30-A R.C. 3517.10

SCANNED

2019 PRE GENERAL.

## **Ohio Campaign Finance Report**

Prescribed by Secretary of State 3/05

Full Name of Committee						_			Registra	tion Nun	nber, if P	AC	_
Jarmuszkiewic	z Fo	r Council											
Full Name of Candidate													_
Joseph Jarmus	zkiev	vicz											
Street Address							Office Sought				District		
31301 Eddy Rd. City Cou							ıncil	cil At Large					
City							S	tate Zip Code					
Willoughby H	ills							0	h	440	)94		
Type of Report		Pre-Primary		Post-Primary		Pre	-General	х	Post-Ge	neral		Annual Year	
(place X to the left of report type)		July Monthly		August Monthly		Ι.	nthly		Termina	ition	1	Semiannual	
Amended Report? ☐ Yes ☑	No	Report Elect	ronically Yes	filed?  No	Date of	Elec	tion	1	и 1	0	5	1   Y	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
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	\$

THE INFORMATION CONTAINED COMMITS ELECTION FALSIFICATION JOSEPH J Jarmuszkiew	TION IS GUILTY OF A FELONY			CATION, WHO	OEVER	1/21/19
Print Name and Title (Treasurer and Dep	puty Treasurer only)	Signature	N 111			Date
Contribution	Expenditure	7 // [	Other	1 [	Total	
pages	pages		pages		pages	8
					_	

LAKE BOARD OF ELECTION

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### Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Jarmuszkiewicz For Council							
Full Name of Contributor				Registra	tion Num	ber, if PA	AC
Philomena Lastoria							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
31300 Eddy Rd							check 5461
City	St	ate	Zip Code	M	D	Y	Amount
Willoughby Hills Full Name of Contributor	0	h	44094	0 8	1 2		200.00
				Registra	tion Num	ber, if PA	AC
Nancy K Helton							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
37500 Eagle Rd							check 7100
City		ate	Zip Code	М	D	Y	Amount
Willoughby Hills Full Name of Contributor	0	h	44094	0 8			50.00
				Registra	tion Num	ber, if PA	AC .
Gloria Majeski							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2717 Graylock				,			check 9350
City	St	ate	Zip Code	M	D	Y	Amount
Willoughby Hills Full Name of Contributor	0	h	44094	0 9	0 3	1 9	100.00
				Registra	tion Num	ber, if PA	AC
Cuvier Lukat							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
22 High Point Ln				,			check 1436
City	St	_	Zip Code	М	D	Y	Amount
Willoughby Full Name of Contributor	0	h	44094	0 9		1 9	1,500.00
				Registra	tion Num	ber, if PA	AC .
David Reichelt Street Address	Ir. i	10					n (0 1 0 1 )
	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5900 Som Center Rd Ste 12 #167			7:- 0-1-	T 1/			check 3866
	St	_	Zip Code	M	D	Y	Amount
Willoughby Full Name of Contributor	0	h	44094	0 9	1 3	1 9	25.00
				Registra	tion Num	ber, if PA	ic .
Peggy A Pawar Street Address	Employe	=/O====	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employe	i/Occup	atton/Labor Organization				
2678 Alan Drive	St	nto	Zip Code	М	D	ΙΥ	check 6585
		h	l *	1 .			
Willoughby Hills Full Name of Contributor	0	п	44094	0 9		1 9 ber, if PA	50.00
Edward McKenna				Registra	tion reali	1001, 11 1 2	
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	Limpioye	поссир	anois Euror Organization				
2963 Lamplight Ln	St	ate	Zip Code	М	D	Ιγ	check 8869
Willoughby Hills	0	h	44094	0 9	1 3	1 9	75.00
Full Name of Contributor	1.0	11	11071			ber, if PA	
Darleen Weger							
Street Address	Employe	r/Occun	ation/Labor Organization*				Form (Cash, Check, etc.)
38195 Dodds Hill Drive		Employer/Occupation/Lauor Organization					check 6854
City	St	ate	Zip Code	М	D	Y	Amount
Willoughby Hills	0	h	44094	1	1 3	1 1	100.00
equired for contributions from individuals over \$100 to statewide and ge							

