Form 30-A

ORC 3517.10

Committee Name	OVETON	n)	Office Sought	District
FRIENDS OF L	AKETKH			
Street Address	City		State Zip	44077
11311 S. FOREST DR	. CONC	CORD TW	P OH '	44011
Candidate Name OR PAC Registration Number	Treasurer Name	LES J.	7.00C1	lection Date (MM/DD/YYYY)
	CHAR	LES J.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Type of Report (choose one):				
Annual 🔀 Semiannual 🗌 Pre-Prim	nary Post-Pr	rimary Pre	e-General Post-G	General
Statewide Candidates Only:				Year
July Monthly August Monthly	September Mont	thly		2020
Amended Report Termination	***************************************	Short Form R	eport (R.C. 3517.10(F	1))
No ☐ Yes ☐ Check this box if the wishes to terminate.			box if the committee	
wishes to terminate	e with this report	short term	report. See attached	nstructions.
1. Amount brought forward from last rep	oort	4	\$ 54,377.	40
2. Total monetary contributions (From Fo	orms 31-A and 31-	E)	5,981.	00
3. Total other income (From Form 31-A-2))			
4. Total funds available (sum of lines 1, 2	, 3)	4	\$ 60,358.	40
5. Total monetary expenditures (From Fo	orms 31-B and 31-		48, 161.3	32
6. Balance on hand (line 4 minus line 5)			12,197.0	RECEIPT ENTEREI
7. Value of in-kind contributions receive	d (From Form 31-	J-1)		RECEIPT CONTROL AMEND LTR
8. Value of in-kind contributions made (From Form 31-J-2))		
9. Outstanding loans owed by committe	e (From Form 31-0	C)		
10. Outstanding debts owed by committ	ee (From Form 31	-N)		SCANNEI AUDITEI COMPLET
11. Outstanding loans owed to committee	ee (From Form 31-	-K)		ETED
12. Value of independent expenditures r	made (From Form	31-U)		
THIS STATEMENT IS MADE UNDER PEN				
WHOEVER COMMITS ELECTION FALSIF	FICATION IS GUIL	IY OF A FELO	ONY OF THE FIFTH DI	EGREE.
			07/13	12020 0202
Charles & West			•	- New Colonia Su de V ers -
Signature of Treasurer or Deputy Treasurer			Date (MM/DD	MM)
	Other	Pages	•	mm, 03 13 23 06 08 2



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Statement of Contributions Received

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ORC 3517.10

Full Name of Committee	,					
FRIENDS OF	LAK	ETRAN				
Full Name of Contributor				Registration Numb	per, if PAC	
DAVID DICKERS	SON					
,		r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
5400 RIALTO ROAD	C_0	MINS			PAYPAL	
City			Date (MM/D	D/YYYY)	Amount	
West Chester	OH	45069			#15000	
Full Name of Contributor				Registration Numb	er, if PAC	
Julia Schick						
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
6366 CANDLEWOOD G	-				PAYPA1.	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Mentor	OH	44060			#20000	
Full Name of Contributor				Registration Numb	er, if PAC	
PLICIP WATSON						
Street Address		r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)	
4031 NE 12 TERRACE	Q	STRAIN	+		PAY PAI.	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
OAKLAND PARK	FL	33334			# 25000	
Full Name of Contributor				Registration Number, if PAC		
VICKI BOWMAN						
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
200 EAST OAKTON St.		MCI		-	PAYPAL.	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount 00	
DesPLAINES	IL	60018			# 700 =	
Full Name of Contributor				Registration Numb	er, if PAC	
MARTIN JERIC						
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
5055 CORBIN DR.	121	ENITH S	gsten	15		
City	State	Zip Code	Date (MM/DI		Amount	
BEDford Hts	OH	44128			#500	

