

2019- PAK GENERAL

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

LAKE BOARD OF ELECTION
OCT 24 2019 AM 9:02

Full Name of Committee Gardner for Mayor						Registration Number, if PAC		
Full Name of Candidate G. Andrew Gardner								
Street Address 38123 Dodds Hill Dr.					Office Sought Mayor		District Wilby Hills	
City Willoughby Hills					State OH	Zip Code 44094		
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	X Pre-General	Post-General	Annual Year 2019	July	August	September
Monthly	Monthly	Monthly	Monthly	Termination	Semiannual			
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		M 1	D 1	Y 0
						5	1	9

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 at 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	15,645.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	15,645.00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,666.49
6. Balance on hand (line 4 minus line 5)	\$	11,978.51
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	53.11
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	1,500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	45.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

RECEIPT ENTERED AMEND LTR
SCANNED AUDITED 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

G. ANDREW GARDNER Treasurer *[Signature]* Date **10/23/19**

Contribution pages **12**

Expenditure pages **2**

Other pages **24**

Total pages **36**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Abigail J. Gardner				Registration Number, if PAC		
Street Address 5801-B Halle Farm Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby	State O H	Zip Code 44094	M 0	D 8	Y 2 7 1 9	Amount 1,000.00
Full Name of Contributor John Lillich				Registration Number, if PAC		
Street Address 37830 Milann Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 3 1 9	Amount 200.00
Full Name of Contributor Gary Pratt				Registration Number, if PAC		
Street Address 2955 Canterbury Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44092	M 0	D 9	Y 2 3 1 9	Amount 50.00
Full Name of Contributor Karen J. Schaller				Registration Number, if PAC		
Street Address 2512 Red Fox Pass		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 4 1 9	Amount 25.00
Full Name of Contributor Ronald J. Caporossi				Registration Number, if PAC		
Street Address 38231 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 5 1 9	Amount 50.00
Full Name of Contributor Marygail Michalski				Registration Number, if PAC		
Street Address 38285 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 9 1 9	Amount 25.00
Full Name of Contributor Roy J. Streetz				Registration Number, if PAC		
Street Address 2950 Gatsby Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 1 1 9	Amount 25.00
Full Name of Contributor Leighann Cesar				Registration Number, if PAC		
Street Address 2848 Fowler Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 3 0 1 9	Amount 75.00

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Marcie Levine				Registration Number, if PAC		
Street Address 28806 Eddy Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44092	M 0 8	D 2 9	Y 1 9	Amount 50.00
Full Name of Contributor Frank Omerza				Registration Number, if PAC		
Street Address 38305 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 3 0	Y 1 9	Amount 500.00
Full Name of Contributor Molly F. Nash				Registration Number, if PAC		
Street Address 3030 Worrell Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 4	Y 1 9	Amount 50.00
Full Name of Contributor Gail Anderson				Registration Number, if PAC		
Street Address 2306 River Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 4	Y 1 9	Amount 200.00
Full Name of Contributor Sharon Scott				Registration Number, if PAC		
Street Address 37215 Beech Hills		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 4	Y 1 9	Amount 50.00
Full Name of Contributor Sue Nemeth				Registration Number, if PAC		
Street Address 2895 Millgate Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 7	Y 1 9	Amount 100.00
Full Name of Contributor Gloria Majeski				Registration Number, if PAC		
Street Address 2950 Gatsby Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 7	Y 1 9	Amount 200.00
Full Name of Contributor Denise Niedermeyer				Registration Number, if PAC		
Street Address 2821 Lamplight Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0 9	D 2 4	Y 1 9	Amount 50.00

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Statement of Contributions Received

