

# 2017 Semi Annual Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CIRINO FOR COMMISSIONER</b>		Registration Number: if PAC	
Full Name of Candidate <b>JERRY C. CIRINO</b>			
Street Address <b>8075 NORTH ORCHARD RD</b>		Office Sought <b>LAKE CITY COMMISSIONER</b>	District
City <b>CONCORD</b>		State <b>OH</b>	Zip Code <b>44077</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Annual Year <b>2017</b>
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	12,491.90
2. Total monetary contributions (From Form No. 31-A)	\$	15,580.00
3. Total other income (From Form No. 31-A-2)	\$	2,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	5,307.90
5. Total monetary expenditures (From Form No. 31-B)	\$	4,721.28
6. Balance on hand (line 4 minus line 5)	\$	585.62
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	6,900.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1,392.90
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

LAKE COUNTY  
BOARD OF ELECTIONS  
2017 JUL 25 AM 11:16

RECEIPT  SCANNED   
 ENTERED  AUDITED   
 AMEND LTR  COMPLETED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION, WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**BEVERLY A. VITAZ** TREASURER *Beverly A. Vitaz* **7/25/17**  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages 0

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CIRINO FOR COMMISSIONER</b>						
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	1	17	1750
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	6	17	13830
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
CIRNO FOR COMMISSIONER							
Full Name		Type*		M	D	Y	Amount
JERRY CIRNO		L-N					
Address		State		Form (Cash, Check, etc.)		Amount	
8651 KIRTLAND-CHARDON		OH		CHECK		25000	
City		Zip Code		Form (Cash, Check, etc.)		Amount	
KIRTLAND		44094					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)		Amount	
		OH					

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CIRINO FOR COMMISSIONER</b>							
To Whom Paid <b>LAKE GOP</b>				M	D	Y	Amount
Address <b>505 LIBERTY</b>				<b>01</b>	<b>03</b>	<b>17</b>	<b>50.00</b>
City <b>PAINESVILLE</b>		State <b>OH</b>	Zip Code <b>44077</b>	Check Number <b>212</b>			
To Whom Paid <b>LAKE GOP</b>				M	D	Y	Amount
Address <b>505 LIBERTY</b>				<b>01</b>	<b>15</b>	<b>17</b>	<b>12300.00</b>
City <b>PAINESVILLE</b>		State <b>OH</b>	Zip Code <b>44077</b>	Check Number <b>214</b>			
To Whom Paid <b>LAKE GOP</b>				M	D	Y	Amount
Address <b>505 LIBERTY</b>				<b>01</b>	<b>20</b>	<b>17</b>	<b>200.00</b>
City <b>PAINESVILLE</b>		State <b>OH</b>	Zip Code <b>44077</b>	Check Number <b>215</b>			
To Whom Paid <b>CORNACHIO FOR JUDGE</b>				M	D	Y	Amount
Address <b>5720 HARTSHIRE</b>				<b>01</b>	<b>24</b>	<b>17</b>	<b>300.00</b>
City <b>W. LLOUGHBT</b>		State <b>OH</b>	Zip Code <b>44094</b>	Check Number <b>216</b>			
To Whom Paid <b>CITIZENS FOR SCOTT MARN</b>				M	D	Y	Amount
Address <b>8194 BAYTHORNS DR</b>				<b>03</b>	<b>10</b>	<b>17</b>	<b>100.00</b>
City <b>MENTOR</b>		State <b>OH</b>	Zip Code <b>44060</b>	Check Number <b>217</b>			
To Whom Paid <b>MORGAN LITHO</b>				M	D	Y	Amount
Address <b>4101 COMMERCE AVE</b>				<b>03</b>	<b>30</b>	<b>17</b>	<b>1043.28</b>
City <b>CLEVELAND</b>		State <b>OH</b>	Zip Code <b>44103</b>	Check Number <b>218</b>			
To Whom Paid <b>CORNACHIO FOR JUDGE</b>				M	D	Y	Amount
Address <b>5720 HARTSHIRE</b>				<b>04</b>	<b>20</b>	<b>17</b>	<b>1000.00</b>
City <b>W. LLOUGHBT</b>		State <b>OH</b>	Zip Code <b>44094</b>	Check Number <b>219</b>			
To Whom Paid <b>CITIZENS FOR JAH MANDEL</b>				M	D	Y	Amount
Address <b>P.O. Box 6590</b>				<b>05</b>	<b>30</b>	<b>17</b>	<b>1000.00</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43206</b>	Check Number <b>220</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CIRINO FOR COMMISSIONER</b>								
To Whom Paid <b>RICHARD THIEDEMANN</b>					M	D	Y	Amount
Address <b>9306 JOVANNA CT.</b>					<b>05</b>	<b>310</b>	<b>17</b>	<b>20.00</b>
City <b>MENTOR</b>		State <b>OH</b>		Zip Code <b>44060</b>	Check Number <b>221</b>			
To Whom Paid <b>TRANSFER FROM FORM 31-N</b>					M	D	Y	Amount
Address								<b>2324.27</b>
City		State		Zip Code	Check Number			
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>					M	D	Y	Amount
Address								<b>7738.73</b>
City		State		Zip Code	Check Number			
To Whom Paid <b>BANK SERVICE CHARGES (4/5/17) + (4/17) + (6/17)</b>					M	D	Y	Amount
Address								<b>140.00</b>
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code	Check Number			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CIRINO FOR COMMISSIONER</b>												
From Whom Received <b>JERRY CIRINO</b>					Prior Amount <b>44000</b>		Amt. Incurred this Period <b>25000</b>					
Address <b>8651 KIRTLAND - CHARDON RD</b>							Outstanding Balance <b>69000</b>					
City <b>KIRTLAND</b>		State <b>OH</b>	Zip Code <b>44094</b>		Loans Received This Period			Payments This Period				
					Date			Date				
					Amount			Amount				
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
<b>04</b>		<b>30</b>	<b>15</b>	<b>01</b>	<b>03</b>	<b>17</b>		<b>25000</b>				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received					Prior Amount		Amt. Incurred this Period					
Address							Outstanding Balance					
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date			Date				
					Amount			Amount				
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received					Prior Amount		Amt. Incurred this Period					
Address							Outstanding Balance					
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date			Date				
					Amount			Amount				
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 44000
- Total received this period \$ 25000 (To Form No. 31-A-2)
- Total Payments this Period \$ - (also record on Form 31-B)
- Total Outstanding Balance \$ 69000 (To Form No. 30-A)

