

Form 30-A

ORC 3517.10

Committee Name	Office	Sought	District
Kriends of Laketvan	:		District
Street Address City City	nesvilla	State Zip OH 440	77
Candidate Name OR PAC Registration Number Treasurer Nam	e		e (MM/DD/YYYY)
Sue	e- Germensek	11/5/	119
Type of Report (choose one):	,	1/1/	
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-P	rimary	al Post-General	
Statewide Candidates Only:			Year
☐ July Monthly ☐ August Monthly ☐ September Mon	thly		2019
Amended Report Termination	Short Form Report (R.C. 3517.10(H))	
☐ No ☐ Yes ☐ Check this box if the committee wishes to terminate with this report		he committee is filing a See attached instruction	is.
1. Amount brought forward from last report	15	9 258 0%	
2. Total monetary contributions (From Forms 31-A and 31-	E) 2	3. 232	
3. Total other income (From Form 31-A-2)			
4. Total funds available (sum of lines 1, 2, 3)	182	,490.08	
5. Total monetary expenditures (From Forms 31-B and 31-	96.	315.68	
6. Balance on hand (line 4 minus line 5)	86	,174.40	RECEIPT Z
7. Value of in-kind contributions received (From Form 31-	l-1)		PT X
8. Value of in-kind contributions made (From Form 31-J-2)			
9. Outstanding loans owed by committee (From Form 31-0	()		SC. AU
10. Outstanding debts owed by committee (From Form 31-	N)		SCANNED AUDITED COMPLETE
11. Outstanding loans owed to committee (From Form 31-	<)		
12. Value of independent expenditures made (From Form :	31-U)		
THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION IS GUIL	ON FALSIFICATION. TY OF A FELONY OF 1	THE FIFTH DEGREE.	
Signature of Treasurer or Deputy Treasurer		10/23/20 Date (MM/DD/YYY)	019
Contribution Pages Expenditure Pages Other	Pages Total P		
		Last	Updated 09/2017



Page (

Statement of Contributions Received

orm 31-A

ORC 3517.10

Full Name of Committee					
FRIENDS OF LAW	ETR	m			
Full Name of Contributor	Registration Number, if PAC				
FRIENDS OF LAW. Full Name of Contributor Contributor Frem	31	E			
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D		Amount
			09/	18/2019	23,232.00
Full Name of Contributor				Registration Numb	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor Registration Number, if PAC			er, if PAC		
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor			I	Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	Registration Nu		Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	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)]

Page Total <u>13, 132</u>, ^{cd}



Page

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	- pro- the control of		
FAIRNOS OF LAKETO	RAN		
A SCENDANT COMMUNIC		Date (MM/DD/YYYY) 25 7-23-19	Amount \$92, 266.32.
Street Address			
1217 FlubURN AVE.		tal AdvERT	15110
CLEVE/AND	State V	Zip Code 44113	Check Number
MORE/AND CONSULTING		Date (MM/DD/YYYY)	Amount \$ 39,751.66
55 Windrysh DR,		AIEN CONSU	
MORE/AND HILLS	State OH	Zip Code 44022	Check Number
To Whom Paid USPS		Date (MM/DD/YYYY) 9 - 22 - 19	Amount \$10,538,19
Street Address 215 JACKS W ST City	Purpose Post	AGE	
PAINES VILLE	State OH	Zip Code 4 4 07 7	Check Number
To Whom Paid Mrvail Consalting		Date (MM/DD/YYYY) 7-9-19	Amount V
Street Address 5 5 WINDRUSH OR	Purpose	us.lt	SEE NOTE
MORE LAND HILLS	State OH	Zip Code 44022	Check Number
To Whom Paid tanting to Build		Date (MM/DD/YYYY)	Amount 17, 1)
Street Address 17 St. WIGHT ST	Purpose	Lesks	
City	State	Zip Code	Check Number
(OLUMAS)	ОН	437216	TRAUSFER

