



LAKE BOARD OF ELECTION
OCT 24 2019 AM 11:00

Committee Name <i>Friends of Laketran</i>		Office Sought		District
Street Address <i>41 E. Erie Street</i>		City <i>Painesville</i>	State <i>OH</i>	Zip <i>44077</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Sue Germerseth</i>		Election Date (MM/DD/YYYY) <i>11/5/19</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	<i>159,258.08</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>23,232</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>182,490.08</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>96,315.68</i>
6. Balance on hand (line 4 minus line 5)	<i>86,174.40</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

RECEIPT	<input checked="" type="checkbox"/>	SCANNED	<input checked="" type="checkbox"/>
ENTERED	<input type="checkbox"/>	AUDITED	<input type="checkbox"/>
AMEND LTR	<input type="checkbox"/>	COMPLETED	<input type="checkbox"/>

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Susan M. Germerseth
Signature of Treasurer or Deputy Treasurer

10/23/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>FRIENDS OF LAHETMAN</i>				
Full Name of Contributor <i>Contributions From 31E</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) <i>09/18/2019</i>	Amount <i>23,232.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/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 *23,232.00*



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF LAKE TRAM			
To Whom Paid ASCENDANT COMMUNICATIONS		Date (MM/DD/YYYY) 7-23-19	Amount \$22,266.32
Street Address 1217 AUBURN AVE.		Purpose Digital Advertising	
City CLEVELAND	State OH	Zip Code 44113	Check Number 225
To Whom Paid MORELAND CONSULTING		Date (MM/DD/YYYY) 10-2-19	Amount \$39,751.66
Street Address 55 WINDRUSH DR.		Purpose CAMPAIGN CONSULTING	
City MORELAND HILLS	State OH	Zip Code 44022	Check Number 251
To Whom Paid USPS		Date (MM/DD/YYYY) 9-22-19	Amount \$10,538.19
Street Address 215 JACKSON ST		Purpose POSTAGE	
City PAINESVILLE	State OH	Zip Code 44077	Check Number 252
To Whom Paid Moreland Consulting		Date (MM/DD/YYYY) 7-9-19	Amount 400
Street Address 55 WINDRUSH DR		Purpose Consult SEE NOTE	
City MORELAND HILLS	State OH	Zip Code 44022	Check Number 218
To Whom Paid Huntington Bank		Date (MM/DD/YYYY)	Amount 17.11
Street Address 17 S. HIGH ST		Purpose Checks	
City COLUMBUS	State OH	Zip Code 43216	Check Number TRANSFER

Page Total \$ 72,973.28

96,315.68



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>FRIENDS OF LAKE TRAV</i>				
To Whom Paid <i>EXPENDITURE FROM FORM 31 F</i>		Date (MM/DD/YYYY) <i>7-26-19</i>	Amount <i>\$8541.40</i>	
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid <i>CAPITOL PROMOTIONS INC.</i>		Date (MM/DD/YYYY) <i>8-27-19</i>	Amount <i>\$5,095.00</i>	
Street Address <i>2362 OAKDALE AVE.</i>		Purpose <i>YARD SIGNS</i>		
City <i>GLENSIDE</i>	State OH PA	Zip Code <i>19038</i>	Check Number <i>221</i>	
To Whom Paid <i>MORELAND CONSULTING</i>		Date (MM/DD/YYYY) <i>8-29-19</i>	Amount <i>\$8000.00</i>	
Street Address <i>55 WINDRUSH DRIVE</i>		Purpose <i>CAMPAIGN CONSULTING</i>		
City <i>MORELAND HILLS</i>	State OH	Zip Code <i>44022</i>	Check Number <i>222</i>	
To Whom Paid <i>CAPITOL PROMOTIONS</i>		Date (MM/DD/YYYY) <i>9-13-19</i>	Amount <i>\$331.00</i>	
Street Address <i>2362 OAKDALE AVE.</i>		Purpose <i>YARD SIGNS</i>		
City <i>GLENSIDE</i>	State OH PA	Zip Code <i>19038</i>	Check Number <i>223</i>	
To Whom Paid <i>LAKE COMMUNITY NEWS</i>		Date (MM/DD/YYYY) <i>9-17-19</i>	Amount <i>\$1375.00</i>	
Street Address <i>P.O. BOX 814 7537 MENTOR SUITE 207 C</i>		Purpose <i>ADVERTISING</i>		
City <i>MANTUA</i>	State OH	Zip Code <i>44255</i>	Check Number <i>224</i>	