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CIRINO FOR COMMISSIONER			
Full Name of Contributor		Registration Number, if PAC	
THOMAS JUDGE			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
8952 TYLER BLD		01   17   17	200
City	State   Zip Code	Form (Cash, Check, etc)	
MENTOR	OH   44060	CHECK	
Full Name of Contributor		Registration Number, if PAC	
MARK KOMAR			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
2040 KINGSBOROUGH		01   17   17	250
City	State   Zip Code	Form (Cash, Check, etc)	
PAINESVILLE	OH   44077	CHECK	
Full Name of Contributor		Registration Number, if PAC	
STEVEN ULIC			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
10339 SAWMILL DR		01   17   17	100
City	State   Zip Code	Form (Cash, Check, etc)	
CHARDON	OH   44024	CHECK	
Full Name of Contributor		Registration Number, if PAC	
JANET BLANCHARD			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
5541 SAWGRASS CT		01   17   17	250
City	State   Zip Code	Form (Cash, Check, etc)	
MENTOR	OH   44060	CHECK	
Full Name of Contributor		Registration Number, if PAC	
LABORERS INT'L UNION OF N. AMERICA SEAN CAMABELL			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
3050 EUCLID AVE	POL LEAGUE	01   17   17	250
City	State   Zip Code	Form (Cash, Check, etc)	
CLEVELAND	OH   44115	CHECK	
Full Name of Contributor		Registration Number, if PAC	
COPE 33 TODD ALISHUSKY		C. 0021987	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
12515 CORPORATE DR		01   17   17	250
City	State   Zip Code	Form (Cash, Check, etc)	
PARMA	OH   44130	CHECK	
Full Name of Contributor		Registration Number, if PAC	
DAVE WILES			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
7615 SARAH LEE		01   17   17	250
City	State   Zip Code	Form (Cash, Check, etc)	
CONCORD	OH   44077	CHECK	

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 1550

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
SCOTT MARN - CITIZENS FOR				01	31	17	200
Street Address		Employer/Occupation/Labor Organization*		Form(Cash, Check, etc)			
8194 BAYTHORNE DR				CHECK			
City		State	Zip Code	Form(Cash, Check, etc)			
MENTOR		OH	44060				
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		Employer/Occupation/Labor Organization*		Form(Cash, Check, etc)			
City		State	Zip Code	Form(Cash, Check, etc)			

