30-A R.C. 3517.10

2019- PAE GENERAL

OC1 S4 S018 PM3:02 FUKE BOUKD OF ELECTION

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

								I		100.	
Full Name of Committee								Registrat	tion Num	ber, if PA	C
Gardner for Ma	vor										
Full Name of Candidate											
G. Andrew Gar	dner					34					
Street Address						Office Sought				District	
38123 Dodds Hil	l Dr.					Mayor				WII	oy Hills
City							St	tate	Zip Cod	e	
Willoughby Hi	lls						OH		440	94	
											Annual Year
Type of Report		Pre-Primary		Post-Primary	X	Pre-General		Post-Ger	neral	1	2019
(place X to the left of report		July		August	T	September	T			1 1	Semiannual
type)		Monthly		Monthly		Monthly		Terminat	tion		
Amended Report?		Report Electr	onically f	filed?				M		D	Y
Yes 🗸] No		Yes	✓ No	Date of	Election	1	1	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.

,	\$	
Amount brought forward from last report		0.0
	\$	
2. Total monetary contributions (From Form No. 31-A)		15,645.0
	\$	0.4
3. Total other income (From Form No. 31-A-2)		0.0
	\$	15 (45)
4. Total funds available (sum of lines 1, 2, 3)		15,645.0
F. Tatalan and A. Carrer Francisco No. 21 D.	\$	2.666
5. Total monetary expenditures (From Form No. 31-B)	ır.	3,666.4
6. Balance on hand (line 4 minus line 5)	\$	11,978.
o. Balance on hand (line 4 minus line 3)	\$	11,970.
7. Value of in-kind contributions received (From Form No. 31-J-1)	14	53.
,	\$	00.
8. Value of in-kind contributions made (From Form No. 31-J-2)		0.0
	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)		1,500.
	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)		45.0
	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)		0.0
	\$	
12. Value of independent expenditures made (From Form No. 31-U)		0.0
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period		

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Gardner for Mayor								
Full Name of Contributor				Registrat	tion Num	ber, if PA	iC	
Abigail J. Gardner				1				
Street Address	Employer/O	ccupat	tion/Labor Organization*	-			Form (Cash, Cl	neck, etc.)
5801-B Halle Farm Drive							Check	
City	State		Zip Code	M	D	Y	Amount	
Willoughby	1	н	44094	0 8	2 7	1 9		1,000.00
Full Name of Contributor			11071		tion Num		C	1,000.00
				T. C. G. S. C. C.	1011 1 (1111)			
John Lillich Street Address	Employer/O	looupoi	tion/Labor Organization*				Form (Cash, Cl	nack etc.)
	Employer/O	non/Labor Organization				` '	icck, cic.)	
37830 Milann Dr.	-		[a: a 1	Lv	L 5	T 1/	Check	
City	State	1	Zip Code	M	D	Y	Amount	200.00
Willoughby Hills	O	Н	44094	0 9	2 3			200.00
Full Name of Contributor				Registrat	tion Numl	ber, if PA	iC .	
Gary Pratt								
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Cl	neck, etc.)
2955 Canterbury Court	1						Check	
City	State		Zip Code	M	D	Y	Amount	
Willoughby Hills	0	Н	44092	0 9	2 3	1 9		50.00
Full Name of Contributor					tion Num	ber, if PA	C	
Karen J. Schaller								
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Cl	neck, etc.)
2512 Red Fox Pass			•				Check	
City	State		Zip Code	M	D	Y	Amount	
I see the second	1	Н	44094	0 9	2 4	1 9		25.00
Willoughby Hills Full Name of Contributor		11	44094		tion Num		C	25.00
				Registra	uon Num	oci, ii ra		
Ronald J. Caporossi	In 1 10						F (C . 1 . C	1 11
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Cl	neck, etc.)
38231 Dodds Hill Dr.							Check	
City	State		Zip Code	M	D	Y	Amount	
Willoughby Hills	0	H	44094	0 9	2 5			50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	iC .	
Marygail Michalski			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Street Address	Employer/O	ccupa	tion/Labor Organization*	_			Form (Cash, C	neck, etc.)
38285 Dodds Hill Dr.							Check	
City	State		Zip Code	M	D	Y	Amount	
Willoughby Hills	0	Н	44094	0 9	2 9	1 9		25.00
Full Name of Contributor			11071		tion Num		C	
Roy J. Streetz Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, C	heck etc.)
	Linpioyei/O	ccupa	uoir Laooi Oiganization				Check	2001, 010.)
2950 Gatsby Ln.	Ctota		7:- C-4-	LM	I D	Y		
City	State		Zip Code	M	D	1 .	Amount	25.00
Willoughby Hills	O	H	44094	1 0		1 9		25.00
Full Name of Contributor				Kegistra	tion Num	oer, if PA		
Leighann Cesar							n /= / =	
Street Address	Employer/O	occupa (tion/Labor Organization*				Form (Cash, C	neck, etc.)
2848 Fowler Dr.							Check	
City	State		Zip Code	M	D	Y	Amount	
Willoughby Hills	O	Н	44094	0 9	3 0	1 9	l	75.00

Page Total \$ 1,450.00

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)]

