



1014
LORAIN COUNTY
BOARD OF ELECTIONS

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

2021 OCT 18 P 12:22

Committee Name Joel Arredondo		Office Sought		District
Street Address 607 Allison Avenue		City Lorain	State OH	Zip 44052
Candidate Name OR PAC Registration Number Joel Arredondo		Treasurer Name Juanita Senquiz		Election Date (MM/DD/YYYY) 11/02/2021

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

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

Year
2021

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	712.90
2. Total monetary contributions (From Forms 31-A and 31-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)	4,654.97
6. Balance on hand (line 4 minus line 5)	3,887.93
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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


Signature of Treasurer or Deputy Treasurer

10/17/2021
Date (MM/DD/YYYY)

Contribution Pages
18

Expenditure Pages
4

Other Pages
-

Total Pages
22

Last Updated 09/2017



Event Date 8-1-2021 Page 1

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Donald Zaleski			Registration Number, if PAC	
Street Address 4868 Pheasant Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/23/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Max Schaefer			Registration Number, if PAC	
Street Address 2976 Oberlin Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Larry Donaldson			Registration Number, if PAC	
Street Address 1515 S. Lakeview Blvd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/14/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sharon Sweda			Registration Number, if PAC	
Street Address 67 Beech Cliff Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/13/2021	Amount 50.00
City Amherst	State OH <input type="checkbox"/>	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Beth Henley			Registration Number, if PAC	
Street Address 2923 Cleveland Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 175.00



Event Date 8/1/2021 Page 2

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Jean Sekulic			Registration Number, if PAC	
Street Address 68 N. Pointe Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Avon Lake	State OH <input type="checkbox"/>	Zip Code 44012	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Kokoski			Registration Number, if PAC	
Street Address 4612 Lucas Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Elyria	State OH <input type="checkbox"/>	Zip Code 44035	Form (Cash, Check, Etc) Check	
Full Name of Contributor Marcia Ballinger			Registration Number, if PAC	
Street Address 33000 Hidden Hollow Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City North Ridgeville	State OH <input type="checkbox"/>	Zip Code 44039	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Cory Shawver			Registration Number, if PAC	
Street Address 2117 W. 11th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/3/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Patricia Morrisson			Registration Number, if PAC	
Street Address 3471 E. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/9/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	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 \$ 225.00



Event Date 8/1/2021 Page 3

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Kyle Gelenius			Registration Number, if PAC	
Street Address 2711 W. 39th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 60.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Lorain Democrat Womens Club			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/9/2021	Amount 750.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ron Mantini			Registration Number, if PAC	
Street Address 5400 Victoria Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/29/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Tom Orlando			Registration Number, if PAC	
Street Address 36265 Falcon Crest Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/22/2021	Amount 250.00
City Avon	State OH <input type="checkbox"/>	Zip Code 44011	Form (Cash, Check, Etc) Check	
Full Name of Contributor Comm To Elect Martin Heberling III			Registration Number, if PAC	
Street Address 400 Shadylawn Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 40.00
City Amers	State OH <input type="checkbox"/>	Zip Code 44001	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 \$ 1,150.00



Event Date 8/1/2021 Page 4

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Lisette Gracia			Registration Number, if PAC	
Street Address 3561 Perry Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/3/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Suzanne Shure			Registration Number, if PAC	
Street Address 1505 W. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/3/2021	Amount 20.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Peter Paslawski			Registration Number, if PAC	
Street Address 1149 W. 6th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/3/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Thomas Miller			Registration Number, if PAC	
Street Address 655 Bayberry Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/18/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Thomas Teodosio			Registration Number, if PAC	
Street Address 495 Belmont Park Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Munroe Falls	State OH <input type="checkbox"/>	Zip Code 44262	Form (Cash, Check, Etc) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 170.00