Page Total \$ 2,100.00

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				Desista	d N	1 'CD	10		
Michael P Germano				Registra	uon Nun	nber, if PA	AC		
Street Address	Employ	/Oaau	ation/I show Oiti#				F (0.1.0)		
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che		
3008 Oakview Dr City	+		In: a :	1			check 11	.60	
	1	ate	Zip Code	М	D	Y	Amount		
Willoughby Hills Full Name of Contributor	0	h	44092	0 9		1 9		100.00	
				Registra	ition Nun	ber, if PA	AC		
Marcia Levine Street Address	F1	-/0							
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che		
28806 Eddy Rd	1		In: o i	T			check 52	255	
	1	ate	Zip Code	M	D	Y	Amount		
Willoughby Hills Full Name of Contributor	0	h	44092	0 9		1 9		50.00	
				Registra	tion Nun	ber, if PA	AC .		
Barbara Mahovlic Street Address	In i	10							
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che		
3035 Rockefeller	_						check 24	34	
l '		ate	Zip Code	М	D	Y	Amount		
Willoughby Hills Full Name of Contributor	0	h	44094	0 9		1 9		50.00	
				Registra	tion Num	ber, if PA	AC .		
Mary Ann Seline Street Address									
	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chee		
2511 River Rd	_						check 55	73	
City	St	ate	Zip Code	М	D	Y	Amount		
Willoughby Hills Full Name of Contributor	0	h	44094	0 9		1 9		75.00	
				Registra	tion Num	ber, if PA	ic		
Carrie Biro	_								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
2821 Forest Lane							check 50	17	
City	St	-	Zip Code	M	D	Y	Amount		
Willoughby Hills	0	h	44094	0 9		1 9		50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	IC.		
Christine Klun									
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
31400 Eddy Rd							check 30	52	
City	St		Zip Code	M	D	Y	Amount		
Willoughby Hills Full Name of Contributor	0	h	44094	0 9	2 7	1 9		100.00	
· ·				Registra	tion Num	ber, if PA	IC.		
Denise Neidermeyer									
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
2929 Lamplight Lane							check 49	85	
City	St		Zip Code	M	D	Y	Amount		
Willoughby Hills	0	h	44094	1 0	0 4	1 9		50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
Leighann Cesar									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2848 Fowler Dr.							check 22	.05	
City	St		Zip Code	M	D	Y	Amount		
Willoughby Hills	0	h	44094		0 4			75.00	
equired for contributions from individuals over \$100 to statewide and or		. 1.1.	E 1-1 TC TC TC	1 1 . 4			1 01		

Page Total \$	550.00

<sup>\*</sup> 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							
				Registra	tion Nun	nber, if I	PAC
Lynn M Fistek Street Address							
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2972 Bishop Rd							check 1745
City	St	ate	Zip Code	М	D	Y	Amount
Willoughby Hills	0	h	44092	1 0	0 4	1 9	50.00
Full Name of Contributor				Registra	tion Nun	nber, if I	PAC
Jeffrey M Ross							
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2867 Camelot Court	1						check 543
City	St	ate	Zip Code	M	D	Y	Amount
Willoughby Hills	0	h	44092	10	0 8	1 9	40.00
Willoughby Hills Full Name of Contributor			11072		tion Nun		
						,	
Mary R Cihula Street Address	Employe	er/Occun	ation/Labor Organization*				Form (Cash, Check, etc.)
35060 Dixon Rd.		ир					check 2170
City	St	ate	Zip Code	М	D	Гу	Amount
l *		h	1 *				
Willoughby Hills Full Name of Contributor	0	п	44094	1 0			
				Registra	tion Nun	nber, ii r	AC
Camille R. Schroeck Street Address	In 1	10					
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2873 Lamplight Ln.	<u></u>		I=				check 1521
1 *	St	ate	Zip Code	M	D	Y	Amount
Willoughby Hills	0	h	44094	1 0	_		
Full Name of Contributor				Registra	tion Nun	nber, if P	PAC
Pat Grebenc							
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2265 River Rd.							check 2239
City	St	ate	Zip Code	M	D	Y	Amount
Willoughby Hills	0	h	44094	1 0	1 1	1 9	50.00
Full Name of Contributor				Registra	tion Nun	nber, if P	AC
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
							1
City	St	ate	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	ber, if F	AC
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	St	ate	Zip Code	М	D	Y	Amount
Full Name of Contributor			ı	Registra	tion Nun	nber. if F	PAC
Street Address	Employe	er/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
	pioy	о остр	Sacor Organization				(casi, chook, old.)
City	C+	ate	Zip Code	М	D	Гу	Amount
	31		Lip Code	141		1	T MINOSIN
equired for contributions from individuals over \$100 to statewide and ge	<u> </u>		L	Щ.			1