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

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

Total contributions this event

1750

1750

Total expenditures this event

—

Page Total \$ 200



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				
CIRINO FOR COMMISSIONER				
Full Name of Contributor			Registration Number, if PAC	
I JAMES HACKENBERG				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
8160 KINGWOOD RD			05/18/17	250
City	State	Zip Code	Form (Cash, Check, etc)	
KIRTLAND HILLS	OH	44060	CHECK	
Full Name of Contributor			Registration Number, if PAC	
RALPH WILSON				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
1700 MENTOR AVE.			05/18/17	100
City	State	Zip Code	Form (Cash, Check, etc)	
AINESVILLE	OH	44077	CHECK	
Full Name of Contributor			Registration Number, if PAC	
GREGG BOEHLEFELD				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
P.O. Box 404			05/18/17	150
City	State	Zip Code	Form (Cash, Check, etc)	
MENTOR	OH	44061	CHECK	
Full Name of Contributor			Registration Number, if PAC	
DAVID FELL				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
P.O. Box 110			05/20/17	25
City	State	Zip Code	Form (Cash, Check, etc)	
WILLOUGHBY	OH	44096	CHECK	
Full Name of Contributor			Registration Number, if PAC	
RICHARD IAFELICE				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
8130 HUMPHREY HILL			05/20/17	250
City	State	Zip Code	Form (Cash, Check, etc)	
CONCORD	OH	44077	CHECK	
Full Name of Contributor			Registration Number, if PAC	
MARIANNE SLATTERY				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
7837 QUERTON DR			05/20/17	50
City	State	Zip Code	Form (Cash, Check, etc)	
MENTOR	OH	44060	CHECK	
Full Name of Contributor			Registration Number, if PAC	
THOM SEYMOUR				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
8300 MUNSON RD			05/24/17	25
City	State	Zip Code	Form (Cash, Check, etc)	
MENTOR	OH	44060	CHECK	

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 850

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor DENISE VERDI		Registration Number, if PAC					
Street Address 12 DWAISSA DR	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City TIMBERLAKE	State OH	Zip Code 44095	0	5	4	25	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor WILBUR BLACK		Registration Number, if PAC					
Street Address 37946 BROWN AVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City WILLOUGHBY	State OH	Zip Code 44094	0	5	4	10	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor MICHAEL MANART		Registration Number, if PAC					
Street Address 27 PARKVIEW DR	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City PAWESVILLE	State OH	Zip Code 44077	0	5	4	100	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor MARK FREEMAN		Registration Number, if PAC					
Street Address 7231 TAFT ST	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City MENTOR	State OH	Zip Code 44060	0	5	4	35	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor DAVID ROWLINS		Registration Number, if PAC					
Street Address 244 LAKEHURST DR.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City BRATENAH	State OH	Zip Code 44108	0	5	4	500	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor LANE CHERIS		Registration Number, if PAC					
Street Address 1320 ST. ANDREWS WAY	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City CONCORD	State OH	Zip Code 44077	0	5	4	100	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor ROBERT MURCH		Registration Number, if PAC					
Street Address 10451 SPERRY RD	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City KIRTLAND	State OH	Zip Code 44094	0	5	4	100	
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 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 \$ 870

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor CAROL BERTONE		Registration Number, if PAC					
Street Address 668 SECOND ST	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City FAIRPORT HARBOR	State OH	Zip Code 44077	05	23	17	35	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor BEN CAPELLE		Registration Number, if PAC					
Street Address 155 LAKESHORE BLVD	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City AINESVILLE	State OH	Zip Code 44077	05	23	17	100	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor DAWN GYBANC ANDERSON		Registration Number, if PAC					
Street Address 9100 WOODS WAY	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City KIRTLAND	State OH	Zip Code 44094	05	23	17	150	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor EDWARD ZUPANCIC		Registration Number, if PAC					
Street Address 119 SANDSTONE DR	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City AINESVILLE TWP	State OH	Zip Code 44077	05	23	17	150	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor ANTHONY GRANDINI		Registration Number, if PAC					
Street Address 804 HUMPHREY HILL	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City AINESVILLE	State OH	Zip Code 44077	05	23	17	100	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor TIMOTHY CIRINO		Registration Number, if PAC					
Street Address 1682 RUSH RD	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City WICKLIFFE	State OH	Zip Code 44092	05	23	17	50	
Form (Cash, Check, etc) CHECK							
Full Name of Contributor JOSEPH HUSS		Registration Number, if PAC					
Street Address 8619 KIRTLAND-CHARDON	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City KIRTLAND	State OH	Zip Code 44094	05	23	17	150	
Form (Cash, Check, etc) CHECK							