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Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Toni Delaney				Registration Number, if PAC		
Street Address 38445 Berkshire Hills Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 3 1 9	Amount 100.00
Full Name of Contributor Lisa Cummins				Registration Number, if PAC		
Street Address 38087 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 3 0 1 9	Amount 250.00
Full Name of Contributor Robert Weger				Registration Number, if PAC		
Street Address 38195 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 2 5 1 9	Amount 250.00
Full Name of Contributor Jeffrey M. Ross				Registration Number, if PAC		
Street Address 2867 Camelot Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44092	M 0	D 9	Y 2 9 1 9	Amount 50.00
Full Name of Contributor Holly Lessick				Registration Number, if PAC		
Street Address 36436 Lakeshore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Eastlake	State O H	Zip Code 44095	M 1	D 0	Y 0 6 1 9	Amount 50.00
Full Name of Contributor Douglas McLaughlin				Registration Number, if PAC		
Street Address 38033 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 1 1 9	Amount 250.00
Full Name of Contributor F. William Ruple				Registration Number, if PAC		
Street Address 10956 Woodlake Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Kirtland	State O H	Zip Code 44094	M 1	D 0	Y 0 2 1 9	Amount 250.00
Full Name of Contributor Edward McKenna				Registration Number, if PAC		
Street Address 2963 Lamplight		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 3 1 9	Amount 100.00

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Statement of Contributions Received

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Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Gregory West				Registration Number, if PAC		
Street Address 2356 River's Edge		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 0	D 9	Y 3 0 1 9	Amount 100.00
Full Name of Contributor Hallie Schiavoni				Registration Number, if PAC		
Street Address 2460 Parsons Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 3 1 9	Amount 100.00
Full Name of Contributor Charles J. Latsa				Registration Number, if PAC		
Street Address 28914 Eddy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44092	M 1	D 0	Y 0 2 1 9	Amount 50.00
Full Name of Contributor Barry Reutter				Registration Number, if PAC		
Street Address 2543 Hanna Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 2 1 9	Amount 50.00
Full Name of Contributor Loreto Iafelice				Registration Number, if PAC		
Street Address 38650 Florence Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 0 4 1 9	Amount 100.00
Full Name of Contributor Mary DiTirro				Registration Number, if PAC		
Street Address 355 E. 271st St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Euclid	State O H	Zip Code 44132	M 1	D 0	Y 1 0 1 9	Amount 50.00
Full Name of Contributor George A. Gardner				Registration Number, if PAC		
Street Address 38158 Dodds Hill		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 1 9 1 9	Amount 1,000.00
Full Name of Contributor Matthew Jones				Registration Number, if PAC		
Street Address 4075 Brewster Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westlake	State O H	Zip Code 44145	M 1	D 0	Y 0 9 1 9	Amount 200.00