Page Total \$	215.00

<sup>\*</sup> 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)]

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### **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Jarmuszkiewicz For Council								
Full Name			Registra	tion Nun	nhar if P	PAC		
1			I Constitution	шоп . ч	11001, 11 .	AC		
Joseph J Jarmuszkiewicz <sup>Address</sup>	Type*		M	D	Y	Amount		
31301 Eddy Rd.	LN		300	0 4	1 .	1	1,500.00	
City	State	Zip Code		ash,Chec				
Willoughby Hills	o h	44094	cl	neck 1	19			
Full Name	Il Name							
Address		The state of the S						
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registra	tion Nun	nber, if P	AC		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	2 to 1/7 1/8		
				-	,			
Full Name		-	Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Pagietra	tion Nun	-Lar if D	10		
a un rumie			Regisua	non ivun	iber, ii r	AC		
Address	Type*		M	D	Y	Amount		
			Ä					
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	3. p. / 1. p. /		
Full Name			Registration Number, if PAC					
Address	Type*	Contract State of the Contract	M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	-h Chac	1- ata)			
City	State	Zip Code	ronnica	asii, Ciiec	K,eic)			
Full Name			Registra	tion Nun	nber, if P	AC		
Address	Type*	1994 - 1946 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965	M	D	Y	Amount		
	-75					7		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
		1	1			4.75		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,500.00

<sup>\*</sup> 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,

# **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Jarmuszkiewicz For Council									
To Whom Paid				M D	l v l	Amount			
Hotcards				0 8 2 6		Amount	100.00		
Address	Purpose			0 8 2 6	1 9		133.92		
2400 Superior Ave East	1	:	am Dalma Camda						
City	State		gn Palm Cards  Zip Code	Check Number					
Cleveland	1		l ·		-,				
To Whom Paid	0	h	44114	MC 33					
				M D		Amount	00.00		
Giant Eagle	Purpose			0 9 0 1	1 9		33.00		
	Ι'								
36475 Euclid Ave	Stan	nps i	for donation leters	In					
l -	State		Zip Code	Check Number					
Willoughby To Whom Paid	0	h	44094	MC 33					
				M D		Amount			
Office Depot/Office Max	1-			0 9 0 4	1 9		22.23		
Address	Purpose	_							
0.			gn checks						
City	State	e	Zip Code	Check Number					
				MC 33	56				
To Whom Paid				M D		Amount			
Fulton Sign & Decal, Inc.				0 9 1 1	1 9		830.32		
Address	Purpose								
7144 Industrial Park Blvd.	Cam	npaig	gn yard signs						
City	State	е	Zip Code	Check Number					
Mentor	0	h	44060	MC 33	56				
To Whom Paid				M D	Y	Amount			
Fulton Sign & Decal, Inc.				0 9 2 5	1 9		47.62		
Address	Purpose								
7144 Industrial Park Blvd.	H fr	ame	sign supports						
City	State	e	Zip Code	Check Number					
Mentor	0	h	44060	MC 33	56				
To Whom Paid				M D	Y	Amount			
Ohio Ethics Commision				0 9 2 7	1 9		35.00		
Address	Purpose				-				
30 West Spring St L3	Fina	ncia	l discloser payment						
City	State	e	Zip Code	Check Number					
Columbus	0	h	43215	MC 33	56				
To Whom Paid				M D		Amount			
Huntington Bank				1 0 1 5	1 9		3.00		
Address	Purpose								
P.O. Box 1558 EA1W37	State	emei	nt Charge						
City	State		Zip Code	Check Number			1000		
Columbus		h	43216	1					
To Whom Paid				M D	Y	Amount			
Address	Purpose						_		
City	State	e	Zip Code	Check Number		102			
				I					
							A CONTRACTOR OF THE PARTY OF TH		