Page Total \$ *23,342.40*



**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee FRIENDS OF LAKE TRAM				
Full Name of Contributor ROBIN FRY			Registration Number, if PAC	
Street Address 8116 MENTOR AVE.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 6-5-19	Amount \$700.00	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	Form (Cash, Check, Etc)	
Full Name of Contributor MEDICAL MUTUAL			Registration Number, if PAC	
Street Address 2060 E. NINTH ST.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 5-30-19	Amount \$1000.00	
City CLEVELAND,	State OH <input checked="" type="checkbox"/>	Zip Code 44115	Form (Cash, Check, Etc)	
Full Name of Contributor TRIPSPARK USA			Registration Number, if PAC	
Street Address 1100 SUPERIOR AVE #1290	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 5-22-19	Amount \$1000.00	
City CLEVELAND	State OH <input checked="" type="checkbox"/>	Zip Code 44114	Form (Cash, Check, Etc) CH	
Full Name of Contributor UAW LOCAL 70			Registration Number, if PAC	
Street Address 201 NORTHFIELD RD.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 5-29-19	Amount \$700.00	
City BEDFORD	State OH <input checked="" type="checkbox"/>	Zip Code 44146	Form (Cash, Check, Etc)	
Full Name of Contributor UAW LOCAL 1834			Registration Number, if PAC	
Street Address P.O. BOX 828	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 6-6-19	Amount \$150.00	
City ASHTABULA	State OH <input checked="" type="checkbox"/>	Zip Code 44005	Form (Cash, Check, Etc)	

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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 \$ 3550.00 ✓



Statement of Contributions Received
at a Social or Fund-Raising Event

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

Full Name of Committee <u>FRIENDS OF LAKE TRAIL</u>				
Full Name of Contributor <u>LANCE H. LANGE + JENNIFER J. LANGE</u>			Registration Number, if PAC	
Street Address <u>4794 Highland Dr.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-10-19</u>	Amount <u>\$100.00</u> ✓
City <u>Willoughby</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>44094</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>RAYMOND + ELIZABETH JURKOWSKI</u>			Registration Number, if PAC	
Street Address <u>1841 FISHERMAN'S TRAIL</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-24-19</u>	Amount <u>\$100.00</u>
City <u>MADISON</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>44057</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>JEFFREY J. + CYNTHIA S. WATERMAN</u>			Registration Number, if PAC	
Street Address <u>6487 DAWSON BLVD.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-10-19</u>	Amount <u>\$850.00</u>
City <u>MENTOR</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>LAKE HOSPITAL SYSTEMS, INC.</u>			Registration Number, if PAC	
Street Address <u>7590 AUBURN RD.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-5-19</u>	Amount <u>\$250.00</u>
City <u>CONCORD</u>	State <u>OH</u> <input checked="" type="checkbox"/>	Zip Code <u>44077</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>SEDGWICK CLAIMS MANAGEMENT</u>			Registration Number, if PAC	
Street Address <u>1100 RIDGEWAY LOOP RD.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-11-19</u>	Amount <u>\$450.00</u>
City <u>MEMPHIS</u>	State <u>TN</u> <input checked="" type="checkbox"/>	Zip Code <u>38120</u>	Form (Cash, Check, Etc)	

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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 \$ 1,750.00 ✓



**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee <u>FRIENDS OF LAKE TRAM</u>				
Full Name of Contributor <u>DEEPWOOD INDUSTRIES, INC.</u>			Registration Number, if PAC	
Street Address <u>8121 DEEPWOOD Blvd.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-21-19</u>	Amount <u>\$ 700.00</u>
City <u>MENTOR</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>TESCO</u>			Registration Number, if PAC	
Street Address <u>6401 SEAMAN Rd.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-20-19</u>	Amount <u>\$5000.00</u>
City <u>P.O. Box 167230</u> <u>OREGON</u>	State <u>OH</u>	Zip Code <u>43616-7230</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>GARMENT SPECIALTIES INC.</u>			Registration Number, if PAC	
Street Address <u>1885 E. AURORA Rd.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-17-19</u>	Amount <u>\$150.00</u>
City <u>TWINSBURG</u>	State <u>OH</u>	Zip Code <u>44087</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>CT CONSULTANTS</u>			Registration Number, if PAC	
Street Address <u>8150 GERLING Ct.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-14-19</u>	Amount <u>\$1,000.00</u>
City <u>MENTOR</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>CICOGNA ELECTRIC & SIGN CO.</u>			Registration Number, if PAC	
Street Address <u>4330 N. BEND Rd.</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>6-7-19</u>	Amount <u>\$250.00</u>
City <u>ASHTABULA</u>	State <u>OH</u>	Zip Code <u>44004</u>	Form (Cash, Check, Etc)	

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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 \$ 7100.00 ✓