Name of Committee in Full								
Gardner for Mayor								
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Marcie Levine				a de la constant				
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck. etc.)
28806 Eddy Road							Check	,,
City	Sta	ıte.	Zip Code	М	D	Y	Amount	
Willoughby Hills	0	Н	44092	0 8		1 9		50.00
Full Name of Contributor			11072		tion Num	-	C	50.00
Frank Omerza						,		
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
38305 Dodds Hill Dr.		•					Check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Willoughby Hills	0	Н	44094	0 9	3 0	1 9		500.00
Full Name of Contributor					tion Num		C	
Molly F. Nash								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
3030 Worrell Road							Check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Willoughby Hills	0	Н	44094	0 9	2 4	1 9		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Gail Anderson								
Street Address	Employer	/Occupa	tion/Labor Organization*	-			Form (Cash, Che	ck, etc.)
2306 River Road							Check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Willoughby Hills	O	Н	44094	0 9	2 4	1 9		200.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Sharon Scott								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
37215 Beech Hills							Check	
City	Sta		Zip Code	M	D	Y	Amount	m o oo
Willoughby Hills	O	Н	44094	0 9		1 9		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Sue Nemeth	-						7 (0.1.0)	
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
2895 Millgate Dr.	0.		2° 0 1	T 1/	I B	Lv	Check	
City	Sta	H	Zip Code	M	D	Y	Amount	100.00
Willoughby Hills Full Name of Contributor	O	11	44094	0 9	2 7	1 9	<u> </u>	100.00
				Registra	IIIOII INUIII	oci, ii FA	C	
Gloria Majeski Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ock etc.)
	Employer	/Occupa	tion/Labor Organization				Check	ck, cic.)
2950 Gatsby Ln.	Sta	ıte.	Zip Code	М	D	Y	Amount	
Willoughby Hills	O	Н	44094	0 9		1 9	, mount	200.00
Full Name of Contributor	U		11071		ation Num		C	200.00
Denise Niedermeyer				1.00.00		,		
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
2821 Lamplight Ln.	,,,,,,						Check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Willoughby Hills	0	Н	44094	0 9	1 .	1 9		50.00
THIOUGHDY THIID					, — <u>, , , , , , , , , , , , , , , , , ,</u>	- 1		

Page Total \$	1,200.00
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Name of Committee in Full								
Gardner for Mayor								
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Toni Delaney								
Street Address							Form (Cash, Che	ck, etc.)
38445 Berkshire Hills Dr.							Check	
City	State	7	Zip Code	M	D	Y	Amount	
Willoughby Hills	OLE	1	44094	0 9	2 3	1 9		100.00
Full Name of Contributor						ber, if PA	C	
Lisa Cummins								
Street Address	ion/Labor Organization*				Form (Cash, Che	ck, etc.)		
38087 Dodds Hill Dr.							Check	
City	State	7	Zip Code	М	D	Y	Amount	
Willoughby Hills	OLE	1	44094	0 9	3 0	1 9		250.00
Full Name of Contributor						ber, if PA	С	
Robert Weger								
Street Address	Employer/Occ	cupati	ion/Labor Organization*	-			Form (Cash, Che	ck, etc.)
38195 Dodds Hill Dr.							Check	
City	State	7	Zip Code	М	D	Y	Amount	
Willoughby Hills	OLE	1	44094	0 9	2 5	1 9		250.00
Full Name of Contributor				Registra		ber, if PA	С	
Jeffrey M. Ross								
Street Address	Employer/Occ	cupati	ion/Labor Organization*				Form (Cash, Che	ck, etc.)
2867 Camelot Ct.							Check	4
City	State	12	Zip Code	М	D	Y	Amount	
Willoughby Hills	OLE	1	44092	0 9	2 9	1 9		50.00
Full Name of Contributor				Registra		ber, if PA	C	
Holly Lessick								
Street Address	Employer/Occ	cupati	ion/Labor Organization*				Form (Cash, Che	ck, etc.)
36436 Lakeshore							Check	
City	State	7	Zip Code	М	D	Y	Amount	
Eastlake	OLE	1	44095	1 0	0 6	1 9	1	50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	•
Douglas McLaughlin				1				
Street Address	Employer/Occ	cupati	ion/Labor Organization*				Form (Cash, Che	ck, etc.)
38033 Dodds Hill Dr.							Check	
City	State	7	Zip Code	М	D	Y	Amount	
Willoughby Hills	OL	1	44094	1 0	0 1	1 9		250.00
Full Name of Contributor	·			Registra	tion Num	ber, if PA	C	
F. William Ruple								
Street Address	Employer/Occ	cupati	ion/Labor Organization*				Form (Cash, Che	ck, etc.)
10956 Woodlake Dr.							Check	
City	State	7	Zip Code	M	D	Y	Amount	
Kirtland	OL	1	44094	1 0	0 2	1 9		250.00
Full Name of Contributor						ber, if PA		
Edward McKenna				L				
Street Address	Employer/Occ	cupati	ion/Labor Organization*	_			Form (Cash, Che	ck, etc.)
2963 Lamplight							Check	
City	State	7	Zip Code	M	D	Y	Amount	
Willoughby Hills	OL	1	44094	1 0	0 3	1 9		100.00

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Page Total \$	1,300.00
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Page	4