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Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Donald Beirut				Registration Number, if PAC		
Street Address 20612 Beachwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Rocky River	State O H	Zip Code 44116	M 1	D 0	Y 09	Amount 200.00
Full Name of Contributor Edward Hren				Registration Number, if PAC		
Street Address 11625 Blue Heron Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chardon	State O H	Zip Code 44024	M 1	D 0	Y 09	Amount 200.00
Full Name of Contributor Donald Sheehy				Registration Number, if PAC		
Street Address 7825 Country Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chagrin Falls	State O H	Zip Code 44023	M 1	D 0	Y 08	Amount 200.00
Full Name of Contributor Mike Henry				Registration Number, if PAC		
Street Address 16559 Messinger Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Auburn Twp.	State O H	Zip Code 44023	M 1	D 0	Y 09	Amount 200.00
Full Name of Contributor Joseph Dorsey				Registration Number, if PAC		
Street Address 2921 Gatsby Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 09	Amount 100.00
Full Name of Contributor Cuvier Lukat				Registration Number, if PAC		
Street Address 6153 Pepperwood Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mentor	State O H	Zip Code 44060	M 1	D 0	Y 10	Amount 2,000.00
Full Name of Contributor Contributions from Form 31-E (10-10-19 Event)				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 5,745.00
Full Name of Contributor Dominic Soric				Registration Number, if PAC		
Street Address 38048 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Willoughby Hills	State O H	Zip Code 44094	M 1	D 0	Y 10	Amount 100.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gardner for Mayor						
Full Name of Contributor Peggy Pawar				Registration Number, if PAC		
Street Address 2678 Alan Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44092	M 1 0	D 0 9	Y 1 9	Amount 50.00
Full Name of Contributor Amanda Leben				Registration Number, if PAC		
Street Address 9079 Bascom Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chardon	State O H	Zip Code 44024	M 1 0	D 1 0	Y 1 9	Amount 100.00
Full Name of Contributor Ronald D. Hollingsworth				Registration Number, if PAC		
Street Address 38451 Eagle's Nest Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1 0	D 1 3	Y 1 9	Amount 300.00
Full Name of Contributor Jonathon Ruple				Registration Number, if PAC		
Street Address 11545 Glenmora Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chardon	State O H	Zip Code 44024	M 1 0	D 1 5	Y 1 9	Amount 100.00
Full Name of Contributor Michael Neundorfer				Registration Number, if PAC		
Street Address 2771 River Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State O H	Zip Code 44094	M 1 0	D 1 6	Y 1 9	Amount 200.00
Full Name of Contributor Committee to Re-Elect Dr. Lynn Smith Coroner				Registration Number, if PAC		
Street Address 820 Mentor Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Painesville	State O H	Zip Code 44077	M 1 0	D 1 3	Y 1 9	Amount 300.00
Full Name of Contributor William D. Gardner				Registration Number, if PAC		
Street Address 38069 Dodds Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 250.00	
City Willoughby Hills	State O H	Zip Code 44094	M 1 0	D 1 0	Y 1 9	Amount 250.00
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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Gardner for Mayor							
To Whom Paid				M	D	Y	Amount
Hotcards.com				0	9	1	14.03
Address		Purpose					
2400 Superior Ave. E		Business Cards					
City		State	Zip Code	Check Number			
Cleveland		O H	44114	Debit Card			
To Whom Paid				M	D	Y	Amount
X Press Printing Services				0	9	1	151.94
Address		Purpose					
4405 Glenbrook Rd.		Candidate Night Palm Cards					
City		State	Zip Code	Check Number			
Willoughby		O H	44094	1001			
To Whom Paid				M	D	Y	Amount
X Press Printing Services				1	0	1	227.45
Address		Purpose					
4405 Glenbrook Rd.		Postcards (Apartment w/Jarmus/Hallum)					
City		State	Zip Code	Check Number			
Willoughby		O H	44094	1002			
To Whom Paid				M	D	Y	Amount
X Press Printing Services				1	0	1	248.85
Address		Purpose					
4405 Glenbrook Rd.		Postcards (Apartment w/Jarmus/Taylor-Draper)					
City		State	Zip Code	Check Number			
Willoughby			44094	1002			
To Whom Paid				M	D	Y	Amount
X Press Printing Services				1	0	1	587.99
Address		Purpose					
4404 Glenbrook Rd.		Gardner for Mayor Postcards					
City		State	Zip Code	Check Number			
Willoughby		O H	44094	1003			
To Whom Paid				M	D	Y	Amount
X Press Printing Services				1	0	1	407.10
Address		Purpose					
4404 Glenbrook Rd.		Postage Reimbursement					
City		State	Zip Code	Check Number			
Willoughby		O H	44094	1003			
To Whom Paid				M	D	Y	Amount
United States Postal Service				1	0	1	550.00
Address		Purpose					
1500 Chagrin River Rd.		Postage					
City		State	Zip Code	Check Number			