Event Date 8/1/2021 Page 5

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Philip Dore			Registration Number, if PAC	
Street Address 206 Washington Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/19/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Orman Duidli (Three Star)			Registration Number, if PAC	
Street Address 1806 E. 28th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/20/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44055	Form (Cash, Check, Etc) MO	
Full Name of Contributor Marcy Kaptur			Registration Number, if PAC	
Street Address PO Box 442	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/9/2021	Amount 200.00
City Toledo	State OH <input type="text"/>	Zip Code 43697	Form (Cash, Check, Etc) Check	
Full Name of Contributor Anthony Giardini			Registration Number, if PAC	
Street Address 260 Arizona Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/9/2021	Amount 100.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Barbara Evans			Registration Number, if PAC	
Street Address 1801 E. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/8/2021	Amount 100.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 500.00



Event Date 8/1/2021 Page 6

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

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

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

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 505.00



Event Date 8/1/2021 Page 7

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Sherrill McLoda			Registration Number, if PAC	
Street Address 620 Mayfield Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/12/2021	Amount 85.00
City Amherst	State OH	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Janet Garcia			Registration Number, if PAC	
Street Address 705 Parkview Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/12/2021	Amount 50.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Daisie Reish			Registration Number, if PAC	
Street Address 37390 Giles Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/18/2021	Amount 50.00
City Grafton	State OH	Zip Code 44044	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dennis Will			Registration Number, if PAC	
Street Address 5213 Parkhurst Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/18/2021	Amount 50.00
City Sheffield Village	State OH	Zip Code 44054	Form (Cash, Check, Etc) Check	
Full Name of Contributor Benjamin Norton			Registration Number, if PAC	
Street Address 3535 E. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/16/2021	Amount 50.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 285.00



Event Date 8/1/2021 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 Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Thomas Hesmond			Registration Number, if PAC	
Street Address 2887 Creekview Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/9/2021	Amount 50.00
City Avon	State OH	Zip Code 44011	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert Hayden			Registration Number, if PAC	
Street Address 3726 Miami Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/9/2021	Amount 50.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joseph Smith			Registration Number, if PAC	
Street Address 1227 W. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/13/2021	Amount 50.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Boris Lazoff			Registration Number, if PAC	
Street Address 4708 Tanglewood Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/10/2021	Amount 50.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Gerald Amato			Registration Number, if PAC	
Street Address 1 Landings Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/12/2021	Amount 25.00
City Avon Lake	State OH	Zip Code 44012	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 225.00



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

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 135.00



Event Date 8/1/2021 Page 10

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Stephen Bansek			Registration Number, if PAC	
Street Address 1142 W. 6th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Maria Carrion			Registration Number, if PAC	
Street Address 3732 Toledo Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/31/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor JoAnne Moon			Registration Number, if PAC	
Street Address 3543 Toledo Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor Walther For Judge			Registration Number, if PAC	
Street Address 3324 Hickory Hil Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Linda Webber			Registration Number, if PAC	
Street Address 947 King Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 150.00



Event Date 8/1/2021 Page 11

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Larry Shepherd			Registration Number, if PAC	
Street Address 3736 Leavitt Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Wilfredo Lozano			Registration Number, if PAC	
Street Address 1340 W. 10th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Bessie Nelson			Registration Number, if PAC	
Street Address 1137 W. 18th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 25.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Inez James			Registration Number, if PAC	
Street Address 799 N. Abbe Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Elyria	State OH	Zip Code 44035	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jose Ramirez			Registration Number, if PAC	
Street Address 46985 Cooper Foster Pk	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Amherst	State OH	Zip Code 44001	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 175.00



Event Date 8/1/2021 Page 12

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Daniel Arredondo			Registration Number, if PAC	
Street Address 125 W. Walnut St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Ravenna	State OH <input type="text"/>	Zip Code 44266	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Terri Soto			Registration Number, if PAC	
Street Address 3271 Amherst Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/14/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Ioannidis			Registration Number, if PAC	
Street Address 765 Hollyview Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Sheffield Lake	State OH <input type="text"/>	Zip Code 44054	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sanford Washington			Registration Number, if PAC	
Street Address 2711 W. 37th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/30/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor David Graves			Registration Number, if PAC	
Street Address 631 Treeside Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/27/2021	Amount 50.00
City Avon Lake	State OH <input type="text"/>	Zip Code 44012	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00