Name of Committee in Full			
Gardner for Mayor Full Name of Contributor		Registration Number, if PA	·C
		registration Number, if 17	
Gregory West Street Address	Employer/Occupation/Labor Occanization*		Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*		
2356 River's Edge	- In a	1,, 1,5,1,1,	Check
City	State Zip Code	M D Y	Amount
Willoughby Hills	O H 44094	0 9 3 0 1 9	100.00
Full Name of Contributor		Registration Number, if PA	AC
Hallie Schiavoni			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2460 Parsons Dr.	7		Check
City	State Zip Code	M D Y	Amount
Willoughby Hills	O H 44094	1 0 0 3 1 9	100.00
Full Name of Contributor		Registration Number, if PA	AC .
Charles J. Latsa			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
28914 Eddy			Check
City	State Zip Code	M D Y	Amount
	O H 44092		50.00
Willoughby Hills Full Name of Contributor	0 11 44092	1 0 0 2 1 9 Registration Number, if PA	
		Registration Number, if FA	
Barry Reutter	In 1 10 11 11 11 11 11		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		
2543 Hanna Dr.			Check
City	State Zip Code	M D Y	Amount
Willoughby Hills	O H 44094	1 0 0 2 1 9	50.00
Full Name of Contributor		Registration Number, if PA	AC .
Loreto Iafelice			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
38650 Florence Dr.			Check
City	State Zip Code	M D Y	Amount
Willoughby Hills	O H 44094	1 0 0 4 1 9	100.00
Full Name of Contributor		Registration Number, if PA	
Mary DiTirro			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
	Zimpio, cir o companio i zacon o i gianzanio i		Check
355 E. 271st St.	State Zip Code	M D Y	Amount
l '	1 - 1 11 1 1 1 1 1 1		50.00
Euclid	O H 44132	1 0 1 0 1	
Full Name of Contributor		Registration Number, if PA	ic .
George A. Gardner			F (0.1.0)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
38158 Dodds Hill			Check
City	State Zip Code	M D Y	Amount
Willoughby Hills	O H 44094	1 0 1 9 1 9	1,000.00
Full Name of Contributor		Registration Number, if PA	AC
Matthew Jones			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
4075 Brewster Dr.			Check
City	State Zip Code	M D Y	Amount
Westlake	O H 44145	1 0 0 9 1 9	200.00
rrestiane	U - 11110	110007117	200.00

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Name of Committee in Full								
Gardner for Mayor								
Full Name of Contributor				Registra	tion Num	ber, if PA	.C	
Donald Beirut								
Street Address	Employe	er/Occupa	ation/Labor Organization*	_			Form (Cash, C	Check, etc.)
20612 Beachwood Dr.							Check	
City	St	tate	Zip Code	M	D	Y	Amount	
Rocky River	0	H	44116	1 0	0 9	1 9		200.00
Full Name of Contributor		-				ber, if PA	C	
Edward Hren								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, C	Check, etc.)
11625 Blue Heron Dr.	' '						Check	
City	St	tate	Zip Code	М	D	Y	Amount	
Chardon	0	H	44024	1 0	1 .	1 9		200.00
Full Name of Contributor		1	11021			ber, if PA	Ċ	200.00
				regione	14411	1001, 11 1 2 1		
Donald Sheehy Street Address	Employe	er/Occups	ation/Labor Organization*				Form (Cash, C	Theck etc.)
	Employe	ei/Occupa	idon/Laooi Organizadon					
7825 Country Ln.	- 6	lata	Zin Code	M	I D	Ιv	Check Amount	
	1 _	tate H	Zip Code		D	Y	Amount	200.00
Chagrin Falls	O	11	44023	$1 \mid 0$	0 0	1 9		200.00
Full Name of Contributor				Registra	ition Num	ber, if PA	C	
Mike Henry	In .	10					E (0.1.	
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, C	
16559 Messinger Road							Check	
City	St	tate	Zip Code	M	D	Y	Amount	
Auburn Twp.	O	Н	44023	1 0		1 9	<u> </u>	200.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Joseph Dorsey								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, C	Check, etc.)
2921 Gatsby Ln.							Check	
City	St	tate	Zip Code	M	D	Y	Amount	
Willoughby Hills	O	H	44094	$1 \mid 0$	0 9	1 9		100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Cuvier Lukat				1				
Street Address	Employe	er/Occupa	ation/Labor Organization*	_			Form (Cash, C	Check, etc.)
6153 Pepperwood Ct.							Check	
City	St	tate	Zip Code	М	D	Y	Amount	
Mentor	0	H	44060	1 0	1 0	1 9		2,000.00
Full Name of Contributor				Registra	ation Num	ber, if PA	C	
Contributions from Form 31-E (10-10-1	9 Eve	nt)		1				
Street Address			ation/Labor Organization*				Form (Cash, C	Check, etc.)
							` '	
City	Sı	tate	Zip Code	M	D	Y	Amount	
City	~	1						5,745.00
Full Name of Contributor				Registra	ation Num	ber, if PA	C	0,740.00
1				, and a second	var 1 tulli	,	-	
Dominic Soric Street Address	Employ"	er/Occups	ation/Labor Organization*				Form (Cash, C	Check, etc.)
	Limpioy	ci, Occupa	MICH 24001 OI BUILDINGOII				Cash	,,
38048 Dodds Hill Dr.`	0.0	tate	Zip Code	М	D	Y	Amount	
City	1 _	late H	l ·	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$			anount	100.00
Willoughby Hills	I O	11	44094	11 0	11 0	11 9	ama of the	100.00