Gates Mills		O H	44040	1004			
To Whom Paid				M	D	Y	Amount
Expenditures from Form 31-F (10-10-19 Event)				1	0	1	1,479.13
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Gardner for Mayor													
From Whom Received G. Andrew Gardner							Prior Amount 0.00			Amt. Incurred this Period 1,500.00			
Address 38123 Dodds Hill Dr.										Outstanding Balance 1,500.00			
City Willoughby Hills		State OH	Zip Code 44094		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 8 2 9 1 9					0 8 2 9 1 9				1,500.00				0.00
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		Amount		Date		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		Amount		Date		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).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 1,500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,500.00 (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							
Gardner for Mayor							
Full Name of Contributor				Registration Number, if PAC			
Alexandra Ukmar							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2909 Oakwood Dr.			1	0	17	19	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Willoughby Hills	O H	44094	Check				
Full Name of Contributor				Registration Number, if PAC			
Kimberly Hudson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
38165 Glenbury Ln.			1	0	10	19	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Willoughby	O H	44094	Check				
Full Name of Contributor				Registration Number, if PAC			
Jennifer Mills							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2854 Winthrop			1	0	10	19	250.00
City	State	Zip Code	Form(Cash,Check,etc)				
Shaker Hts.	O H	44120	Check				
Full Name of Contributor				Registration Number, if PAC			
Theodore R. Hach Jr.							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
7090 Mildon Rd.			1	0	10	19	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Painesville	O H	44077	Check				
Full Name of Contributor				Registration Number, if PAC			
Kimberly Macek							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
38051 Dodds Hill Dr.			1	0	10	19	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Willoughby Hills	O H	44094	Check				
Full Name of Contributor				Registration Number, if PAC			
Gordon Newton							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
38471 Eagle Nest Ln.			1	0	10	19	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Willoughby Hills	O H	44094	Check				
Full Name of Contributor				Registration Number, if PAC			
Kenneth A. Malecek							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2540 Mapleview Ln.			1	0	10	19	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Willoughby Hills	O H	44094	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 \$ 1,250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Gardner for Mayor						
Full Name of Contributor				Registration Number, if PAC		
2910 Cambridge Cr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
2910 Cambridge Cr.				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44092	100.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Daniel Phillip						
Full Name of Contributor				Registration Number, if PAC		
2423 Pine Valley						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
2423 Pine Valley				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44094	100.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Jan Focke						
Full Name of Contributor				Registration Number, if PAC		
37101 Rogers Road						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
37101 Rogers Road				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44094	100.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Vicki Miller						
Full Name of Contributor				Registration Number, if PAC		
2857 Hayes Dr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
2857 Hayes Dr.				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44094	100.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Frank Germano						
Full Name of Contributor				Registration Number, if PAC		
2420 Somrack Dr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
2420 Somrack Dr.				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44094	50.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Jim Walsh						
Full Name of Contributor				Registration Number, if PAC		
38755 Berkshire Hills Dr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
38755 Berkshire Hills Dr.				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44094	120.00		
Form(Cash,Check,etc)				Check		
Full Name of Contributor						
Michael P. Germano						
Full Name of Contributor				Registration Number, if PAC		
3008 Oakwood Dr.						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
3008 Oakwood Dr.				1	0	1
City		State	Zip Code	Amount		
Willoughby Hills		O H	44092	100.00		
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 \$ 670.00

