



2019 SEMI ANNUAL

LAKE BOARD OF ELECTION  
JUL 29 2019 AM 10:23

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

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>Paul Makhesky</i>		Election Date (MM/DD/YYYY)

Type of Report (choose one):  
☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:  
☐ July Monthly ☐ August Monthly ☐ 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.
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1. Amount brought forward from last report	<i>150,458.47</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>14,102.50</i>
3. Total other income (From Form 31-A-2)	<i>/ / /</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>164,560.97</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>5,302.89</i>
6. Balance on hand (line 4 minus line 5)	<i>159,258.08</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	ENTERED	SCANNED
AMEND LTR	AUDITED	COMPLETED

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

*Paul Makhesky*  
Signature of Treasurer or Deputy Treasurer

*7-29-2019*  
Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Last Updated 09/2017



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b>				
<b>Full Name of Contributor</b> 5-5-19			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 4975
<b>Full Name of Contributor</b> 7-26-19			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 9127.50
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>				
To Whom Paid <i>Skoda Minetti</i>		Date (MM/DD/YYYY) <i>3/14/2019</i>		Amount <i>\$210</i>
Street Address <i>6685 Beta Drive</i>		Purpose <i>Accounting</i>		
City <i>Mayfield Village</i>	State <i>OH</i>	Zip Code <i>44143</i>	Check Number <i>209</i>	
To Whom Paid <i>Julia Schrick</i>		Date (MM/DD/YYYY)		Amount <i>\$159.98</i>
Street Address <i>1408 Croydon Road</i>		Purpose <i>Go Daddy reimbursement</i>		
City <i>Lyndhurst</i>	State <i>OH</i>	Zip Code <i>44124</i>	Check Number <i>210</i>	
To Whom Paid <i>U.S. Postal Service</i>		Date (MM/DD/YYYY) <i>4-12-2019</i>		Amount <i>\$56</i>
Street Address		Purpose <i>Post office Box #61</i>		
City <i>Grand River</i>	State <i>OH</i>	Zip Code <i>44045</i>	Check Number <i>211</i>	
To Whom Paid <i>Julia Schrick</i>		Date (MM/DD/YYYY) <i>4-22-2019</i>		Amount <i>\$68.48</i>
Street Address <i>1408 Croydon Road</i>		Purpose <i>Shooting Star Award Trophy</i>		
City <i>Lyndhurst</i>	State <i>OH</i>	Zip Code <i>44124</i>	Check Number <i>212</i>	
To Whom Paid <i>Wickliffe Lunas</i>		Date (MM/DD/YYYY) <i>5-5-2019</i>		Amount <i>\$432</i>
Street Address <i>30315 Euclid Ave</i>		Purpose <i>Bowling</i>		
City <i>Wickliffe</i>	State <i>OH</i>	Zip Code <i>44092</i>	Check Number <i>213</i>	

Page Total \$ 926.46

Total exp. \$5302.89



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>				
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>	
Charles Zibbe		5-5-2019	\$290.86	
<b>Street Address</b>		<b>Purpose</b>		
11311 S. Forest Dr.		Reimbursement on payment to Dick		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
Cincinnati	OH	45277	214	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>	
Tammy Skaggs		5-24-2019	\$46.57	
<b>Street Address</b>		<b>Purpose</b>		
3757 Cull Road		Reimbursement from Walnut/Pollack Tree		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
Perry	OH	44081	215	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>	
Matt Maier		5-24-2019	\$39.00	
<b>Street Address</b>		<b>Purpose</b>		
		Reimbursement for chips		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
	OH		216	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>	
McLeland Consulting		6-12-2019	\$4000	
<b>Street Address</b>		<b>Purpose</b>		
55 Windrush Drive		Consulting		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
Marietta Hills,	OH	44022	217	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>	
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	
	OH			