Event Date 8/1/2021 Page 13

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Ronnie Rimbart			Registration Number, if PAC	
Street Address 331 S. Pleasant Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Oberlin	State OH <input type="checkbox"/>	Zip Code 44074	Form (Cash, Check, Etc) Check	
Full Name of Contributor Marie Dudukovich			Registration Number, if PAC	
Street Address 3918 Palm Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor Paul Adams			Registration Number, if PAC	
Street Address 3780 Parkside Circle West	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/31/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joan Reidy			Registration Number, if PAC	
Street Address 1427 E. Erie Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mitchell Fallis			Registration Number, if PAC	
Street Address 1529 W. 30th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00



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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Joseph Koziura			Registration Number, if PAC	
Street Address 3850 Heron Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ellen Jean Wrice			Registration Number, if PAC	
Street Address 1034 W. 21st Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Frank Amador			Registration Number, if PAC	
Street Address 4240 Miami Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Brad Mullins			Registration Number, if PAC	
Street Address 391 Freshwater Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Gus Nunez			Registration Number, if PAC	
Street Address PO Box 607	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="text"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 250.00



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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Mary Ann Teitelbaum			Registration Number, if PAC	
Street Address 1918 E. 34th Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor Richard Novak			Registration Number, if PAC	
Street Address 3394 Shad Dr E	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Mansfield	State OH <input type="checkbox"/>	Zip Code 44093	Form (Cash, Check, Etc) Check	
Full Name of Contributor Christopher Waynar			Registration Number, if PAC	
Street Address 238 River's Edge Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/31/2021	Amount 50.00
City Amherst	State OH <input type="checkbox"/>	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Snodgrass Committee			Registration Number, if PAC	
Street Address 6323 Oak Point Estates	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/27/2021	Amount 85.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Form (Cash, Check, Etc) Check	
Full Name of Contributor Rita Garcia			Registration Number, if PAC	
Street Address 4940 Oberlin Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 285.00



Event Date 8/1/2021 Page 16

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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Donald Arty			Registration Number, if PAC	
Street Address 2246 E. 33rd Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Lorain	State OH	Zip Code 44055	Form (Cash, Check, Etc) Check	
Full Name of Contributor Douglas Corwon			Registration Number, if PAC	
Street Address 3825 Royal Rock Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, Etc) Check	
Full Name of Contributor Paul Biber			Registration Number, if PAC	
Street Address 4709 Lake Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 50.00
City Sheffield Lake	State OH	Zip Code 44054	Form (Cash, Check, Etc) Check	
Full Name of Contributor James Malick			Registration Number, if PAC	
Street Address 572 Fieldstone Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 100.00
City Amherst	State OH	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sorrento Ristorante			Registration Number, if PAC	
Street Address 5223 Detroit Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/29/2021	Amount 150.00
City Sheffield Village	State OH	Zip Code 44054	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 400.00



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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Lorain Professional Fire Fighters			Registration Number, if PAC	
Street Address 1350 Broadway Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 100.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Juanita Senquiz			Registration Number, if PAC	
Street Address 1274 Michigan Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 100.00
City Lorain	State OH	Zip Code 44052	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Joe Miller			Registration Number, if PAC	
Street Address PO Box 601	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 200.00
City Amherst	State OH	Zip Code 44001	Form (Cash, Check, Etc) Check	
Full Name of Contributor Families for Lundy			Registration Number, if PAC	
Street Address 135 Glenview Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/30/2021	Amount 100.00
City Avon Lake	State OH	Zip Code 44012	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ted Kalo			Registration Number, if PAC	
Street Address 5729 Whispering Pines Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 100.00
City Lorain	State OH	Zip Code 44053	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 600.00