Page Total \$ 670.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Gardner for Mayor						
Full Name of Contributor				Registration Number, if PAC		
Robert T. Thomas						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4756 SOM Center Road			1	0	1	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Moreland Hills	O H	44022	Check			
Full Name of Contributor				Registration Number, if PAC		
Judith Shrefler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
37120 Chardon Road			1	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Christopher Biro						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2821 Forest Ln.			1	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Adam W. Lintern						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38362 Berkshire Hills Dr.			1	0	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Theresa Richthammer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5215A Franklyn Blvd.			1	0	1	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Thomas D. Ruple						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4756 Beidler Rd.			1	0	0	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Lisa Atkinson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38122 Dodds Hill Dr.			1	0	0	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	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 \$ 1,600.00

Page Total \$ 1,600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Gardner for Mayor						
Full Name of Contributor			Registration Number, if PAC			
Elizabeth A. Anderson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
15 Somerset Dr.			0	9	3	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Rocky River	O H	44116	Check			
Full Name of Contributor			Registration Number, if PAC			
Pat Grebenc						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2265 River Rd.			1	0	4	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor			Registration Number, if PAC			
Brandon Carlson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2505 River Ropad			1	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor			Registration Number, if PAC			
Larry Kravitz						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38710 Dodds Landing			1	0	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor			Registration Number, if PAC			
Robert Riffin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38171 Pleasant Valley			0	9	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor			Registration Number, if PAC			
Ronald Caporossi						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38231 Dodds Hill Dr.			0	9	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor			Registration Number, if PAC			
Gloria Majeski						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2717 Graylock Dr.			1	0	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	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 \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Gardner for Mayor						
Full Name of Contributor				Registration Number, if PAC		
Carol Lillich						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
37830 Milann Dr.			1	0	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Lisa Cummins						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38087 Dodds Hill Dr.			1	0	4	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Mary Cihula						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
35060 Dixon Rd.			1	0	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Darlene Weger						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38195 Dodds Hill Dr.			1	0	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Gloria Majeski						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2717 Graylock Dr.			0	9	2	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Claudine E. Daugirdas						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
38213 Dodds Hill Dr.			1	0	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	Check			
Full Name of Contributor				Registration Number, if PAC		
Nicholas Virostko						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2665 Deer Run			1	0	6	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Willoughby Hills	O H	44094	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 \$ 850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Gardner for Mayor				
Full Name of Contributor			Registration Number, if PAC	
Friends of Jennifer Greer				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
9868 Gardenside Dr.		1	0	19
City	State	Zip Code	Form(Cash,Check,etc)	
Waite Hill	O H	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Dennis Slotta				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2419 Michelle Ct.		1	0	19
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	O H	44094	Cash	
Full Name of Contributor			Registration Number, if PAC	
Joe Focaretto				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
34905 Martin		1	0	19
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	O H	44094	Cash	
Full Name of Contributor			Registration Number, if PAC	
Pat Grebenc				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2265 River Rd.		1	0	19
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	O H	44094	Cash	
Full Name of Contributor			Registration Number, if PAC	
Contributor of \$25 or Less				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
		1	0	19
City	State	Zip Code	Form(Cash,Check,etc)	
			Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
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

Total expenditures this event

Page Total \$ 575.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Gardner for Mayor						
To Whom Paid Chefs for Hire			M	D	Y	Amount
			1	0	1	1,042.87
Address 5700 Brecksville Rd.		Purpose Catering				
City Independence	State O H	Zip Code 44131	Check Number 1005			
To Whom Paid X Press Printing Services, Inc.			M	D	Y	Amount
			0	9	2	278.20
Address 4405 Glenbrook Rd.		Purpose Invitation Flyers				
City Willoughby	State O H	Zip Code 44094	Check Number 1001			
To Whom Paid G. Andrew Gardner			M	D	Y	Amount
			1	0	1	97.94
Address 38123 Dodds Hill Dr.		Purpose Reimbursement for Beverages/Service Items				
City Willoughby Hills	State O H	Zip Code 44094	Check Number 1006			
To Whom Paid G. Andrew Gardner			M	D	Y	Amount
			1	0	1	60.12
Address 38123 Dodds Hill Dr.		Purpose Reimbursement for Wine				
City Willoughby Hills	State O H	Zip Code 44094	Check Number 1006			
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.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Gardner for Mayor			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
David Duncan Scott			
Street Address	Description of Item or Service	M	D
37215 Beech Hills Dr.	Photography	0	9
City	State	Y	Fair Market Value
Willoughby Hills	H	0	20.00
	Zip Code	4	
	44094	1	
		9	
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Teresa Richthammer			
Street Address	Description of Item or Service	M	D
5215A Franklyn Dr.	OfficeMax Credit	1	0
City	State	0	5
Willoughby	H	1	9
	Zip Code	3	
	44094	1	
		9	
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Gardner for Mayor									
To Whom Owed G. Andrew Gardner					Prior Amount 0.00			Amt. Incurred this Period 45.00	
Address 38123 Dodds Hill Dr.					Item or Purpose for Debt Filing Fee			Outstanding Balance	
City Willoughby Hills		State Oh	Zip Code 44094		Payments Made This Period				
Date Debt was originally Incurred					Date			Amount	
		M	D	Y	M	D	Y	\$	
		0	8	0	6	1	9	0.00	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City		State	Zip Code		Payments Made This Period				
Date Debt was originally Incurred					Date			Amount	
		M	D	Y	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City		State	Zip Code		Payments Made This Period				
Date Debt was originally Incurred					Date			Amount	
		M	D	Y	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 45.00 (also record on cover page)