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 735

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CIRINO FOR COMMISSIONER			
Full Name of Contributor		Registration Number, if PAC	
IAN SCH OEN			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
38785 NORTH BAY DR		05 28 17	50
City	State	Zip Code	Form (Cash, Check, etc)
W. WLOUGHBT	OH	44094	CHECK
Full Name of Contributor		Registration Number, if PAC	
JOSEPH TOMSICH			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7261 HUNTING LAKE		05 28 17	50
City	State	Zip Code	Form (Cash, Check, etc)
CONCORD	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
LISA PATTON			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
235 SHORELAND CIRCLE		05 28 17	35
City	State	Zip Code	Form (Cash, Check, etc)
W. WLOWICK	OH	44095	CHECK
Full Name of Contributor		Registration Number, if PAC	
ROBERT DAWSON			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5475 CANTON RIDGE		05 28 17	100
City	State	Zip Code	Form (Cash, Check, etc)
PAINESVILLE	OH	44077	CHECK
Full Name of Contributor		Registration Number, if PAC	
RICHARD PARKER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4206 KIRTLAND RD		05 28 17	100
City	State	Zip Code	Form (Cash, Check, etc)
W. WLOUGHBT	OH	44094	CHECK
Full Name of Contributor		Registration Number, if PAC	
SPENCE KLINE			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
9168 LAKE SHORE		05 28 17	100
City	State	Zip Code	Form (Cash, Check, etc)
MENTOR	OH	44060	CHECK
Full Name of Contributor		Registration Number, if PAC	
NEIL SAWICKI			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7619 NEWTON ST.		05 28 17	100
City	State	Zip Code	Form (Cash, Check, etc)
MENTOR	OH	44060	CHECK

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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 \$

535

Event Date 06/06/17  
Page 5

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor JOAN KONRAD		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 5312 RICHARDS DR	City MENTOR	State OH	Zip Code 44060	0	5	17	100
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor CAROL MALONEY		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 8452 COOPER LN	City MENTOR	State OH	Zip Code 44060	0	5	17	100
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor ARDUINO MONTANI		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 9290 AMBER WOOD	City KIRTLAND	State OH	Zip Code 44094	0	5	17	150
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor LAWRENCE MORGAN		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 8861 AUBURN RD	City CHARLTON	State OH	Zip Code 44024	0	5	17	150
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor JAMES ABEL		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 2949 NORTH PARK	City CLEVELAND HTS	State OH	Zip Code 44118	0	5	17	200
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor BRIAN FALKOWSKI		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 11149 GADDIE LN	City CONCORD	State OH	Zip Code 44077	0	5	17	250
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor UMBERTO FEDELI		Employer/Occupation/Labor Organization*					Registration Number, if PAC
Street Address 5025 ROCKSIDE RD	City INDEPENDENCE	State OH	Zip Code 44131	0	5	17	500
Form (Cash, Check, etc.) CHECK							

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Total contributions this event

Total expenditures this event

Page Total \$ 1450

Event Date 06/06/17  
Page 6

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRNO FOR COMMISSIONER							
Full Name of Contributor ORRIN LAW FIRM/MICHAEL D'BRIEN		Registration Number, if PAC					
Street Address 3807 3807 EUCLID AVE	Employer/Occupation/Labor Organization* ATTORNEY	M	D	Y	Amount		
City WILLOUGHBY	State OH	Zip Code 44094					
Form (Cash, Check, etc) CHECK							
Full Name of Contributor GERALD MERRAR		Registration Number, if PAC					
Street Address 4077 CLARK AVE	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City WILLOUGHBY	State OH	Zip Code 44094					
Form (Cash, Check, etc) CHECK							
Full Name of Contributor JACK B HOLD CO LLC - LANCE OSBIRNE		Registration Number, if PAC					
Street Address 7670 TYLER BLVD	Employer/Occupation/Labor Organization* CONSTRUCTION	M	D	Y	Amount		
City MENTOR	State OH	Zip Code 44060					
Form (Cash, Check, etc) CHECK							
Full Name of Contributor JEAN NICHOLS		Registration Number, if PAC					
Street Address 8646 CARDINAL DR	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City KIRTLAND	State OH	Zip Code 44094					
Form (Cash, Check, etc) CHECK							
Full Name of Contributor DAVID FIERIG		Registration Number, if PAC					
Street Address 25701 HANNA RD	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City WILLOUGHBY HILLS	State OH	Zip Code 44094					120
Form (Cash, Check, etc) CHECK							
Full Name of Contributor EAITH ANDREWS		Registration Number, if PAC					
Street Address 10441 PROUTY RD	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City PAINESVILLE	State OH	Zip Code 44077					-10
Form (Cash, Check, etc) CHECK							
Full Name of Contributor RICHARD REGOVICH		Registration Number, if PAC					
Street Address 377 E 320TH ST	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City WILLOWICK	State OH	Zip Code 44095					50
Form (Cash, Check, etc) CHECK							

