20	21	601.73
Street Address	Purpose				
1925 North Ridge Road E	Campaign S	Sign	s		
City	State	Zip	Code	Che	ck Number
Lorain	он	440	055	144	15
			the second secon		

Page Total 9	1,951.73	



	Date	8/1/2021	Page 1
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee			
Joel Arredondo			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Edwin Silva		8/1/2021	504.00
Street Address	Purpose		
1826 E. 29th Street	Pastelios/Rice & Bear	ns - Fundraiser	
City	State Zip Code	Check Number	
Lorain	он ▼ 44055	1429	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Julia Jacobs		8/1/2021	40.00
Street Address	Purpose		
2007 Homewood	Beans and Salsa- Hat	ts - Fundraiser	
City	State Zip Code	Check Number	
Lorain	OH ▼ 44055	1430	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Joyce Arredondo		8/2/2021	125.90
Street Address	Purpose		
607 Allison Avenue	Dessert - Cakes		
City	State Zip Code	Check Number	
Lorain	OH ▼ 44052	1432	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Joel Arredondo		8/2/2021	669.50
Street Address	Purpose		
607 Allison Avenue	Various Reimburseme	ent expenses - Fundraiser	
City	State Zip Code	Check Number	
Lorain	OH ▼ 44052	1434	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Maria Arredondo		8/2/2021	115.03
Street Address	Purpose		
607 Allison Avenue	Various Reimburseme	ent expenses - Fundraiser	
City	State Zip Code	Check Number	
Lorain	он - 44052	1435	

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		
	Page Total \$ 1,454.43	
ı	rage rotal #	



Date	8/1/2021	Page 2

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee			of the drawn start to the start of
Joel Arredondo			
To Whom Paid			1
Joel Arredondo		Date (MM/DD/YYYY)	Amount
		8/5/202	56.08
Street Address	Purpose		
607 Allison Avenue	Fundraiser exp	ense	
City	State Zip Code	Check Number	
Lorain	он ▼ 44052	1436	
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		·L
City	State Zip Code	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	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.

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56.08	
Page Total \$ 56.08	