

2019 PRE GENERAL

Ohio Campaign Finance Report

LAKE BOARD OF ELECTION
OCT 22 2019 PM 12:25

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Kline					Registration Number, if PAC						
Full Name of Candidate Michael E Kline											
Street Address 38531 Dodds Landing Dr					Office Sought City Council			District 1			
City Willoughby Hills					State OH		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 checked="" type="checkbox"/>	Pre-General	<input 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			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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,256.00
3. Total other income (From Form No. 31-A-2)	\$	\$550.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,806.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,129.34
6. Balance on hand (line 4 minus line 5)	\$	\$676.66
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$25.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$550.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$615.85
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

RECEIPT *RK*
 ENTERED _____
 AMEND LTR _____
 SCANNED *X*
 AUDITED _____
 COMPLETED _____

LAKE COUNTY
BOARD OF ELECTIONS
OCT 22 2019
12:14 PM

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.

Michael Kline - Deputy Treasurer

Michael Kline
Signature

10/21/2019

Date

Contribution pages 3

Expenditure pages 1

Other pages 4

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Kline						
Full Name of Contributor Thomas J & Gloria J Majeski					Registration Number, if PAC	
Street Address 2717 Graylock Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 8	Y 1 3 1 9	Amount \$100.00
Full Name of Contributor Peter A Kamis					Registration Number, if PAC	
Street Address 36701 Rogers Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 8	Y 1 3 1 9	Amount \$100.00
Full Name of Contributor Madeleine B Smith					Registration Number, if PAC	
Street Address 38220 Dodds Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 8	Y 1 3 1 9	Amount \$25.00
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 OH	Zip Code 44094	M 0	D 8	Y 2 0 1 9	Amount \$25.00
Full Name of Contributor Marygail & James E Michalski					Registration Number, if PAC	
Street Address 38285 Dodds Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 8	Y 2 0 1 9	Amount \$25.00
Full Name of Contributor John & Carol Lillich					Registration Number, if PAC	
Street Address 37830 Milann Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 8	Y 2 3 1 9	Amount \$100.00
Full Name of Contributor Paula M Cross					Registration Number, if PAC	
Street Address 2429 Trailard Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills	State OH	Zip Code 44094	M 0	D 9	Y 2 3 1 9	Amount \$100.00
Full Name of Contributor Gregory & Lindsey Resnick					Registration Number, if PAC	
Street Address 2404 Allen Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Beachwood	State OH	Zip Code 44122	M 0	D 9	Y 2 3 1 9	Amount \$36.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Committee to Elect Kline									
Full Name of Contributor						Registration Number, if PAC			
Rudy & Rosemary Strauss									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
37720 Milann Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	3	19
Full Name of Contributor						Registration Number, if PAC			
John L & Marion L Wazney									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
38621 Dodds Landing Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	3	19
Full Name of Contributor						Registration Number, if PAC			
John Kleinbaum									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2572 Dodd Rd							Cash		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	3	19
Full Name of Contributor						Registration Number, if PAC			
Robert D & Kaye F Gongas									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
38561 Dodds Landing Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	3	19
Full Name of Contributor						Registration Number, if PAC			
Robert M & Darleen A Weger									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
38195 Dodds Hill Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	3	19
Full Name of Contributor						Registration Number, if PAC			
Daniel Kowall									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
38500 Berkshire Hills Dr							Cash		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		0	9	2	6	19
Full Name of Contributor						Registration Number, if PAC			
William J Ferree									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
38780 Dodds Landing Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		1	0	0	3	19
Full Name of Contributor						Registration Number, if PAC			
Joseph & Denise M Jarmuszkiewicz									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
31301 Eddy Rd							Check		
City		State	Zip Code		M	D	Y	Amount	
Willoughby Hills		OH	44094		1	0	0	3	19