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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 \$ 840

Event Date 06/06/17  
Page 7

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC	
CIRNO FOR COMMISSIONER					
Full Name of Contributor					
JAN CLAIR					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
763 MENTOR AVE			06	06	17
City	State	Zip Code	Amount		
PAINESVILLE	OH	44077	50		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
RICHARD THIEDE MANN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
9306 JOVANNA CT			06	06	17
City	State	Zip Code	Amount		
MENTOR	OH	44060	70		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
GERALD WALKER					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
174 N ST CLAIR			06	06	17
City	State	Zip Code	Amount		
PAINESVILLE	OH	44077	100		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
RAYMOND SOMICH					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2941 LEGEND LN			06	06	17
City	State	Zip Code	Amount		
WILLOUGHBY HILLS	OH	44092	100		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
WALTER SIEGEL					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4525 WHITE ANGEL			06	06	17
City	State	Zip Code	Amount		
FERRY	OH	44281	100		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
NORA COLBURN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2892 CAMELOT CT			06	06	17
City	State	Zip Code	Amount		
WILLOUGHBY HILLS	OH	44092	100		
Form (Cash, Check, etc)					
CHECK					
Full Name of Contributor					
SHAWN DOUGLAS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5205 TODD DR			06	06	17
City	State	Zip Code	Amount		
MADISON	OH	44057	100		
Form (Cash, Check, etc)					
CHECK					

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Total contributions this event

Total expenditures this event

Page Total \$ 620

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor		Registration Number, if PAC					
DAN DUNLAP FOR SHERIFF							
Street Address	7300 MURLET RD			016	016	117	100
City	PAINESVILLE	State	OH	Zip Code	44077	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
SEAN BLAKE FOR MENTOR CITY COUNCIL							
Street Address	7917 KING MEMORIAL			06	06	117	100
City	MENTOR	State	OH	Zip Code	44060	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
BRIAN FUSLER							
Street Address	8001 MORLEY RD			06	06	117	100
City	MENTOR	State	OH	Zip Code	44060	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
JANET DOWLING							
Street Address	8475 HARBOR DR			06	06	117	100
City	MENTOR	State	OH	Zip Code	44060	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
COLLEEN FALKOWSKI							
Street Address	9500 REMINGTON			06	06	117	100
City	MENTOR	State	OH	Zip Code	44060	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
NICK AMOS							
Street Address	4575 WHITE ANGLE			016	06	117	100
City	PERRY	State	OH	Zip Code	44081	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if PAC					
RICHARD SOMMERS							
Street Address	10585 SOMMER LET			06	06	117	100
City	CHARDON	State	OH	Zip Code	44024	Form (Cash, Check, etc.) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ 700



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor JOHN JAROS							
Street Address 7809 HOOVER CT				0	6	17	100
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MARK RANTALA							
Street Address 2709 COUNTRY CLUB				0	6	17	100
City ROCKY RIVER		State OH	Zip Code 44116	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor COMMITTEE TO REELECT RAY KIRCHNER							
Street Address 5118 GROVEWOOD				0	6	17	100
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN KRUEGER							
Street Address P.O. Box 89				0	6	17	100
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor RED STATE STRATEGIES LLC CHRIS GALLOWAY							
Street Address 9401 MENTOR AVE		CONSULTING		0	6	17	100
City MENTOR		State OH	Zip Code 44060	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor MICHAEL KLIEGL							
Street Address 38672 ANDREWS RIDGE				0	6	17	150
City WILLOUGHBY		State OH	Zip Code 44094	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor BEVERLY VITAZ							
Street Address 8075 N. ORCHARD				0	6	17	150
City CONCORD		State OH	Zip Code 44077	Form (Cash, Check, etc.) CHECK			

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

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Total contributions this event