Page Total \$ 72,973...28

96,315,68



Page Z

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	A TOUR AREA OF SHAPE OF MARKET	G 20 THE RESERVE WAS ASSESSED.		
FRIENDS OF LAKETS	ral			
To Whom Paid		Date (MM/DD	YYYY)	Amount
EXPENDITURE FROM FORM	31F	7-26	-19	\$8541,40
Street Address	Purpose			
	,	•		
City	State	Zip Code		Check Number
·	ОН			
To Whom Paid		Date (MM/DD/	YYYY)	Amount
CAPITOI PROMOTIONS IN	VC,	8-2	7-19	\$5,095.00
Street Address	Purpose	, ,		
2362 OAKDALE AUE.	PARO	1 519	NS	
City	State	Zip Code	. I	Check Number
6/ENSIDE	OH PA	19038	7	22/
To Whom Paid		Date (MM/DD/		Amount
MORE/AND CONSULTING	-	8-29	-19	\$8000,00/
Street Address	Purpose	,	0	11.
55 Windrush DRIVE	CAM	PAIGN	(DN)	sulling
City	State	Zip Code		Check Number
MORE/AND HILLS	ОН	4400	29	222
To Whom Paid		Date (MM/DD/		Amount
CAPITOI PROMOTIONS		9-13	1-19	\$331,001
Street Address	Purpose	, 1		•
2362 OAKdalE AVE.		1519.	NS	
City	State	Zip Code		Check Number
6/ENSIDE	OH PA	19038		223
To Whom Paid		Date (MM/DD/	YYYY)	Amount
LAKE COMMUNITY NEWS		9-17	1-19	\$1375,00
Street Address 17537 MENTONA	Purpose	/ /		
LAKE COMMUNITY NEWS Street Address P.O. BOX 814 Suite. 207 C	Adv	ERTIS		
City	State	Zip Code		Check Number
MANTUA MENTOR	ОН	4425	5	224

Page Total \$ 23, 342, 40



Event Date	age
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Form 31-E

Full Name of Committee			14.0. 3517.10(1
FRIENDS OF A	KETONN		
FAIFNOS OF LA	Dr 17 AIV	Registration Number, if PAC	
Robyn FRY Street Address		Togical and Table 1	
, ,	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
8116 MENTOR AVE.		6-5-19	\$ 700,00
Mark	State Zip Code	Form (Cash, Check, Etc	
MENTOR Full Name of Contributor	DH 44060		
		Registration Number, if PAC	
MEDICAL MUTUAL Street Address			
	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2060 E, NINTH ST,		5-30-19	\$ 1000,00
	State Zip Code	Form (Cash, Check, Etc	
CLEVE LAND.	04 44115		
Full Name of Contributor		Registration Number, if PAC	
TRIDSPARK USA			
0.0007,1001000	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1100 Supeasen Ave # 1290		5-22-19	\$1000,00.
City	State Zip Code	Form (Cash, Check, Etc	
CLEVELAND Full Name of Contributor	04-144114	CH	
1		Registration Number, if PAC	
UAW LOCA/ 70	·		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
201 Northfield Rd,		5-29-19	\$700,00
BEdford	State Zip Code OH	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	•
UAW LOCAL 1834			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount ,
P.O. Box 828		6-6-19	\$ 150,00
A		Form (Cash, Check, Etc	
HSATADU/A	04- 44005		
Required for contributions from individuals over \$100 to	statewide and General Assembly candidate	es. If contributor is self-employed	the occupation and the

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

Page Total \$ 3,550, 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)]



Event Date	Page 2
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Form 31-E R.C. 3517.10(B)

