

2019 PRE GENERAL

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Jarmuszkiewicz For Council					Registration Number, if PAC					
Full Name of Candidate Joseph Jarmuszkiewicz										
Street Address 31301 Eddy Rd.					Office Sought City Council			District At Large		
City Willoughby Hills					State o h		Zip Code 44094			
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 checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	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	D	Y	
							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.

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	2,865.00
3. Total other income (From Form No. 31-A-2)	\$	1,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,365.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,105.09
6. Balance on hand (line 4 minus line 5)	\$	3,259.91
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	20.00
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)	\$	0.00
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 [initials]
 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

Joseph J Jarmuszkiewicz

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 8

LAKE BOARD OF ELECTION
 OCT 22 2019 PM 12:25

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Jarmuszkiewicz For Council						
Full Name of Contributor Philomena Lastoria				Registration Number, if PAC		
Street Address 31300 Eddy Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 5461	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 8	Y 1 2 1 9	Amount 200.00
Full Name of Contributor Nancy K Helton				Registration Number, if PAC		
Street Address 37500 Eagle Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 7100	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 8	Y 1 9 1 9	Amount 50.00
Full Name of Contributor Gloria Majeski				Registration Number, if PAC		
Street Address 2717 Graylock		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 9350	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 0 3 1 9	Amount 100.00
Full Name of Contributor Cuvier Lukat				Registration Number, if PAC		
Street Address 22 High Point Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 1436	
City Willoughby	State o h	Zip Code 44094	M 0	D 9	Y 0 6 1 9	Amount 1,500.00
Full Name of Contributor David Reichelt				Registration Number, if PAC		
Street Address 5900 Som Center Rd Ste 12 #167		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 3866	
City Willoughby	State o h	Zip Code 44094	M 0	D 9	Y 1 3 1 9	Amount 25.00
Full Name of Contributor Peggy A Pawar				Registration Number, if PAC		
Street Address 2678 Alan Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 6585	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 1 3 1 9	Amount 50.00
Full Name of Contributor Edward McKenna				Registration Number, if PAC		
Street Address 2963 Lamplight Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 8869	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 1 3 1 9	Amount 75.00
Full Name of Contributor Darleen Weger				Registration Number, if PAC		
Street Address 38195 Dodds Hill Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 6854	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 1 3 1 9	Amount 100.00

* 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 Jarmuszkiewicz For council						
Full Name of Contributor Michael P Germano				Registration Number, if PAC		
Street Address 3008 Oakview Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 1160	
City Willoughby Hills	State o h	Zip Code 44092	M 0	D 9	Y 1 7 1 9	Amount 100.00
Full Name of Contributor Marcia Levine				Registration Number, if PAC		
Street Address 28806 Eddy Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 5255	
City Willoughby Hills	State o h	Zip Code 44092	M 0	D 9	Y 1 7 1 9	Amount 50.00
Full Name of Contributor Barbara Mahovlic				Registration Number, if PAC		
Street Address 3035 Rockefeller		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 2434	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 2 0 1 9	Amount 50.00
Full Name of Contributor Mary Ann Seline				Registration Number, if PAC		
Street Address 2511 River Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 5573	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 2 0 1 9	Amount 75.00
Full Name of Contributor Carrie Biro				Registration Number, if PAC		
Street Address 2821 Forest Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 5017	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 2 7 1 9	Amount 50.00
Full Name of Contributor Christine Klun				Registration Number, if PAC		
Street Address 31400 Eddy Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 3052	
City Willoughby Hills	State o h	Zip Code 44094	M 0	D 9	Y 2 7 1 9	Amount 100.00
Full Name of Contributor Denise Neidermeyer				Registration Number, if PAC		
Street Address 2929 Lamplight Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 4985	
City Willoughby Hills	State o h	Zip Code 44094	M 1	D 0	Y 0 4 1 9	Amount 50.00
Full Name of Contributor Leighann Cesar				Registration Number, if PAC		
Street Address 2848 Fowler Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 2205	
City Willoughby Hills	State o h	Zip Code 44094	M 1	D 0	Y 0 4 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 Jarmuszkiewicz For Council						
Full Name of Contributor Lynn M Fistek				Registration Number, if PAC		
Street Address 2972 Bishop Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 1745	
City Willoughby Hills	State o h	Zip Code 44092	M 1	D 0	Y 4 1 9	Amount 50.00
Full Name of Contributor Jeffrey M Ross				Registration Number, if PAC		
Street Address 2867 Camelot Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 543	
City Willoughby Hills	State o h	Zip Code 44092	M 1	D 0	Y 8 1 9	Amount 40.00
Full Name of Contributor Mary R Cihula				Registration Number, if PAC		
Street Address 35060 Dixon Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 2170	
City Willoughby Hills	State o h	Zip Code 44094	M 1	D 0	Y 8 1 9	Amount 25.00
Full Name of Contributor Camille R. Schroeck				Registration Number, if PAC		
Street Address 2873 Lamplight Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 1521	
City Willoughby Hills	State o h	Zip Code 44094	M 1	D 0	Y 8 1 9	Amount 50.00
Full Name of Contributor Pat Grebenc				Registration Number, if PAC		
Street Address 2265 River Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check 2239	
City Willoughby Hills	State o h	Zip Code 44094	M 1	D 0	Y 1 1 9	Amount 50.00
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
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 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Jarmuskiewicz For Council					
Full Name			Registration Number, if PAC		
Joseph J Jarmuskiewicz					
Address	Type*		M	D	Y
31301 Eddy Rd.	L N		0	9	0
City	State	Zip Code	Amount		
Willoughby Hills	o h	44094	1,500.00		
			Form(Cash, Check, etc)		
			check 119		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash, Check, etc)		