Total expenditures this event

Page Total \$ 800

Event Date 06/06/17  
Page 10

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor GERALD THEOBALD		Registration Number, if PAC					
Street Address 5412 STRAWBERRY	Employer/Occupation/Labor Organization*						
City WILLOUGHBY	State OH	Zip Code 44094					150
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor BERZIN FAMILY PARTNERSHIP RUSSELL BERZIN		Registration Number, if PAC					
Street Address 2775 BISHOP RD	Employer/Occupation/Labor Organization*						
City WILLOUGHBY HILLS	State OH	Zip Code 44092					150
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor MARLENE CORNACIO		Registration Number, if PAC					
Street Address 5700 HARTSHIRE	Employer/Occupation/Labor Organization*						
City W. LOUGHBY	State OH	Zip Code 44094					500
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor PAUL JANEK JR		Registration Number, if PAC					
Street Address 9485 CURBERRY	Employer/Occupation/Labor Organization*						
City MENTOR	State OH	Zip Code 44060					1000
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor LABORERS INTL UNION - SEAN CAMPBELL		Registration Number, if PAC					
Street Address 30150 EUCLID AVE	Employer/Occupation/Labor Organization*						
City CLEVELAND	State OH	Zip Code 44115					250
Form (Cash, Check, etc.) CHECK							
Full Name of Contributor KEVIN LASKO		Registration Number, if PAC					
Street Address 6015 HEISLEY RD	Employer/Occupation/Labor Organization*						
City MENTOR	State OH	Zip Code 44060					100
Form (Cash, Check, etc.) CASH							
Full Name of Contributor CHRISTOPHER TUCCI		Registration Number, if PAC					
Street Address 8206 MIDLAND RD	Employer/Occupation/Labor Organization*						
City MENTOR	State OH	Zip Code 44060					100
Form (Cash, Check, etc.) CASH							

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Total contributions this event

Total expenditures this event

Page Total \$ 2250

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CIRING FOR COMMISSIONER							
Full Name of Contributor		Registration Number, if PAC					
WILLIAM FAEHRICH							
Street Address	549 EZMER LN			0	5	2	1
City	WICKLIFFE	State	OH	Zip Code	4	4	0
							35
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
JONELL VERTOENIK							
Street Address	7001 HERMITAGE			0	5	2	1
City	FA NESVILLE	State	OH	Zip Code	4	4	0
							100
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
RONALD TADDEO							
Street Address	3690 SKYLINE			0	5	2	1
City	WILLOUGHBY HILLS	State	OH	Zip Code	4	4	0
							150
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
DONALD LIECHTY							
Street Address	5553 KIRTLAND CHARDON			0	5	2	1
City	KIRTLAND	State	OH	Zip Code	4	4	0
							150
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
NICHOLAS SPURZILLO							
Street Address	409 SAND HURST DR			0	5	2	1
City	HIGHLAND HTS	State	OH	Zip Code	4	4	1
							50
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
JOHN RAMPE							
Street Address	1246 HIGH ST			0	5	2	1
City	FAIRPORT HARBOR	State	OH	Zip Code	4	4	0
							100
Form (Cash, Check, etc)		CHECK					
Full Name of Contributor		Registration Number, if PAC					
IAN CAHILL							
Street Address	10386 LORETO RIDGE			0	5	2	1
City	KIRTLAND	State	OH	Zip Code	4	4	0
							50
Form (Cash, Check, etc)		CHECK					

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Total contributions this event

Total expenditures this event

Page Total \$ 625

Event Date 06/06/17  
Page 18

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
CIANO FOR COMMISSIONER							
Full Name of Contributor				Registration Number, if PAC			
MARGARET NEWMAN TEUBL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4015 KIRTLAND				0	6	17	150
City	State	Zip Code	Form (Cash, Check, etc)				
WILLOUGHBY	OH	44094	CHECK				
Full Name of Contributor				Registration Number, if PAC			
GREFITTERS LOCAL UNION 120							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6305 HALLE DR		TOM TUBECK		0	5	17	250
City	State	Zip Code	Form (Cash, Check, etc)				
CLEVELAND	OH	44125	CHECK				
Full Name of Contributor				Registration Number, if PAC			
JOANNE FIALA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4372 ST JOHNS BLUFF				0	6	17	150
City	State	Zip Code	Form (Cash, Check, etc)				
WILLOUGHBY	OH	44094	CHECK				
Full Name of Contributor				Registration Number, if PAC			
TIMOTHY HAYEK							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8165 MIDLAND				0	6	17	150
City	State	Zip Code	Form (Cash, Check, etc)				
MENTOR	OH	44060	CHECK				
Full Name of Contributor				Registration Number, if PAC			
ROBERT CARSON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. BOX 93537				0	6	17	100
City	State	Zip Code	Form (Cash, Check, etc)				
CLEVELAND	OH	44101	CHECK				
Full Name of Contributor				Registration Number, if PAC			
TIMOTHY WRIGHT							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8300 TEWKSBURY				0	6	17	50
City	State	Zip Code	Form (Cash, Check, etc)				
CONCORD	OH	44077	CHECK				
Full Name of Contributor				Registration Number, if PAC			
JASON BOYD							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4802 GLENWOOD				0	6	17	100
City	State	Zip Code	Form (Cash, Check, etc)				
WILLOUGHBY	OH	44094	CHECK				