Full Name of Committee	and the second s	and the state of t	1
FRIENDS OF A	1 METRAN		
Full Name of Contributor	na / Nivo	Registration Number, if PAC	
LANCE H. LANGE + JENNI	FERJ LANGE		
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
4794 HighlAND DR.		6-10-19	\$100,00
Willoughby	State Zip Code OH	Form (Cash, Check, Etc	
Full Name of Contributor	1/	Registration Number, if PAC	
RAY mond + ELizabeth J Street Address	4RKOWSKI		
Street Address	Employer/Occupation/Labor Organization	1	Amount
1841 FISHER MAN'S TR	91/	6-24-19	\$ 100,00
	State Zip Code	Form (Cash, Check, Etc	
N/AG150N	OH 44057		
Full Name of Contributor		Registration Number, if PAC	
JEFFREY J. + Cynthia S. Street Address	WATERMAN		
Street Address 1 6487 DAWSON BLV4.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 6-10/19	Amount 850,00
MENTOR	State Zip Code OH 44060	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	The second secon
LAKE HOSPI TA/ SystE, Street Address	ms, INC,		
	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
7590 AUDURN Rd.		6-5-19	\$250,00
CONCORD	State Zip Code OH V / 4877	Form (Cash, Check, Etc	
Full Name of Contributor	/	Registration Number, if PAC	
SEdgwick Claims M	MANAGEMENT		
1100 Rid GE WAY Loop A	mployer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount 9450,00
MEMPHIS	State Zip Code 7N 38/20	Form (Cash, Check, Etc	
Required for contributions from individuals over \$100 to s	statewide and General Assembly candidate	tes. If contributor is self-employe	d, the occupation and the

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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

T-4-1	F	T1.1.	
lotai	Expenditures	I nis	Event

Page Total \$ 1,750,00

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)]



Event Date	Page 3

Form 31-E

Full Name of Committee		enter allemante successive and a successive successive and a successive successive and a successive	N.C. 3517.10(B
Farman and	/ /		
Full Name of Contributor	AKE TRAN	Decident N. J. 160	
DEEPWOOD INDUSTA		Registration Number, if PA	С
Street Address	Employer/Occupation/Labor Organ	nization* Date (MM/DD/YYYY)	Amount
8121 DEEPWOOD Blud,		6-21-19	\$ 700,00
MENTOR	State Zip Code 44060	Form (Cash, Check, Etc	
Full Name of Contributor	No. of the same	Registration Number, if PA	
TESCO			
Street Address	Employer/Occupation/Labor Organi	ization* Date (MM/DD/YYYY)	Amount
6401 SEAMAN Pd., City P.O. BOX 167230		6-20-19	
City P.O. BOX 167230	State Zip Code	Form (Cash, Check, Etc	
OREGON Full Name of Contributor	PH - 43616-7	29.30	
		Registration Number, if PAC	
GARMEN TSPECIA / 1/ Street Address	ES INC,		
^ <i>1</i>	Employer/Occupation/Labor Organiz	zation* Date (MM/DD/YYYY)	Amount
1885 E. AURORA Kd.		6-17-19	\$150,00
City	State Zip Code	Form (Cash, Check, Etc	
Twinsburg	OHT 4408	7	
Full Name of Contributor		Registration Number, if PAC	And the second section of the second second section of the second second section of the second section of the second second section of the second second sec
CT CONSULTANTS			
Street Address SER/IN9 Ct.	Employer/Occupation/Labor Organiz	zation* Date (MM/DD/YYYY) 6-14-19	Amount 8 1000,00
City	State Zip Code	Form (Cash, Check, Etc	
MENTOR	OH- 44062	1 ' ' '	
Full Name of Contributor		Registration Number, if PAC	
CicogNA Elect	eic+Sign C	0,	
Street Address	Employer/Occupation/Labor Organiz	cation* Date (MM/DD/YYYY)	Amount
4330 N. BEND Kd.		6-7-19	250,00
City /	State Zip Code	Form (Cash, Check, Etc	
AShtabula	04- 44004		
Required for contributions from individuals over \$100 to	statewide and General Assembly ca	andidates. If contributor is self-emplo	yed, 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)]

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 I	Expenditures	This	Even
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Page Total \$ 7/00,00



Event Date	Page 4	
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Form 31-E