Page Total \$	8,745.00
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Name of Committee in Full							
Gardner for Mayor							
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Peggy Pawar							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2678 Alan Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Willoughby Hills	OH	44092	1 0	0 9	1 9		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Amanda Leben							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
9079 Bascom Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Chardon	OH	44024	1 0	1 0	1 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Ronald D. Hollingsworth			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
38451 Eagle's Nest Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Willoughby Hills	$O \mid H$	44094	1 0	1 3	1 9		300.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Jonathon Ruple							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
11545 Glenmora Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Chardon	$O \mid H$	44024	1 0	1 5	1 9		100.00
Full Name of Contributor		11021	1 0	tion Num		C	100,00
Michael Neundorfer							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
2771 River Road		· ·				Check	
City	State	Zip Code	М	D	Y	Amount	
Willoughby Hills	$O \mid H$	44094	1 0	1 6	1 9		200.00
Full Name of Contributor		11071	I U	tion Num		C	200.00
Committee to Re-Elect Dr. Lynn Smith	Coroner						
Street Address		ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
820 Mentor Ave.		0				Check	. ,
City	State	Zip Code	М	D	Y	Amount	
Painesville	$O \mid H$	44077	110	1 3	1 9		300.00
Full Name of Contributor		110//	1 0	tion Num		C	000.00
William D. Gardner					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
38069 Dodds Hill Dr.						250.00	
City	State	Zip Code	М	D	Y	Amount	
Willoughby Hills	OH	44094	1 0	1	1 9		250.00
Full Name of Contributor	0	11071		tion Num		C	200.00
an ranco of conditutor			July		,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
buyet Addites	Zanpioyei/Occup	and the or organization				, and (Subin, On	,,
City	State	Zip Code	M	D	Y	Amount	
City	Jane		1	l i			
		1				1	

Page Total \$	1,300.00
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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)]

Page 1	
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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	44.00
Hotcards.com				0 9	0 9	1 9	<u> </u>	14.03
Address	Purpose		C 1					
2400 Superior Ave. E			Cards					-andre of contract contracts
City	Stat		Zip Code	Check N		. 1		
Cleveland To Whom Paid	0	Н	44114		bit C		1/23/202	
X Press Printing Services				$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	$\begin{vmatrix} D \\ 2 \end{vmatrix} 4$	1 9	Amount	151.94
A Fress Frinting Services Address	Purpose			0 9	2 4	1 9		131.94
4405 Glenbrook Rd.	1 1	dida	te Night Palm Cards					
City	Stat		Zip Code	Check N	lumber		200000	Ac continues of
Willoughby		Н	44094	Check 1	1001			
To Whom Paid		11	41071	M	D	Y	Amount	
X Press Printing Services				1 0	0 6	1 9		227.45
Address	Purpose			1 0	0 0			
4405 Glenbrook Rd.		card	s (Apartment w/Jarn	nus/F	Hallur	m)		Transaction of the control of the co
City	Stat		Zip Code	Check N		-		
Willoughby	0	Н	44094		1002			
To Whom Paid				M	D	Y	Amount	
X Press Printing Services				1 0	0 6	1 9		248.85
Address	Purpose							
4405 Glenbrook Rd.			s (Apartment w/Jarn			-Draj	per)	Annual Control Control
City	Stat	te	Zip Code	Check N			- (A)	
Willoughby			44094		1002		2 10 10 10 10 10 10 10 10 10 10 10 10 10	Marchine and Control of the Control
To Whom Paid				M	D	1 9	Amount	E07.00
X Press Printing Services	In			$1 \mid 0$	0 6	1 9		587.99
Address	Purpose	1	for Mayor Postcards					
4404 Glenbrook Rd.	Stat		Zip Code	Check N	iumber		2.50	Section (Section)
Willoughby) Stat	Н	44094	CHECK IV	1003			
To Whom Paid		11	44074	M	D	Y	Amount	
X Press Printing Services								407.10
Address	Purpose							107.120
4404 Glenbrook Rd.		age l	Reimbursement					
City	Stat		Zip Code	Check N	lumber	3	1000	
Willoughby		Н	44094		1003			State of the state
To Whom Paid				M	D	Y	Amount	Andread and the second deposition of the second
United States Postal Service				1 0	0 9	1 9		550.00
Address	Purpose							
1500 Chagrin River Rd.	Post	age						
City	Stat		Zip Code	Check N				nia inte
Gates Mills	0	Н	44040		1004	_	- 46	
To Whom Paid	· F	`		M	D	Y	Amount	1 470 10
Expenditures from Form 31-F (10-10-19		.)		1 0	1 0	1 9		1,479.13
Address	Purpose							
City	Stat	te	Zip Code	Check N	lumber		. jalika	niwa a sakabi
								4

Page Total \$ 3.666.49

Page	1

Statement of Loans Received

Prescribed by Secretary of State3/0:

					Joinoed 0	y Secreta	ıy or .						
Full Name of Committee													
Gardner for Mayor													
From Whom Received									Prior	Amou	unt		Amt. Incurred this Period
G. Andrew Gardner												0.00	1,500.00
Address												43/327	Outstanding Balance
38123 Dodds Hill Dr.													1,500.00
City	State	:	Loans Received This Period						Payments This Period				
Willoughby Hills	ОН	44094	1	Date Amount				Date				Amount	
Date Loan was originally	М	D	Y	М	D	Y	\$		М	Т	D	Y	S
Incurred	0 8	2 9	1 9	0 8	2 9	1 9		1,500.00					0.00
Registration Number, if PAC				M	D	Y	Т		M	T	D	Y	
							ı						
Employer/Occupation/Labor Organization*				M	D	Y	Т		M	\neg	D	Y	
From Whom Received									Prior	Amou	unt		Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Code									9395 9 2.35.	- State of the state of	
City	State	Zip Couc	•	Loa	ns Receiv Date	ed I his	rerio	Amount	Payments This Period Date Amount				
Date Loan was originally	М	D	Y	M	D	Y	S	- Intomic	M	Т	D	Y	s
Incurred						l î							
Registration Number, if PAC		1		М	D	Y	╀		М	+	D	Y	
Rogistiation Number, in 1780						ı,	ı		141			l î	
Employer/Occupation/Labor Organization*				M	D	Y	┰		M	+	D	Y	
Employer/Occupation/Laton Organization				IVI.		l î			141			l î	
From Whom Received							_		Prior	Amou	int		Amt, Incurred this Period
Tron whom Received								- 4					
Address													Outstanding Balance
City	State	Zip Code	;	Los	ns Receiv	ed This	Perio	1		10.000	and the same	Pavm	ents This Period
					Date			Amount			Date		Amount
Date Loan was originally	M	D	Y	M	D	Y	\$		M	T	D	Y	s
Incurred						1							1
Registration Number, if PAC				М	D	Y	Т		М	\top	D	Y	
							1						
Employer/Occupation/Labor Organization*				М	D	Y	Т		M	\top	D	Y	
* Required for contributions over \$100 to st	atawida a	and genera	l accombly	, candidat	as If cont	ributor is	salf a	mployed occupation and	the n	ame o	of the inc	lividual'e	hueinece

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 Fo	rm 31-E
4	Total Outstanding Balance \$	1,500.00 (To Form No. 30-	A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)

Total contributions this event

Event Date	10.10.19
Page	1

Page Total \$ 1.250.00

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretar	ry of State 3/05		
Name of Committee in Full				
Gardner for Mayor				<u> </u>
Full Name of Contributor			Registration Number, if PAC	
Alexandra Ukmar			1	
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
2909 Oakwood Dr.	l		1 0 1 7 1 9	100.00
City	State Zip	Code	Form(Cash,Check,etc)	
Willoughby Hills	$O \mid H$	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 1 0 1 9	500.00
City	State Zip	Code	Form(Cash,Check,etc)	2 46 - 6 1 1 1 1 1 1 3 4
Willoughby	$O \mid H \mid$	44094	Check	
Full Name of Contributor	() 11	11071	Registration Number, if PAC	ation or supplied to the form
Jennifer Mills				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
2854 Winthrop	projett of the particular		1 0 1 0 1 9	250.00
City	State Zip	Code	Form(Cash,Check,etc)	200.00
Shaker Hts.	OH	44120	Check	Trade of the
Full Name of Contributor	() 11	11120	Registration Number, if PAC	Alasa (1984) Francisco
Theodore R. Hach Jr.			Togistation (vancos, n 1110	
Street Address	Employer/Occupation	/I abor Organization*	M D Y Amount	
7090 Mildon Rd.	Employer/Occupation	Lacor Organization	1 0 1 0 1 9	100.00
City	State Zip	Code	Form(Cash,Check,etc)	TOU.UU
	O H	44077		BOX SPECIE
Painesville Full Name of Contributor	() П	44077	Check Registration Number, if PAC	A PROPERTY OF STREET
			Registration Number, if FAC	
Kimberly Macek Street Address	Eleves/Occuration	// aban Organization#	M D Y Amount	
	Employer/Occupation	Labor Organization		100.00
38051 Dodds Hill Dr.	State 7:	0-1-	1 0 1 0 1 9 Form(Cash,Check,etc)	100.00
City	1 . 1 .	14004	1874 Table 1985	
Willoughby Hills	ОН	44094	Check	, e silik ora eta silak e ara eta eta eta eta eta eta eta eta eta et
Full Name of Contributor			Registration Number, if PAC	
Gordon Newton				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	100.00
38471 Eagle Nest Ln.			1 0 1 0 1 9	100.00
City	1 . 1 .	Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Kenneth A. Malecek				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	400.00
2540 Mapleview Ln.			1 0 1 0 1 9	100.00
City	1	Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
equired for contributions from individuals over \$100 to state	_			
ividual's business, if any, rather than employer should be listed		te via payroll deduction a	and exceed the aggregate of \$100, the labor	
anization of which the employees are members, if any, must a	ppear. [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. $\boldsymbol{3}$	1-A. Under Full Name of Contributor	r state "Contributions from	n form No. 31-E" and list the date of the event	
in the date column.				