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Total contributions this event

Total expenditures this event

Page Total \$ 950

Event Date 06/06/17  
Page 13

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
CIBINO FOR COMMISSIONER							
Full Name of Contributor			Registration Number, if PAC				
DENNIS LAFFERTY							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
11303 S. FOREST				016	03	17	100
City		State	Zip Code	Form (Cash, Check, etc)			
CONCORD		OH	44077	CHECK			
Full Name of Contributor			Registration Number, if PAC				
STEPHEN TARDIO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10383 LORETO RIDGE				016	03	17	100
City		State	Zip Code	Form (Cash, Check, etc)			
KIRTLAND		OH	44094	CHECK			
Full Name of Contributor			Registration Number, if PAC				
JAMES ARBA CZEWSKI							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8001 HUMPHREY HILL				016	03	17	100
City		State	Zip Code	Form (Cash, Check, etc)			
CONCORD		OH	44077	CHECK			
Full Name of Contributor			Registration Number, if PAC				
JOAN HOWELL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
9166 REGENCY WOODS				016	03	17	250
City		State	Zip Code	Form (Cash, Check, etc)			
KIRTLAND		OH	44094	CHECK			
Full Name of Contributor			Registration Number, if PAC				
COPE 33							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
10515 CORPORATE DRIVE		DENNE MASACHIO		016	03	17	150
City		State	Zip Code	Form (Cash, Check, etc)			
PARMA		OH	44130	CHECK			
Full Name of Contributor			Registration Number, if PAC				
RAYMOND HEADEN							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
305 KNOWWOOD TR				016	03	17	500
City		State	Zip Code	Form (Cash, Check, etc)			
RICHMOND HTS		OH	44143	CHECK			
Full Name of Contributor			Registration Number, if PAC				
KATHLEEN SOLES							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4370 AMELIA AVE				016	12	17	50
City		State	Zip Code	Form (Cash, Check, etc)			
WILLOUGHBY		OH	44094	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 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 \$ 1650

Event Date 06/06/17  
Page 14

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CIRINO FOR COMMISSIONER</b>				
Full Name of Contributor <b>CARL DON DORFER</b>			Registration Number, if PAC	
Street Address <b>9355 JACKSON ST</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   100</b>
City <b>MENTOR</b>	State <b>OH</b>	Zip Code <b>44060</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DENNIS KUBACH</b>			Registration Number, if PAC	
Street Address <b>355 95 TIMBER RIDGE</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   100</b>
City <b>WILLOUGHBY</b>	State <b>OH</b>	Zip Code <b>44094</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>PATRICIA MORMILE GUY</b>			Registration Number, if PAC	
Street Address <b>5984A HALLE FARM</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   25</b>
City <b>WILLOUGHBY</b>	State <b>OH</b>	Zip Code <b>44094</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>JAMES GARRISON</b>			Registration Number, if PAC	
Street Address <b>5290 LOCUST HILL</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   250</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>ROBERT DRAPER JR</b>			Registration Number, if PAC	
Street Address <b>397 HIGHLAND AVE</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   250</b>
City <b>FORT MITCHELL</b>	State <b>KY</b>	Zip Code <b>41017</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>PAUL STEFANKO</b>			Registration Number, if PAC	
Street Address <b>10937 MITCHELLS MILL</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   100</b>
City <b>CHARDON</b>	State <b>OH</b>	Zip Code <b>44024</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DAVIS FELL</b>			Registration Number, if PAC	
Street Address <b>P O BOX 110</b>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <b>06   12   17   25</b>
City <b>WILLOUGHBY</b>	State <b>OH</b>	Zip Code <b>44096</b>	Form (Cash, Check, etc.) <b>CHECK</b>	