Full Name of Committee		Common of the property of the contract of the common of the contract of the co	R.C. 3517.10(E
	1 /		
FULL NOS OF Full Name of Contributor	LAKE TRAN		
1		Registration Number, if PAC	
Willough by Chamber of	COMMERCE		
	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
28 Public SqUARE	1	7-8-19	\$ 150.00
1 '	State Zip Code	Form (Cash, Check, Etc	
Willoughbu	04 44094		
Full Name of Contributor		Registration Number, if PAC	
THE LAKE IAND FOU	NOATION		
	Limple year Coccapation / Labor Organization	Date (MM/DD/YYYY)	Amount
7700 CLOCKTOWER DA		7-10-19	1000,00
	Ciate Zip Code	Form (Cash, Check, Etc	
KirtlANd	OHT 44094		
Full Name of Contributor	,	Registration Number, if PAC	
EAGLE AdvERTISI Street Address	N9 LLC_		
Street Adddess	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address 4/0/ Commerce/	AVE	7-10-19	\$ 700,00
	State Zip Code	Form (Cash, Check, Etc	
CLEVE / AND	OH 44103		
Full Name of Contributor		Registration Number, if PAC	Control of the Contro
PAULR, + BEHY),	MAICHESKY		
Street Address	- 1 10 11 11 11	Date (MM/DD/YYYY)	Amount
6680 Stratford Re	۸,	7-12-19	\$305.00
^		Form (Cash, Check, Etc	
Concord	OH - 44077		
Full Name of Contributor		Registration Number, if PAC	
MURYA JOHNSON			7 *
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
27400 ChARdON Kg, #520		7-12-19	\$20,00
ity	State Zip Code	Form (Cash, Check, Etc	
Willoughby HLS.	10HI 44092		
Required for contributions from individuals over \$100 to	statewide and General Assembly condidate	o If contributes is salf and	4 41

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	Even

Total Expenditur	es This	Even
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Page Total \$ 2, 175,00

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)]



Event Date	Page 5
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Form 31-E

Full Name of Committee	The second secon	The thirty of the second second section is suggested as well	K.C. 3517.10(B
FOURNOSS OF	(AUX TRAIL		
Full Name of Contributor	LANK / RAN	Registration Number, if PAC	
MARIA COOK		rogistation number, in Ac	
Street Address En	nployer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6849 FARMINGDALE LM,		7-12-19	\$60,08
MENTOR	State Zip Code OH 44060	Form (Cash, Check, Étc	
Full Name of Contributor		Registration Number, if PAC	
A, LYNNE SZADO Street Address	5		
Street Address	nployer/Occupation/Labor Organization*		Amount
932 BEACHSRONT	\mathcal{C}_{\bullet}	7-12-19	60,618
1	State Zip Code	Form (Cash, Check, Etc	
PAINESUILE	OH 44077		
Full Name of Contributor		Registration Number, if PAC	
BAC LOCA/ 14			
Street Address Em	ployer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
9437 HAMI/HON DR		7-10-19	\$250,00
City	State Zip Code	Form (Cash, Check, Etc	
MENTOR	OH 44060		
Full Name of Contributor	1	Registration Number, if PAC	
FRIENDS OF DEEP W	BOD COMMITTEE		
	ployer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2126 Old Mill Rd.		7-10-19	\$700,00
•	State Zip Code	Form (Cash, Check, Etc	
MAGISON	0H 44057		
Full Name of Contributor	,	Registration Number, if PAC	
William C. ROBERTSON			
	oloyer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
10725 PINE VALLEY CIR		7-12-19	\$100,00
City	State Zip Code	Form (Cash, Check, Etc	
YAINESUILLE	045	S. C.	
Required for contributions from individuals over \$100 to sta	tewide and General Assembly candidate	es. If contributor is self-employe	d, the occupation and the

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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
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Page Total \$	1,120.00	
i age i otai ψ	11,000	

^{*} 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)]



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Form 31-E R.C. 3517.10(B)