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Kline						
Full Name of Contributor Christopher Biddle					Registration Number, if PAC	
Street Address 2655 Dodd Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Willoughby Hills		State OH	Zip Code 44094	M 1	D 0	Y 19
Amount \$100.00						
Full Name of Contributor Pat & Joe Grebenc					Registration Number, if PAC	
Street Address 2265 River Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills		State OH	Zip Code 44094	M 1	D 0	Y 19
Amount \$50.00						
Full Name of Contributor Frank J & Mary R Cihula					Registration Number, if PAC	
Street Address 35060 Dixon Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills		State OH	Zip Code 44094	M 1	D 0	Y 19
Amount \$25.00						
Full Name of Contributor Edward & Jodie E McKenna					Registration Number, if PAC	
Street Address 2963 Lamplight Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills		State OH	Zip Code 44094	M 1	D 0	Y 19
Amount \$75.00						
Full Name of Contributor Warren C & Janet A Sterrett					Registration Number, if PAC	
Street Address 38751 Dodds Landing Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby Hills		State OH	Zip Code 44094	M 1	D 0	Y 19
Amount \$100.00						
Full Name of Contributor Cuvier I Lukat					Registration Number, if PAC	
Street Address 6153 Pepperwood Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mentor		State OH	Zip Code 44060	M 1	D 0	Y 19
Amount \$500.00						
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						

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline							
Full Name Michael E Kline			Registration Number, if PAC				
Address 38531 Dodds Landing Dr		Type* LN	M 0	D 7	Y 2019	Amount \$50.00	
City Willoughby Hills		State OH	Zip Code 44094		Form (Cash, Check, etc.) Electronic Transfer		
Full Name Michael E. Kline							
Address 38531 Dodds Landing Dr			Type* LN	M 0	D 9	Y 2019	Amount \$50.00
City Willoughby Hills		State OH	Zip Code 44094		Form (Cash, Check, etc.) Electronic Transfer		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name							
Address			Type* RE	M	D	Y	Amount
City		State OH	Zip Code		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, 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.

550.00
Page Total \$ _____

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee to Elect Kline						
To Whom Paid			M	D	Y	Amount
Direct Marketing Solutions			0	9	1	\$715.29
Address		Purpose				
33851 Curtis Blvd #211		Direct mail - campaign flyer				
City	State	Zip Code	Check Number			
Eastlake	OH	44095	1001			
To Whom Paid			M	D	Y	Amount
Michael E Kline			1	0	\$1,414.05	
Address		Purpose				
38531 Dodds Landing Dr		Reimbursement for Campaign signs, flyers, cards & promo items				
City	State	Zip Code	Check Number			
Willoughby Hills	OH	44094	Electronic Transfer			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Kline																		
From Whom Received Michael E Kline							Prior Amount			Amt. Incurred this Period \$550.00								
Address 38531 Dodds Landing Dr										Outstanding Balance \$550.00								
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		\$		
0 7 2 4 1 9		0 7		2 4		1 9		\$50.00										
Registration Number, if PAC							M		D		Y		M		D		Y	
0 9 1 1 1 9							0 9		1 1		1 9							
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								
		OH				Date		Amount		Date		Amount						
Date Loan was originally Incurred		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								
		OH				Date		Amount		Date		Amount						
Date Loan was originally Incurred		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 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 also 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 Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ \$0.00
- ² Total received this period \$ \$550.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$550.00 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Kline			
Full Name of Contributor David D Scott	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 37215 Beech Hills Dr	Description of Item or Service Digital photography	M D Y 0 9 0 3 1 9	Fair Market Value \$25.00
City Willoughby Hills	State OH	Zip Code 44094	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Kline									
To Whom Owed Michael E Kline					Prior Amount			Amt. Incurred this Period \$615.85	
Address 38531 Dodds Landing Dr					Item or Purpose of Debt Campaign supplies, shirts, website			Outstanding Balance \$615.85	
City Willoughby Hills		State OH	Zip Code 44094		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					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 of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					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 of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
					Date		Amount		
Date Debt was originally Incurred					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 in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$615.85 (also record on cover page)