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

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

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
Full Name of Contributor Various Cash Donations			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/1/2021	Amount 2,100.00
City	State OH <input type="text"/>	Zip Code	Form (Cash, Check, Etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State OH <input type="text"/>	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 OH <input type="text"/>	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 OH <input type="text"/>	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 OH <input type="text"/>	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 OH <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 \$ 2,100.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund				
To Whom Paid WDLW Radio		Date (MM/DD/YYYY) 2/7/2021		Amount 150.00
Street Address PO Box 277		Purpose Sponsor - Sacred Heart Chapel Mass COVID 19		
City Oberlin	State OH	Zip Code 44074	Check Number 1426	
To Whom Paid Friends of Tom Orlando		Date (MM/DD/YYYY) 7/20/2021		Amount 250.00
Street Address 36265 Falcon Crest Avenue		Purpose Fundraiser		
City Avon	State OH	Zip Code 44011	Check Number 1427	
To Whom Paid Shoreway Sports & Graphics		Date (MM/DD/YYYY) 7/23/2021		Amount 422.73
Street Address 4325 Oberlin Avenue		Purpose T-Shirts		
City Lorain	State OH	Zip Code 44053	Check Number 1428	
To Whom Paid Harrison Cultural Community Center		Date (MM/DD/YYYY) 8/11/2021		Amount 200.00
Street Address 1922 Hamilton Avenue		Purpose Fundraiser		
City Lorain	State OH	Zip Code 44052	Check Number 1437	
To Whom Paid Lorain Branch NAACP		Date (MM/DD/YYYY) 8/15/21		Amount 170.00
Street Address PO Box 206		Purpose AD and two tickets		
City Lorain	State OH	Zip Code 44052	Check Number 1438	

Page Total \$ 1,192.73



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Joel Arredondo - Lorain Council Campaign Fund			
To Whom Paid Lorain City Democratic Party (Paul Adams)		Date (MM/DD/YYYY) 8/15/2021	Amount 600.00
Street Address		Purpose Sponsor and 4 tickets	
City Lorain	State OH	Zip Code	Check Number 1439
To Whom Paid Fire Fish		Date (MM/DD/YYYY) 8/15/2021	Amount 500.00
Street Address 520 Broadway Avenue - 3rd Floor		Purpose Sponsor	
City Lorain	State OH	Zip Code 44052	Check Number 1440
To Whom Paid Lorain Professional Fire Fighters		Date (MM/DD/YYYY) 8/15/2021	Amount 150.00
Street Address 1350 Broadway Avenue		Purpose Fundraiser - Steak Fry	
City Lorain	State OH	Zip Code 44052	Check Number 1442
To Whom Paid Friends of Terri Soto		Date (MM/DD/YYYY) 8/26/2021	Amount 100.00
Street Address 3561 Perry Court		Purpose Fundraiser - 4 tickets	
City Lorain	State OH	Zip Code 44053	Check Number 1444
To Whom Paid Super Printer		Date (MM/DD/YYYY) 9/13/2021	Amount 601.73
Street Address 1925 North Ridge Road E		Purpose Campaign Signs	
City Lorain	State OH	Zip Code 44055	Check Number 1445

Page Total \$ 1,951.73



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 Edwin Silva		Date (MM/DD/YYYY) 8/1/2021		Amount 504.00
Street Address 1826 E. 29th Street		Purpose Pastelios/Rice & Beans - Fundraiser		
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Check Number 1429	
To Whom Paid Julia Jacobs		Date (MM/DD/YYYY) 8/1/2021		Amount 40.00
Street Address 2007 Homewood		Purpose Beans and Salsa- Hats - Fundraiser		
City Lorain	State OH <input type="checkbox"/>	Zip Code 44055	Check Number 1430	
To Whom Paid Joyce Arredondo		Date (MM/DD/YYYY) 8/2/2021		Amount 125.90
Street Address 607 Allison Avenue		Purpose Dessert - Cakes		
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Check Number 1432	
To Whom Paid Joel Arredondo		Date (MM/DD/YYYY) 8/2/2021		Amount 669.50
Street Address 607 Allison Avenue		Purpose Various Reimbursement expenses - Fundraiser		
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Check Number 1434	
To Whom Paid Maria Arredondo		Date (MM/DD/YYYY) 8/2/2021		Amount 115.03
Street Address 607 Allison Avenue		Purpose Various Reimbursement expenses - Fundraiser		
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Check Number 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.

Page Total \$ 1,454.43



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 Joel Arredondo		Date (MM/DD/YYYY) 8/5/2021		Amount 56.08
Street Address 607 Allison Avenue		Purpose Fundraiser expense		
City Lorain	State OH <input type="text"/>	Zip Code 44052	Check Number 1436	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH <input type="text"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH <input type="text"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH <input type="text"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH <input type="text"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH <input type="text"/>	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 \$ 56.08