Full Name of Committee	te new Andrews () we will not be a	/ / / / / / / / / / / / / / / / / / /		A STATE OF THE STA
FAIENDS OR	LAKE	TRAN		
Full Name of Contributor		,	Registration Number, if PAC	
HOWARD R. MAIER	SuE A,	MAIER		
Street Address		tion/Labor Organization	* Date (MM/DD/YYYY)	Amount
1397 BLACKMORE RA			7-10-19	\$25.00
City 1 1 1 1 1	State	Zip Code	Form (Cash, Check, Etc	
CIEVE LAND 1998,	PHI	44118-1312		
±1 = 1/ 5 / 2 = 1 = 1/		n. 11	Registration Number, if PAC	
The Huntington NA	TIONAL	BANK		
	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
P.O. Box 1558			7-9-19	\$250,00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	04-	43219		
Full Name of Contributor			Registration Number, if PAC	
WEBER DOOR (b)	DANU	INC.		
Street Address	Employer/Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
608 HICTORY LANE	,		7-15-19	Amount \$ 150,00
City	State	Zip Code	Form (Cash, Check, Etc	
PAINESUILLE	01-	44071		
Full Name of Contributor	,	,	Registration Number, if PAC	785 X 186 H 25 CM
NELSON DEVELOPME	NT Ltd	/		
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address 227 N, REUERE Rd, City			7-12-19	Amount \$ 150,00
AKRON	11	Zip Code 4/4/333	Form (Cash, Check, Etc	
Full Name of Contributor	P'/L			
MORELAND CONSULT	1N9 GRE		Registration Number, if PAC	
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
55 Windrush DR.			7-15-19	\$ 1000,00
City	State		Form (Cash, Check, Etc	
MORE/AND HILLS	DHI	44022		
Required for contributions from individuals over \$100 to	o statewide and Gen	eral Assembly candidat	as If contributor is self ampleus	d the commettee and the

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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	Even
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		-
Page Total \$	1,5.75.	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 also appear. [R.C. 3517.10(B)(4)]



Event Date	Page_	7
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Form 31-E R.C. 3517.10(B)

Full Name of Committee	CARLON CONTRACTOR STATE	the state of the second representative and the second response of the second representative second response of the	and the control of th	R.C. 3517.10(E
	,			
FRIENDS OF	LAKET	and		
Full Name of Contributor			Registration Number, if PAC	
INTERNATIONAL PROTHERMOS Street Address # 673	dof Electe	ICA WORKERS		
Street Address #673	Employer/Occup	ation/Labor Organization	Date (MM/DD/YYYY)	Amount
8356 MUNSON Rd			7-18-19	Amount \$300,00
4 1	State	Zip Code	Form (Cash, Check, Etc	
NENTOR	OH	44060		
Full Name of Contributor		The second secon	Registration Number, if PAC	The second secon
Street Address				
	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
451 DISCOUERY PR.			7-15-19	Amount 8250.00
City	State	Zip Code	Form (Cash, Check, Etc	
LIVERMORE	CA -	94551		
Full Name of Contributor			Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·
Pouch CLEANTECH	11C			
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
34300 W. NINE MILE	Rd.		7-19-19	Amount (*) (*) (*) (*)
City	0	Zip Code	Form (Cash, Check, Etc	
FARM ING YON Full Name of Contributor	MI	48335		
			Registration Number, if PAC	
MARIANNE P. KRZNAR	ic			
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
743 Birchwood Dr.			7-25-19	\$50,00
	State	Zip Code	Form (Cash, Check, Etc	
Willoughby	045	44094		
Full Name of Contributor	,	,	Registration Number, if PAC	
UNITED STATES SEA	tina			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
101 GORGEN DR.			8-5-19	\$150,00
City	State	Zip Code	Form (Cash, Check, Etc	
EXTON	PA	19341		
	A CONTRACTOR OF THE PARTY OF TH	the state of the s		Contracting the second

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

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Total Contributions	This	Event