Page Total \$ 4,376.43

Total exp. \$ 5302.89





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

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

Full Name of Committee				
Full Name of Contributor <u>Tesco</u>			Registration Number, if PAC	
Street Address <u>64101 Seaman Road</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/15/2019</u>
City <u>Oregon</u>		State <u>OH</u>	Zip Code <u>413616</u>	Amount <u>\$4000</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Burges &amp; Burges Strategists</u>			Registration Number, if PAC	
Street Address <u>26100 Lakeshire</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/24/2019</u>
City <u>Euclid</u>		State <u>OH</u>	Zip Code <u>414132</u>	Amount <u>500</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>U. AW Local 1834</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 828</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/4/2019</u>
City <u>Ashabula</u>		State <u>OH</u>	Zip Code <u>44005</u>	Amount <u>100</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Ben Capelle</u>			Registration Number, if PAC	
Street Address <u>4809 Maple St.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5/6/2019</u>
City <u>Willoughby</u>		State <u>OH</u>	Zip Code <u>44094</u>	Amount <u>530</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>George Moore</u>			Registration Number, if PAC	
Street Address <u>8510 Williams Rd</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5/7/2019</u>
City <u>Chardon</u>		State <u>OH</u>	Zip Code <u>44024</u>	Amount <u>250</u>
Form (Cash, Check, Etc) <u>check</u>				

\* 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  
9127.50

Total Expenditures This Event

Page Total \$ 5380



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

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

Full Name of Committee				
Full Name of Contributor <u>Paul Junke</u>			Registration Number, if PAC	
Street Address <u>8330 Puddick Court</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>5-5-2019</u>	Amount <u>75.00</u>	
City <u> Mentor </u>	State <u> OH </u>	Zip Code <u> 44106 </u>	Form (Cash, Check, Etc) <u> Check </u>	
Full Name of Contributor <u>Charles Zibbel</u>			Registration Number, if PAC	
Street Address <u>11311 S Forest Dr.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4-26-19</u>	Amount <u>\$200</u>	
City <u> Painesville </u>	State <u> OH </u>	Zip Code <u> 44077 </u>	Form (Cash, Check, Etc) <u> Check </u>	
Full Name of Contributor <u>Charles Zibbel</u>			Registration Number, if PAC	
Street Address <u>11311 S. Forest Dr.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4-12-19</u>	Amount <u>\$250</u>	
City <u> Painesville </u>	State <u> OH </u>	Zip Code <u> 44077 </u>	Form (Cash, Check, Etc) <u> Check </u>	
Full Name of Contributor <u>Andersen Aaby</u>			Registration Number, if PAC	
Street Address <u>6548 Andersen Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>5-3-19</u>	Amount <u>\$100</u>	
City <u> Mentor </u>	State <u> OH </u>	Zip Code <u> 44060 </u>	Form (Cash, Check, Etc) <u> Cash </u>	
Full Name of Contributor <u>Tammy Skaggs</u>			Registration Number, if PAC	
Street Address <u>3757 Cull Rd</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>5-3-19</u>	Amount <u>\$50</u>	
City <u> Perry </u>	State <u> OH </u>	Zip Code <u> 44081 </u>	Form (Cash, Check, Etc) <u> Check </u>	

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Total Contributions This Event  
9127.50

Total Expenditures This Event

Page Total \$ 675



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

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

Full Name of Committee				
Full Name of Contributor <u>S + M Autobody</u>			Registration Number, if PAC	
Street Address <u>1434 E. 361<sup>st</sup></u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-20-19</u>	Amount <u>\$250</u>
City <u>Frost Lake</u>	State <u>OH</u>	Zip Code <u>44095</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Pipe Fitters Local Union No. 120</u>			Registration Number, if PAC	
Street Address <u>6305 Halle Drive</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-10-19</u>	Amount <u>\$250</u>
City <u>Cleveland</u>	State <u>OH</u>	Zip Code <u>44125</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Cayahgan - Medina - UAW - CAP</u>			Registration Number, if PAC	
Street Address <u>5000 Rockside Rd. sub 300</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-21-19</u>	Amount <u>\$700</u>
City <u>Cleveland</u>	State <u>OH</u>	Zip Code <u>44137</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Burgess &amp; Niple</u>			Registration Number, if PAC	
Street Address <u>100 W. Erie</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4-25-19</u>	Amount <u>\$700</u>
City <u>Painesville</u>	State <u>OH</u>	Zip Code <u>44067</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Lake County Council on Aging</u>			Registration Number, if PAC	
Street Address <u>8520 East Ave</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-10-19</u>	Amount <u>\$250</u>
City <u>Mentor</u>	State <u>OH</u>	Zip Code <u>44060</u>	Form (Cash, Check, Etc) <u>Check</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  
4975