Total expenditures this event

Event Date	10.10.19
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Gardner for Mayor							
ull Name of Contributor			In		CD.		
			Kegistrai	ion Numl	ber, ii P	ic	
Friends of Malecek	In 1 10			-		T	
reet Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount	100.00
2910 Cambridge Cr.				1 0			100.00
ty	1	Zip Code	,	sh,Check		0.00	
Willoughby Hills	ОН	44092		Checl			ALEX STATE
Il Name of Contributor			Registrat	ion Numl	ber, if PA	C	
Daniel Phillip							
reet Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount	
2423 Pine Valley			1 0	1 0	1 9		100.00
ty	State	Zip Code	Form(Ca	sh,Check	,etc)	43.430	Entre State
Willoughby Hills	$O \mid H$	44094		Check	<	2012 SAN	
ll Name of Contributor				ion Numl		C	
Ian Focke							
reet Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount	
37101 Rogers Road			1 1	1 0			100.00
ty	State	Zip Code		sh,Check		200	100.00
·	OH	44094		Checl			
Willoughby Hills	() П	44094		ion Num			
ll Name of Contributor			Registrat	ion Num	ber, ii PF	ic	
Vicki Miller	F : :		-	-		I	
reet Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount	100.00
2857 Hayes Dr.				1 0			100.00
ty	1	Zip Code		sh,Check		100 200 25 PA	
Willoughby Hills	ОН	44094		Checl			
ll Name of Contributor			Registrat	ion Numl	ber, if PA	AC .	
Frank Germano							
reet Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount	
2420 Somrack Dr.			1 0	1 0	1 9		50.00
ity	State	Zip Code	Form(Ca	sh,Check	,etc)	6423	
Willoughby Hills	$O \mid H$	44094		Check	<	100 mm 170 m 170 mm 170 mm	
all Name of Contributor			Registrat	ion Num	ber, if PA	AC .	
Jim Walsh							
reet Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount	
38755 Berkshire Hills Dr.			1 0	1 0	1 9		120.00
ity	State	Zip Code		sh,Check		20,4 9 6 3 3 3	120.00
Willoughby Hills	OH	44094	1 `	Checl		25.44	
Il Name of Contributor	() 11	44074		tion Num		\C	有化物的对象管理 化二甲烷酸医二甲烷
			Rogistia				
Michael P. Germano	F1/0	tion/I abor Organization*	M	D	Y	Amount	
reet Address	Employer/Occupa	tion/Labor Organization*		$\begin{vmatrix} 1 \\ 0 \end{vmatrix}$			100.00
3008 Oakwood Dr.	Charles	7:- 0-1-		sh,Check		1 4 64 20 20 5	100.00
ty	State	Zip Code 44092	1 '	Checl			
Willoughby Hills	$O \mid H$						

Event Date	10.10.19
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secreta	ry of State 3/05						
Name of Committee in Full								
Gardner for Mayor								
Full Name of Contributor			Registrati	ion Numl	ber, if PAC	C		
Robert T. Thomas Street Address	In 1 10 1	<i>n</i> 1 0 · · · · · ·	1,4 1	D.	- V			
	Employer/Occupation	/Labor Organization*	м 1 0	D		Amount	250.00	
4756 SOM Center Road	State Zi	Code	Form(Cas			7.4548349	230.00	
Moreland Hills	O H	44022		Check		17.20	eninger.	
Full Name of Contributor	() 11	T10 60 60			ber, if PAC	C C		
Iudith Shrefler								
Street Address	Employer/Occupation	/Labor Organization*	М	D	Y	Amount		
37120 Chardon Road			1 0	1 0	1 9		50.00	
City	State Zi _l	Code	Form(Cas	sh,Check	,etc)	10 8		
Willoughby Hills	ОН	O H 44094			Check			
Full Name of Contributor					Registration Number, if PAC			
Christopher Biro								
Street Address	Employer/Occupation	/Labor Organization*	M	D		Amount	E0.00	
2821 Forest Ln.	C	0.1	1 0			and the second second	50.00	
City	State Zip	Code 44094	Form(Cas			- 44	3407	
Willoughby Hills Full Name of Contributor	() П	Check Registration Number, if PAC				CONTRACTOR OF THE PROPERTY OF		
Adam W. Lintern			Registrati	OH THUM	ooi, ii 1710	5		
Street Address	Employer/Occupation	/Labor Organization*	М	D	Y	Amount		
38362 Berkshire Hills Dr.			1 0	1 0	1 9		100.00	
City	State Zi	Code	Form(Cas			0.000		
Willoughby Hills	ОН	44094		Check	ς .			
Full Name of Contributor			Registrati	ion Numl	ber, if PAC	C		
Theresa Richthammer								
Street Address	Employer/Occupation	/Labor Organization*	M	D		Amount	480.00	
5215A Franklyn Blvd.			1 0			Transport of the State	150.00	
City	1 1 .	Code	Form(Cas					
Willoughby Full Name of Contributor	ОН	44094		Check	ber, if PAC			
			Registrati	ion ivuini	ber, ii FAC			
Thomas D. Ruple Street Address	Employer/Occupation	/Labor Organization*	М	D	Y	Amount		
4756 Beidler Rd.	Employer/occupation	Producti Organization	1 0			, mount	500.00	
City	State Zi	Code	Form(Cas			10.50000000	000.00	
Willoughby	ОН	44094	1 .	Check				
Full Name of Contributor					ber, if PAC	C	E THE THIRD PROPERTY AND ADDRESS OF THE PARTY OF THE PART	
Lisa Atkinson								
Street Address	Employer/Occupation	/Labor Organization*	М	D		Amount		
38122 Dodds Hill Dr.				0 2			500.00	
City	State Zij	Code	Form(Cas			3.00 mg		
Willoughby Hills	OH	44094		Check	(170	A 90	
equired for contributions from individuals over \$100 to statewividual's business, if any, rather than employer should be listed.								