Total	Expenditures	This	Event

Page Total \$ 1,7 5 0,00

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Form 31-E

Full Name of Committee			R.C. 3517.10(B
FRIENDS OF	e law Tanl	/	
Full Name of Contributor	- LONE I WAV	Registration Number, if PAC	
C.O. P.E. 33-DBA-SKEE	TMETAL WORKERS	Nogistration Number, ii PAC	
•	Employer/Occupation/Labor Organization	* Date (MM/DD/YYYY)	Amount
12515 CORPORATE DR.		7-26-19	\$ 150,00
PARMA	State Zip Code OH \(\frac{44}{50} \)	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	
DOUGLASY LEE ANN MET Street Address	2419		
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
5553 PRIMANERADA	7,	7-26-19	\$150,00
City	State Zip Code	Form (Cash, Check, Etc	
MENTOR	0H= 44060		
Full Name of Contributor		Registration Number, if PAC	PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR
Julie A+ Dale A, Si	chiavoni		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
10075 StoNEHOLOW 1	Kd.	7-24-19	\$150,00
	Jan 2000	Form (Cash, Check, Etc	
Concord	OH - 4660	·	
Full Name of Contributor		Registration Number, if PAC	
Street Address	R		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address 11 B/15h AVE. City		7-24-19	\$20,00
	State Zip Code	Form (Cash, Check, Etc	
PAINFSUILLE	OH 44077		
Full Name of Contributor		Registration Number, if PAC	
OHIO LIVING			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
100/ XINGS MILL PAREW	AU	9-19-19	700,00
Columbus	/ State Zip Code 0 H	Form (Cash, Check, Etc	
Required for contributions from individuals over \$100 to ame of the individual's business, if any, rather than em	o statewide and General Assembly candidat ployer should be listed. If two or more emplo	es. If contributor is self-employed	d, the occupation and the

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	Even

Page	Total	\$	1		/	7	2	,	00	
aye	i Otal	Ψ	()	١,	/	ı	\sim	,		

aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Event Date	Page 9

Form 31-E

Full Name of Committee	e entre e il illi il entre il estimate	The second of the second of the second	OFFICE OF THE PARTY OF THE STATE OF THE STAT	
FAIENDS 0	E /0	lever and		
Full Name of Contributor	L/01	TE / OLIN	The second of th	
PROTERRA, INC.			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization	D-4- (A44/DD00000	TA
1815 Rollins Rd,		Pation Labor Organization	Date (MM/DD/YYYY) 9-18-19	Amount 8700,00
BURLINGAME	State CA	Zip Code 94010	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Contributions of 12	5 orle	43	, and the state of	
Street Address	Employer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Olk		·		2342,00
City	State	Zip Code	Form (Cash, Check, Etc	
	L			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor	× 200		Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Required for contributions from individuals over \$100 tame of the individual's business, if any, rather than em	to statewide and G	eneral Assembly candidate	es. If contributor is self-employe	ed, the occupation and the

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			

	-0/
A	
1 · · · · · · · · · · · · · · · ·	20 /
Page Total \$ 3042.	

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)]



date column.

Date	Page (O
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee	en en en vere en en	/		
FRIENDS OF LA	ME	TRAN		
To Whom Paid			Date (MM/DD/YYYY)	Amgunt
DINOS CATERINE			7-26-19	Amgunt \$4187,82
Street Address	Purpose			
30605 Ridge Kd.		HERIN	6	
Wickliff	State OH-	Zip Code 44092	Check Number	
To Whom Paid		a ka ka sa wasan sa 	Date (MM/DD/YYYY)	Amount
LAKE METRO PARK.	5		7-26-19	Amount \$4353,58
3060/ Ridge Rd,	Purpose	off		
City	State	Zip Code	Check Number	
Wick/iffE	OHI	44092	220	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
	-			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
	,			
City	State	Zip Code	Check Number	1 1 1 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
	$\overline{}$			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
	CONTRACTOR SECURITION		Mary 10 of 17 th materials (17 th 17 th) supplied to 17 th 17 th 18 th 1	

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

Page Total \$ 854/