* 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, place the letters 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 Jarmuszkiewicz For Council							
To Whom Paid Hotcards				M	D	Y	Amount
				0	8	2	133.92
Address 2400 Superior Ave East		Purpose Campaign Palm Cards					
City Cleveland		State o h	Zip Code 44114	Check Number MC 3356			
To Whom Paid Giant Eagle				M	D	Y	Amount
				0	9	0	33.00
Address 36475 Euclid Ave		Purpose Stamps for donation letters					
City Willoughby		State o h	Zip Code 44094	Check Number MC 3356			
To Whom Paid Office Depot/Office Max				M	D	Y	Amount
				0	9	0	22.23
Address		Purpose Campaign checks					
City		State	Zip Code	Check Number MC 3356			
To Whom Paid Fulton Sign & Decal, Inc.				M	D	Y	Amount
				0	9	1	830.32
Address 7144 Industrial Park Blvd.		Purpose Campaign yard signs					
City Mentor		State o h	Zip Code 44060	Check Number MC 3356			
To Whom Paid Fulton Sign & Decal, Inc.				M	D	Y	Amount
				0	9	2	47.62
Address 7144 Industrial Park Blvd.		Purpose H frame sign supports					
City Mentor		State o h	Zip Code 44060	Check Number MC 3356			
To Whom Paid Ohio Ethics Commision				M	D	Y	Amount
				0	9	2	35.00
Address 30 West Spring St L3		Purpose Financial discloser payment					
City Columbus		State o h	Zip Code 43215	Check Number MC 3356			
To Whom Paid Huntington Bank				M	D	Y	Amount
				1	0	1	3.00
Address P.O. Box 1558 EA1W37		Purpose Statement Charge					
City Columbus		State o h	Zip Code 43216	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Jarmuszkiewicz For Council													
From Whom Received Joseph J Jarmuszkiewicz								Prior Amount		Amt. Incurred this Period 1,500.00			
Address 31301 Eddy Rd										Outstanding Balance 1,500.00			
City Willoughby Hills		State o h	Zip Code 44094		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
		0	9	0	4	1	9	0	9	0	4	1	9
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization* Standard Machine Inc.								M	D	Y	M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period 0.00			
Address										Outstanding Balance 0.00			
City		State	Zip Code		Loans Received This Period Date Amount			Payments This Period 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 0.00			
Address										Outstanding Balance 0.00			
City		State	Zip Code		Loans Received This Period Date Amount			Payments This Period 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

* 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 or more 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)

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)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Jarmuszkiewicz For Council				
Full Name of Contributor Dunkan Scott		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 36926 BeechHills Drive		Description of Item or Service Campaign Picture		M D Y Fair Market Value 0 9 0 3 1 9 20.00
City Willoughby Hills		State o	Zip Code h 44094	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]