Total Expenditures This Event

Page Total \$ 2150





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

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

Full Name of Committee				
Full Name of Contributor <u>Charles Zibbel</u>			Registration Number, if PAC	
Street Address <u>11311 S. Forest Dr.</u>		Employer/Occupation/Labor Organization*		Amount <u>9150</u>
City <u>Cincinnati</u>	State <u>OH</u>	Zip Code <u>45277</u>	Date (MM/DD/YYYY) <u>4-12-19</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Thomas Evans</u>			Registration Number, if PAC	
Street Address <u>7464 Demshur Dr.</u>		Employer/Occupation/Labor Organization*		Amount <u>150</u>
City <u>Mentor</u>	State <u>OH</u>	Zip Code <u>44060</u>	Date (MM/DD/YYYY) <u>4-11-19</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>V.L. Chapman Electric, Inc</u>			Registration Number, if PAC	
Street Address <u>624 River Street</u>		Employer/Occupation/Labor Organization*		Amount <u>2520</u>
City <u>Grand River</u>	State <u>OH</u>	Zip Code <u>44045</u>	Date (MM/DD/YYYY) <u>4-30-19</u>	Form (Cash, Check, Etc) <u>Check</u>
Full Name of Contributor <u>Ray Stinson Enterprises</u>			Registration Number, if PAC	
Street Address <u>11575 Turn Oaks Trl.</u>		Employer/Occupation/Labor Organization*		Amount <u>25</u>
City <u>Chardon</u>	State <u>OH</u>	Zip Code <u>44024</u>	Date (MM/DD/YYYY) <u>4-27-19</u>	Form (Cash, Check, Etc) <u>check</u>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Amount
City	State	Zip Code	Date (MM/DD/YYYY)	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  
4975

Total Expenditures This Event

Page Total \$ 2825





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

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

Full Name of Committee				
Full Name of Contributor <u>Suzanne Jenke</u>			Registration Number, if PAC	
Street Address <u>137 Monmouth Ct.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-5-19</u>
City <u>Mentor</u>		State <u>OH</u>	Zip Code <u>44060</u>	Amount <u>\$100</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Patricia Pryatel</u>			Registration Number, if PAC	
Street Address <u>733 Birchwood Dr.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-5-19</u>
City <u>Willoughby</u>		State <u>OH</u>	Zip Code <u>44094</u>	Amount <u>\$150</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Kerry Jenke</u>			Registration Number, if PAC	
Street Address <u>6820 Colonial Dr. Apt A</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-5-19</u>
City <u>Mentor</u>		State <u>OH</u>	Zip Code <u>44060</u>	Amount <u>\$250</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Edna Parisi</u>			Registration Number, if PAC	
Street Address <u>173 Spruce Lane</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>3-14-19</u>
City <u>Mentor</u>		State <u>OH</u>	Zip Code <u>44060</u>	Amount <u>\$12</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Mary Kees</u>			Registration Number, if PAC	
Street Address <u>9956 Johnnyca Rd.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>5-5-19</u>
City <u>Painesville</u>		State <u>OH</u>	Zip Code <u>44077</u>	Amount <u>70</u>
Form (Cash, Check, Etc) <u>check</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  
9127.50

Total Expenditures This Event

Page Total \$ 582



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

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

<b>Full Name of Committee</b>				
<b>Full Name of Contributor</b> <u>Myra Johnson</u>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <u>27400 Chardon Rd.</u>		<b>Employer/Occupation/Labor Organization*</b> <u>Apt. 520</u>		<b>Date (MM/DD/YYYY)</b> <u>4-30-19</u>
<b>City</b> <u>Willoughby Hills</u>		<b>State</b> <u>OH</u>	<b>Zip Code</b> <u>44092</u>	<b>Amount</b> <u>\$ 30</u>
<b>Form (Cash, Check, Etc)</b> <u>check</u>				
<b>Full Name of Contributor</b> <u>Contributions of \$25 or less</u>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Amount</b> <u>\$2460.80</u>
<b>Form (Cash, Check, Etc)</b>				
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Amount</b>
<b>Form (Cash, Check, Etc)</b>				
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Amount</b>
<b>Form (Cash, Check, Etc)</b>				
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Amount</b>
<b>Form (Cash, Check, Etc)</b>				

\* 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  
9127.50

Total Expenditures This Event

Page Total \$ 2490.80