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	1
		Page Total \$ 1,600,00
1		1,000.00

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Total contributions this event

Event Date	10.10.19
Page	4

Page Total \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary 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/Occupa	tion/Labor Organization*	M D Y Amount	
15 Somerset Dr.			0 9 3 0 1 9	500.00
City	State	Zip Code	Form(Cash,Check,etc)	Solant at the
Rocky River	$O \mid H$	44116	Check	
Full Name of Contributor			Registration Number, if PAC	La Bratille Lie and Confilling
Pat Grebenc				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
2265 River Rd.			1 0 0 4 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	Bart Marine
Willoughby Hills	$O \mid H$	44094	Check	17 198 10 TO
Full Name of Contributor	() 11	11071	Registration Number, if PAC	Power Andrew Control American
Brandon Carlson			,	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
2505 River Ropad	Employen occupa	aron Encor Organization	1 0 0 1 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	33000
Willoughby Hills	OH	44094	Check	
Full Name of Contributor	() 11	44074	Registration Number, if PAC	
			Registration Number, if I AC	
Larry Kravitz	[F1(O	tion/Labor Opposited	M D Y Amount	
Street Address	Employer/Occupa	tion/Labor Organization*		50.00
38710 Dodds Landing	Ot 1	2: 0-1	1 0 0 1 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	RSEC 1
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Robert Riggin				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	F0.00
38171 Pleasant Valley		T	0 9 3 0 1 9	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/Occupa	tion/Labor Organization*	M D Y Amount	= 0.00
38231 Dodds Hill Dr.			0 9 3 0 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	OH	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Gloria Majeski				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
2717 Graylock Dr.			1 0 0 3 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	a programme
Willoughby Hills	$O \mid H$	44094	Check	
quired for contributions from individuals over \$100 to stati idual's business, if any, rather than employer should be list nization of which the employees are members, if any, must	ted. If two or more employees cont			
Eill in the hove below only on the last need for this asset				
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 Contrib	outor state "Contributions from	m form No. 31-E" and list the date of the event	t
	31-A. Under run Name of Contro	JULIOI STATE CONTITIONIONS ITOI	in form 140. 31-12 and fist the date of the event	1
in the date column.				

Total expenditures this event

Event Date	10.10.19
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	etary 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/Occupat	ion/Labor Organization*	M D Y Amount	
37830 Milann Dr.			1 0 0 2 1 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	and a section of the section of the
Lisa Cummins	· · · · · · · · · · · · · · · · · · ·			
Street Address	Employer/Occupate	ion/Labor Organization*	M D Y Amount	
38087 Dodds Hill Dr.			1 0 0 4 1 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Mary Cihula				
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount	
35060 Dixon Rd.			1 0 0 1 1 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	de la Krist
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	19394
Darlene Weger				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
38195 Dodds Hill Dr.			1 0 0 1 1 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Gloria Majeski				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
2717 Graylock Dr.			0 9 2 9 1 9	300.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	OH	44094	Check	
Full Name of Contributor			Registration Number, if PAC	
Claudine E. Daugirdas				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
38213 Dodds Hill Dr.			1 0 0 1 1 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	BANK I
Willoughby Hills	ОН	44094	Check	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Nicholas Virostko				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
2665 Deer Run			1 0 0 6 1 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Willoughby Hills	ОН	44094	Check	
equired for contributions from individuals over \$100 to states vidual's business, if any, rather than employer should be liste nization of which the employees are members, if any, must a	d. If two or more employees contr			
Fill in the hover below only on the last page for this event				

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

Event Date	10.10.19
Page	6

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full							
Gardner for Mayor							
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC .	
Friends of Jennifer Greer							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	4 7 0 0 0
9868 Gardenside Dr.					1 9	7.00	150.00
City	State	Zip Code	Form(Ca	,	, ,	200	100 Marian
Waite Hill	ОН	44094		Chec			
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Dennis Slotta Street Address	In 1 10		 		T		
	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	150.00
2419 Michelle Ct.	State	Zip Code	Form(Ca		1 9	1 00.128532832	150.00
Willoughby Hills	OH	44094		Cash			Tage Administration of the Control o
Full Name of Contributor	() [1]	44094			ber, if PA	C	Carlotte Control
Toe Focaretto			Registrat	ion ivan	, II I I		
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
34905 Martin	Employer	anois Euror Organization			1 9	, mount	150.00
City	State	Zip Code	Form(Ca			0.00000000	150.00
Willoughby Hills	OH	44094		Cash			
Full Name of Contributor	// 11	110/1	Registrat			C	
Pat Grebenc					,		
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
2265 River Rd.	1	-	1 0	1 0	1 9	1	100.00
City	State	Zip Code	Form(Ca			The state of the s	
Willoughby Hills	$O \mid H$	44094		Cash	1	42.54	7. T.
Full Name of Contributor		1	Registrat	ion Num	ber, if PA	C	
Contributor of \$25 or Less							
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
					1 9		25.00
City	State	Zip Code	Form(Ca		· 1	Charles Control	7421
				Cash		10.25	
Full Name of Contributor			Registrat	ion Num	ber, if PA	iC .	
	In 1 10		 		T 1/		
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount	
C'.	State		F(C-	-h Charl		- A 10.9% (Cha)	and Photosophy Shart
City	State	Zip Code	Form(Ca	sn,Cneci	c,etc)		
Full Name of Contributor			Degistrat	ion Num	ber, if PA	C C	が の
run Name of Contributor			Registrat	ion ivani	oci, ii i r		
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
Succe / radioss	Limpioyen Geeup	anou navor organization	"	1			
City	State	Zip Code	Form(Ca	sh,Check	c,etc)	Construction of the	
		1	1				
						10.0927	
quired for contributions from individuals over \$100 to statewide and g	general assembly candi	dates. If contributor is self-emp	ployed, the o	ccupation	n and the	name of the	
ridual's business, if any, rather than employer should be listed. If two	or more employees con	tribute via payroll deduction as	nd exceed the	e aggrega	ate of \$10	0, the labor	
nization 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	er Full Name of Contri	butor state "Contributions from	form No. 31	l-E" and	list the da	ate of the event	
in the date column.	Total avner ditures 41:	c avent					
in the date column.	Total expenditures thi	s event			Par	ge Total \$	E7E 00
in the date column. Total contributions this event	Total expenditures thi	s event			Pag	ge Total \$	575.00