Statement of Contributions Received
at a Social or Fund-Raising Event

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

Full Name of Committee <u>FRIENDS OF LAKE TRAV</u>				
Full Name of Contributor <u>Willoughby Chamber of Commerce</u>			Registration Number, if PAC	
Street Address <u>98 Public Square</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-8-19</u>
City <u>Willoughby</u>		State <u>OH</u>	Zip Code <u>44094</u>	Amount <u>\$150.00</u>
Full Name of Contributor <u>THE LAKE LAND FOUNDATION</u>			Registration Number, if PAC	
Street Address <u>7700 CLOCKTOWER DR.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-10-19</u>
City <u>Kirtland</u>		State <u>OH</u>	Zip Code <u>44094</u>	Amount <u>\$1000.00</u>
Full Name of Contributor <u>EAGLE ADVERTISING LLC</u>			Registration Number, if PAC	
Street Address <u>4101 COMMERCE AVE</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-10-19</u>
City <u>CLEVELAND</u>		State <u>OH</u>	Zip Code <u>44103</u>	Amount <u>\$700.00</u>
Full Name of Contributor <u>PAUL R. + BETTY J. MALCHESKY</u>			Registration Number, if PAC	
Street Address <u>6680 STRATFORD RD.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-12-19</u>
City <u>CONCORD</u>		State <u>OH</u>	Zip Code <u>44077</u>	Amount <u>\$305.00</u>
Full Name of Contributor <u>MYRNA JOHNSON</u>			Registration Number, if PAC	
Street Address <u>27400 CHARDON RD. #520</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>7-12-19</u>
City <u>Willoughby Hts.</u>		State <u>OH</u>	Zip Code <u>44092</u>	Amount <u>\$20.00</u>

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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 \$ 2,175.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee <i>FRIENDS OF LAKE TRAV</i>				
Full Name of Contributor <i>MARIA COOK</i>			Registration Number, if PAC	
Street Address <i>6849 FARMINGDALE LN.</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>7-12-19</i>
City <i>MENTOR</i>	State <i>OH</i>	Zip Code <i>44060</i>	Form (Cash, Check, Etc)	Amount <i>\$60.00</i>
Full Name of Contributor <i>A. LYNNE SZABO</i>			Registration Number, if PAC	
Street Address <i>932 BEACHFRONT DR.</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>7-12-19</i>
City <i>PAINESVILLE</i>	State <i>OH</i>	Zip Code <i>44077</i>	Form (Cash, Check, Etc)	Amount <i>\$10.00</i>
Full Name of Contributor <i>BAC LOCAL 14</i>			Registration Number, if PAC	
Street Address <i>9437 HAMILTON DR.</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>7-10-19</i>
City <i>MENTOR</i>	State <i>OH</i>	Zip Code <i>44060</i>	Form (Cash, Check, Etc)	Amount <i>\$250.00</i>
Full Name of Contributor <i>FRIENDS OF DEERWOOD COMMITTEE</i>			Registration Number, if PAC	
Street Address <i>2126 Old Mill Rd.</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>7-10-19</i>
City <i>MADISON</i>	State <i>OH</i>	Zip Code <i>44057</i>	Form (Cash, Check, Etc)	Amount <i>\$700.00</i>
Full Name of Contributor <i>William C. ROBERTSON</i>			Registration Number, if PAC	
Street Address <i>10725 PINE VALLEY CIR</i>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>7-12-19</i>
City <i>PAINESVILLE</i>	State <i>OH</i>	Zip Code	Form (Cash, Check, Etc)	Amount <i>\$100.00</i>

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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

Page Total \$ 1,120.00



Statement of Contributions Received
at a Social or Fund-Raising Event

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

Full Name of Committee <u>FRIENDS OF LAKE TRAIL</u>				
Full Name of Contributor <u>HOWARD R. MAIER & SUE A. MAIER</u>		Registration Number, if PAC		
Street Address <u>1397 BLACKMORE Rd.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-10-19</u>	Amount <u>\$25.00</u>	
City <u>CLEVELAND Hgts.</u>	State <u>OH</u>	Zip Code <u>44118-1312</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>THE HUNTINGTON NATIONAL BANK</u>		Registration Number, if PAC		
Street Address <u>P.O. BOX 1558</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-9-19</u>	Amount <u>\$250.00</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43219</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>WEBER DOOR COMPANY INC.</u>		Registration Number, if PAC		
Street Address <u>608 HICKORY LANE</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-15-19</u>	Amount <u>\$150.00</u>	
City <u>PAINESVILLE</u>	State <u>OH</u>	Zip Code <u>44677</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>NELSON DEVELOPMENT LTD.</u>		Registration Number, if PAC		
Street Address <u>227 N. REVERE Rd.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-12-19</u>	Amount <u>\$150.00</u>	
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44333</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>MORELAND CONSULTING GROUP LLC</u>		Registration Number, if PAC		
Street Address <u>55 WINDRUSH DR.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-15-19</u>	Amount <u>\$1000.00</u>	
City <u>MORELAND Hills</u>	State <u>OH</u>	Zip Code <u>44022</u>	Form (Cash, Check, Etc)	