Page Total \$ 1,105.09

Page	1

## **Statement of Loans Received**

				Pre	escribed b	y Secreta	ry of Sta	ite3/05						
Full Name of Committee														
Jarmuszkiewicz For C	Counc	cil												
From Whom Received									Prior	Amou	nt		Amt. Incurred this Period	
Joseph J Jarmuszkiew	ricz												1,500.	
Address													Outstanding Balance	
31301 Eddy Rd													1,500.	
City Willoughby Hills	State o h	Zip Code 4409		Loa	ns Receiv	ved This	Period	Amount			Dat		nents This Period Amount	
Date Loan was originally Incurred	м 0 9	D 0 4	1 9	м 0 9	0 4	1 9	s	1,500.00	M		D	Y	s	
Registration Number, if PAC		,		М	D	Y			М	T	D	Y		
Employer/Occupation/Labor Organization*	1			М	D	Y	$\vdash$		M	+	D	Y	<del> </del>	
Standard Machine Inc.							1						1	
From Whom Received									Prior	Amou	nt		Amt. Incurred this Period 0.	
Address													Outstanding Balance	
													0.	
City	State	Zip Cod	e	Loa	ns Receiv	ved This	Period	Amount	Payme Date				nents This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	s		M		D 	Y	\$	
Registration Number, if PAC				М	D	Y	$\vdash$		M	+	D	Y	1	
							_			$\perp$				
Employer/Occupation/Labor Organization*				М	D	Y			M		D	Y		
From Whom Received									Prior	Amou	nt		Amt. Incurred this Period	
Address									E0000000		TO CONTRACT OF THE PARTY OF THE		0.	
Address													Outstanding Balance	
City	State	Zip Cod											0.	
en,	State	Zip Cou	-	Loa	ns Receiv Date	ved This	Period	Amount	Paym Date				nents This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	s		М		D	Y	\$	
Registration Number, if PAC				М	D	Y			М	$\top$	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y	$\vdash$		M	+	D	Y	<del> </del>	
* Required for contributions over \$100 to s	tatewide	and gener	al assemb	ly candida	tes. If con	ntributor i	s self-em	nployed, occupation an	d the	name	of the	individua	l's business.	
if any, rather than employer should be listed		-												
the employees are members, if any, must ap					. ,									
If a loan is forgiven, write "Forgiven" in the	e "Outsta	nding Bala	ance" spac	ce. Transfe	er total of	all loans	received	this period to the State	ement	of Otl	ner Inc	ome (For	m No. 31-A-2).	
Transfer total of all navments made in this														

Total prior amount \$	0.00
2 Total received this period \$	
3 Total Payments this Period	0.00 (also record on Form 31-E
4 Total Outstanding Balance	

Page	1
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#### **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full											
Jarmuszkiewicz For Council Full Name of Contributor				_							
	Employer, Occupation, Labor Organization *				Registration Number, if PAC						
Dunkan Scott Street Address	Description of Item or Service										
	Descrip	М	D	Y	Fair Market Value						
36926 BeechHills Drive	<u></u>		paign Picture			1 9		20.00			
1 *	1	tate	Zip Code			raising E					
Willoughby Hills Full Name of Contributor	0	h	44094	YES NO							
run Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC						AC .				
Street Address	Description of Item or Service			М	D	Y	Fair Market Value				
City	Si	tate	Zip Code	Received	Received at Fundraising Event?  YES NO						
Full Name of Contributor	Employe	er, Occupa	ation, Labor Organization *			ber, if PA					
Street Address	Descript	tion of Ite	m or Service	М	D	Y	Fair Market Value				
City	-		T. 0.1		Щ.	<u> </u>	L				
City	51	tate	Zip Code		YES	raising Ev	orent?				
Full Name of Contributor	Employer, Occupation, Labor Organization *				tion Num	ber, if PA					
Street Address	Description of Item or Service				D	Y	Fair Market Value				
City	St	tate	Zip Code	Received at Fundraising Event?  YES NO							
Full Name of Contributor	F 1						□ NO				
This value of conditional	Employer, Occupation, Labor Organization •				non Num	ber, if PA					
Street Address	Descript	tion of Iter	m or Service	M	D	Y	Fair Market Value				
City	St	ate	Zip Code	Received at Fundraising Event?  YES NO							
Full Name of Contributor	Employe	r Occup	ation, Labor Organization *	Registration Number, if PAC							
	Lampioyo	и, остар	mon, zavor Organization	registrat	aon rum	oci, ii 17					
Street Address	Descript	tion of Iter	m or Service	M	D	Y	Fair Market Value				
City	St	ate	Zip Code	Received at Fundraising Event?  YES NO							
Full Name of Contributor	Employe	er, Occupa	ation, Labor Organization *	Registration Number, if PAC							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value				
City	St	ate	Zip Code			aising Ev	vent?				
Full Name of Contributor	Employe	er, Occupa	ation, Labor Organization *	YES NO Registration Number, if PAC							
Street Address	Descript	tion of Iter	m or Service	М	D	Y	Fair Market Value				
City	St	tate	Zip Code		at Fundi YES	raising Ev	vent?				

Page Total \$ \_\_\_\_\_\_20.00

<sup>\*</sup> 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)]