Event Date	10.10.19
Page	1

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			M	D	Y	Amount	
Chefs for Hire			1 0	1 0	1 9		1,042.87
Address	Purpose						
5700 Brecksville Rd.	Catering						
City	State	Zip Code	Check 1	Number		1000	x is deviced to the same
Independence	$O \mid H$	44131		1005			
To Whom Paid			М	D	Y	Amount	
X Press Printing Services, Inc.			0 9	2 4	1 9	i	278.20
Address	Purpose						
4405 Glenbrook Rd.	Invitation	n Flyers					
City	State	Zip Code	Check 1	Number		3000 S	Sign Paliting Sign
Willoughby	$O \mid H$	1 '		1001			1. A.
To Whom Paid	0 11	11071	M	D	Y	Amount	
G. Andrew Gardner				1 6	1 9		97.94
Address	Purpose		1 0	1 0	1 9		97.94
38123 Dodds Hill Dr.	1 -	sement for Beverag	oc/So	rrico	Itomo	,	
City	State	Zip Code	Check 1		nems	21,16,48719	wy the a top of high bright periods
		1 *	Check				6454
Willoughby Hills To Whom Paid	O H	44094	+ W	1006		Amount	STATE OF THE STATE
			M	D	Y	Amount	(0.10
G. Andrew Gardner	To.		1 0	1 6	1 9	<u> </u>	60.12
Address	Purpose						
38123 Dodds Hill Dr.		sement for Wine	T			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Labor - W. Charles and Their
City	State	Zip Code	Check 1				
Willoughby Hills	O H	44094		1006		1. 1988	类學是使用的共產
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
							and the same of
City	State	Zip Code	Check 1	Number			increase of the co
						45 (45 (45 (45 (45 (45 (45 (45 (45 (45 (
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check 1	Number			6.0
			1				
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
l	'						
City	State	Zip Code	Check 1	Number			
J,							67.72

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 1.479.13	
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Page 1

In-Kind Contributions Received

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			D	Y	Fair Market Value			
37215 Beech Hills Dr.	Ph	otography	0 9	0 4	1 9		20.00		
City	State	Zip Code	Receive	d at Fund	raising Ev				
Willoughby Hills	$O \mid H$	44094		YES		✓ NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .			
Teresa Richthammer			1						
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value			
5215A Franklyn Dr.	Offic	ceMax Credit	1 0	0 5	1 9		33.11		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
Willoughby	$O \mid H$	44094		YES		✓ NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .			
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
				YES		NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC			
	' ' '								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
				YES		NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	\C			
			1						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
				YES		NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC			
	1								
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value			
	1								
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
				YES		□NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?			
		l ·		YES		NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC			
		3							
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value			
	,								
City	State	Zip Code	Receive	d at Fund	raising E	vent?			
				YES		NO			
		1							

Page Total \$	53.11
_	

^{*} 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 Outstanding Debts

Eul Name of Committee								
Full Name of Committee								
Gardner for Mayor								
To Whom Owed					Prior An	nount		Amt. Incurred this Period
G. Andrew Gardner					Ta D		0.00	45.00
					ı	urpose fo		Outstanding Balance
38123 Dodds Hill Dr.	G	In: C			Fi	ling I	iee	
City		Zip C					yments N	Made This Period
Willoughby Hills	O h	-	140	94		Date	T 1/	Amount
Date Debt was originally Incurred	$\begin{vmatrix} \mathbf{M} \\ 0 \end{vmatrix} 8$	$\begin{vmatrix} 0 \end{vmatrix}$	6	y 1 9	M 	D	Y	0.00
Registration Number, if PAC					М	D	Y	
					М	D	Y	
To Whom Owed			* (5)		Prior An	nount		Amt. Incurred this Period
Address					Item or P	urpose for	r Debt	Outstanding Balance
City	State	Zip C	Code			Pa Date	Made This Period Amount	
Date Debt was originally Incurred	M	D		Y	M	D	Y	\$.
Registration Number, if PAC					M	D	Y	
				ing Control	М	D	Y	
To Whom Owed		and defining			Prior An	nount		Amt. Incurred this Period
Address					Item or P	urpose for	r Debt	Outstanding Balance
City	State	Zip C	Code		Payments Made This Period Date Amount			
Date Debt was originally Incurred	М	D		Y	М	D	Y	s
Registration Number, if PAC					М	D	Y	
					М	D	Y	
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all p Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-								

Total Payments this Period \$	0.00	(also record on Form 31-B)
Total Outstanding Balance \$	45.00	(also record on cover page)