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

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

Total contributions this event

Total expenditures this event

Page Total \$ 850

Event Date 06/06/17  
Page 15

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
CIRINO FOR COMMISSIONER						
Full Name of Contributor			Registration Number, if PAC			
JOHN TURBEN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8966 BOOTH RD			06	10	17	100
City	State	Zip Code	Form (Cash, Check, etc)			
KIRTLAND HILLS	OH	44060	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MICHAEL MATONEY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1103 CHURCHILL			06	14	17	25
City	State	Zip Code	Form (Cash, Check, etc)			
LYNDHURST	OH	44124	CHECK			
Full Name of Contributor			Registration Number, if PAC			
WADE MITCHELL						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4814 GLEWOOD			06	14	17	100
City	State	Zip Code	Form (Cash, Check, etc)			
WILLOUGHBY	OH	44094	CHECK			
Full Name of Contributor			Registration Number, if PAC			
DALE FELLOWS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2814 FOWLER DR			06	17	17	100
City	State	Zip Code	Form (Cash, Check, etc)			
WILLOUGHBY HLS	OH	44094	CHECK			
Full Name of Contributor			Registration Number, if PAC			
PATRICK GONDON						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
272 COLONIAL DR			06	07	17	35
City	State	Zip Code	Form (Cash, Check, etc)			
AINESVILLE	OH	44077	CHECK			
Full Name of Contributor			Registration Number, if PAC			
RICHARD ZALESKI						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5702 BIRCHWOOD			06	17	17	35
City	State	Zip Code	Form (Cash, Check, etc)			
MENTOR	OH	44060	CASH			
Full Name of Contributor			Registration Number, if PAC			
TOTAL EMPLOYEE CONTRIBUTIONS FROM FORM 31-G						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
						100
City	State	Zip Code	Form (Cash, Check, etc)			

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

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

Total contributions this event

13830

Total expenditures this event

7738.72

Page Total \$

495

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <u>CIRINO FOR COMMISSIONER</u>						
To Whom Paid <u>LA MALFA</u>			M	D	Y	Amount
Address <u>5 783 HEISLEY RD</u>			Purpose <u>CATERING</u>			
City <u>MENTOR</u>		State <u>OH</u>	Zip Code <u>44060</u>	Check Number <u>222</u>		
To Whom Paid <u>MORGAN LITHO</u>			M	D	Y	Amount
Address <u>4101 COMMERCE AVE</u>			Purpose <u>INVITATIONS</u>			
City <u>CLEVELAND</u>		State <u>OH</u>	Zip Code <u>44103</u>	Check Number <u>223</u>		
To Whom Paid <u>BEVERLY A. VITAZ</u>			M	D	Y	Amount
Address <u>8075 N. DRCHARD</u>			Purpose <u>STAMPS</u>			
City <u>CONCORD</u>		State <u>OH</u>	Zip Code <u>44077</u>	Check Number <u>224</u>		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
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.



# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
CIRINO FOR COMMISSIONER							
Full Name of Contributor				Form (Cash, Check, etc)			Amount
GARY FEDAK				CASH			100
Street Address				M	D	Y	Amount
12470 HAMMOCK LAKE DR				06	06	17	100
City	State	Zip Code	Form (Cash, Check, etc)				Amount
WINDSOR	OH	44099	CASH				
Full Name of Contributor				M	D	Y	Amount
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)				Amount
Full Name of Contributor				M	D	Y	Amount
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)				Amount
Full Name of Contributor				M	D	Y	Amount
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)				Amount
Full Name of Contributor				M	D	Y	Amount
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)				Amount

The above are employees of a unit or department under the direct supervision or control of JERRY CIRINO, who currently holds the public office of CITY COMMISSIONER. I hereby affirm that each contribution was voluntarily made.

Beverly A. [Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 100

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee				Prior Amount	Amt. Incurred this Period
CIRINO FOR COMMISSIONER				13478.41	474.39
To Whom Owed JERRY CIRINO				Item or Purpose of Debt BALLOONS/CANDY	Outstanding Balance 13952.80
Address 8651 KIRTLAND - CHARLTON RD					
City KIRTLAND	State OH	Zip Code 44094		Payments This Period	
Date Debt was originally Incurred				Date	
Registration Number, if PAC				Amount	
M	D	Y	\$		
0	2	5	16		
M	D	Y	\$		
M	D	Y	\$		
To Whom Owed RED STATE STRATEGIES				Prior Amount 16167.77	Amt. Incurred this Period
Address 9401 MENTOR AVE #240				Item or Purpose of Debt MAILING LITERALS	Outstanding Balance -0-
City MENTOR				Payments This Period	
Date Debt was originally Incurred				Date	
Registration Number, if PAC				Amount	
M	D	Y	\$		
1	0	3	17		2214.90
M	D	Y	\$		
0	1	2	17		13952.87
M	D	Y	\$		
To Whom Owed SABATH CONSULTING				Prior Amount 7156.50	Amt. Incurred this Period
Address 11725 JANE DR				Item or Purpose of Debt CONSULTING	Outstanding Balance -0-
City CONCORD				Payments This Period	
Date Debt was originally Incurred				Date	
Registration Number, if PAC				Amount	
M	D	Y	\$		
1	2	16	16		7156.50
M	D	Y	\$		
M	D	Y	\$		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 23324.27 (also record on Form 31-B)

Total Outstanding Balance \$ 13952.80 (also record on cover page)