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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

Page Total \$ 1,575.00



Statement of Contributions Received
at a Social or Fund-Raising Event

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

Full Name of Committee <u>FRIENDS OF LAKE TOWN</u>				
Full Name of Contributor <u>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS</u>			Registration Number, if PAC	
Street Address <u>#673</u> <u>8356 MUNSON Rd.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-18-19</u>	Amount <u>\$300.00</u>
City <u>MENTOR</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>Gillig Co</u>			Registration Number, if PAC	
Street Address <u>451 DISCOVERY DR.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-15-19</u>	Amount <u>\$250.00</u>
City <u>LIVERMORE</u>	State <u>CA</u>	Zip Code <u>94551</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>ROUGH CLEANTECH LLC</u>			Registration Number, if PAC	
Street Address <u>34300 W. NINE MILE Rd.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-19-19</u>	Amount <u>\$1000.00</u>
City <u>FARMINGTON</u>	State <u>MI</u>	Zip Code <u>48335</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>MARIANNE P. KRZNARIC</u>			Registration Number, if PAC	
Street Address <u>743 Birchwood Dr.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-25-19</u>	Amount <u>\$50.00</u>
City <u>Willoughby</u>	State <u>OH</u>	Zip Code <u>44094</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>UNITED STATES SEATING</u>			Registration Number, if PAC	
Street Address <u>101 GORDON DR.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8-5-19</u>	Amount <u>\$150.00</u>
City <u>Exton</u>	State <u>PA</u>	Zip Code <u>19341</u>	Form (Cash, Check, Etc)	

* 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)]

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 \$ 1,750.00



Statement of Contributions Received
at a Social or Fund-Raising Event

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

Full Name of Committee <u>FRIENDS OF LAKE TRAV</u>				
Full Name of Contributor <u>C.O.P.E. 33-DBA SHEET METAL WORKERS</u>			Registration Number, if PAC	
Street Address <u>12515 CORPORATE DR.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-26-19</u>	Amount <u>\$150.00</u>
City <u>PARMA</u>	State <u>OH</u>	Zip Code <u>44130</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>DOUGLAS LEE ANN METZUNG</u>			Registration Number, if PAC	
Street Address <u>5553 PRIMAVERA DR.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-26-19</u>	Amount <u>\$150.00</u>
City <u>MENTOR</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>JULIE A. DALE A. SCHIAVONI</u>			Registration Number, if PAC	
Street Address <u>10075 STONEHOLLOW RD.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-24-19</u>	Amount <u>\$150.00</u>
City <u>CONCORD</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>DONA M. TAYLOR</u>			Registration Number, if PAC	
Street Address <u>11 Blish AVE.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>7-24-19</u>	Amount <u>\$20.00</u>
City <u>PAINESVILLE</u>	State <u>OH</u>	Zip Code <u>44077</u>	Form (Cash, Check, Etc)	
Full Name of Contributor <u>OHIO LIVING</u>			Registration Number, if PAC	
Street Address <u>1001 Kingsmill PARKWAY</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>9-19-19</u>	Amount <u>\$700.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, Etc)	

* 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)]

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 \$ 1,170.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

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

Full Name of Committee <i>FRIENDS OF LAKEVIEW</i>				
Full Name of Contributor <i>PROTERRA, INC.</i>			Registration Number, if PAC	
Street Address <i>1815 ROLLINS RD.</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>9-18-19</i>	Amount <i>\$700.00</i>
City <i>BURLINGAME</i>	State <i>CA</i> <input type="checkbox"/>	Zip Code <i>94010</i>	Form (Cash, Check, Etc)	
Full Name of Contributor <i>Contributions of \$25 or less</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount <i>2342.00</i>
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)	

* 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)]

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 \$ *3042.00*



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <i>FRIENDS OF LAKE METRO</i>				
To Whom Paid <i>DINO'S CATERING</i>		Date (MM/DD/YYYY) <i>7-26-19</i>		Amount <i>\$4187.82</i>
Street Address <i>30605 Ridge Rd.</i>		Purpose <i>CATERING</i>		
City <i>Wickliffe</i>	State <i>OH</i>	Zip Code <i>44092</i>	Check Number <i>219</i>	
To Whom Paid <i>LAKE METRO PARKS</i>		Date (MM/DD/YYYY) <i>7-26-19</i>		Amount <i>\$4353.58</i>
Street Address <i>30601 Ridge Rd.</i>		Purpose <i>GOLF</i>		
City <i>Wickliffe</i>	State <i>OH</i>	Zip Code <i>44092</i>	Check Number <i>220</i>	
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	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

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 \$ *8541.40*