*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 \$ 1,800



Statement of Contributions Received

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ORC 3517.10

Full Name of Committee								
FRIENDS OF LAKETRAN								
Full Name of Contributor Registration Number, if PAC								
CHARLES WALTE	RS							
Street Address	Employe	r/Occupation/Labor O	-	•	Form (Cash, Check, etc.)			
13660 STATION RD.	50	PERIOR Zip Code	ENER	94	PAYPAL.			
	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Columbia STATION	OH	44028			# 700000			
Full Name of Contributor				Registration Numb	per, if PAC			
CARL BUCHNER								
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)			
6100 West SAM Houston	SA	fety Vi	SION		PAY PAI			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Houston	TX	77041			# 250 00			
Full Name of Contributor Registration Number, if PAC								
BEN CAPELLE								
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)			
4809 MAPLE ST.	LAI	ETRAN			PAYPAI			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Willough by	OH	44094			\$50°°			
Full Name of Convindutor	. /			Registration Numb	er, if PAC			
LYNNMARIE PHIL	11PS							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)			
8121 Deepwood Blue	1	CBDD			PAYPAL.			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
MENTOR	014	44060			45000			
Full Name of Contributor				Registration Numb	er, if PAC			
PAT WALSH		,						
Street Address	1	/Occupation/Labor Or	ganization*	,	Form (Cash, Check, etc.)			
38123 W. SPAULDING ST. #2	BLA	CKBIRD .			PAYPA!			
		Zip Code	Date (MM/D	D/YYYY)	Amount			
Willoughba	014	44094			# 250-			

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Page Total # /, 300 00



Statement of Contributions Received

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Full Name of Committee								
FRIENDS OF LAKETRAN								
Full Name of Contributor Registration Number, if PAC								
TANA HABAT								
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)			
8121 Deepwood BAND	DEE	EPWOOD	FOUNT	pation	TAYPAL.			
City /	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Mentor	OH	44060			\$5000			
Full Name of Contributor				Registration Numb	per, if PAC			
JAMES GOOCH								
Street Address 205 E, 42 D Street	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)			
STE 14003	M	ASABI			PAYPA1.			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount 60			
Pew York	NY	10017			# 1000			
Full Name of Contributor	Registration Numb	per, if PAC						
VINCE TARABELLI								
Street Address 6480 ROCKSIDE WOODS BLUD	Employer	/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)			
SUITE 215	TRI	PSPARK						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
INDEPENDENCE	014	44131			# 15000			
Full Name of Contributor				Registration Numb	per, if PAC			
BENJAMIN CAPELLE								
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)			
4809 MAPLE St.	LAK	ETRAN			PAYPA1.			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Willoughby	OH	44094			\$ 60000			
Full Name of Contributor				Registration Numb	er, if PAC			
BENJAMIN CAPELLE	<u>-</u>							
Street Address		/Occupation/Labor Or	ganization*	•	Form (Cash, Check, etc.)			
4809 MAPLE ST.	LAI	KETRAN			TAY PAI			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount			
Willoughby	OH	44094			# 6000			

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Page Total	#	j	86000	1
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Statement of Contributions Received

orm 31-4

ORC 3517.10

Full Name of Committee					
FRIENDS OF LAN	KETK	DOD			
Full Name of Contributor	\ <u></u>	CF11-		Registration Numb	per, if PAC
EDWARD KAUNTZ					
Street Address	Employe	er/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
3333 RICHMOND RD	Singe	ZIP COde	, Desbo	erg &	PAYPA1
City				D/YYYY)	Amount
3333 RICHMOND RD City BEACH WOOD	OH	14/122			\$50000
Full Name of Contributor				Registration Numb	per, if PAC
KERRY KeyES			I		
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
6820A Colonial DR.					PAY PA1. Amount #30000
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
MENTOR	OH	44060			#300
Full Name of Contributor	per, if PAC				
BRIAN FALKOWSKI Street Address 12090 CORA C+ City CONCORD TWP					
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
12090 CORA C+		· · · <u> </u>		<u></u>	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
CONCORP TWP	OH	44677			\$15000
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor		-		Registration Number	er, if PAC
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount

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Page Total \$ 950 00



Statement of Contributions Received

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ORC 3517.10

Full Name of Committee					
FRIENDS OF LAKE	eter	7 N.			
- an rame of contributor				Registration Numb	er, if PAC
VARIOUS - GOLF C	Dutin	9			
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount # 20 00
Full Name of Contributor				Registration Number	
VARIOUS - DUNK the Street Address	MAI	NAGER	1		
Street Address	Employer	/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount # 40 00
Full Name of Contributor				Registration Number	er, if PAC
VARIOUS - Levy					
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount 6.00
					# // 60
Full Name of Contributor		Registration			er, if PAC
			!		
Street Address	TEmployer	//Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
			34		1 01111 (00011) 0110111, 01111,
City	State	7:2 Code	To . (0.40.4/D)	2000	A
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	'				

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Page Total	#	7100



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee /							
FRIENDS OF LAKE	TRAN)					
To Whom Paid			Date (MM/DD/YYYY)		Amount		
PAY PAL			11/09/2019		# 198.22		
Street Address	Purpose	, .		1	c /		
	Om 1	10	ne Paymen				
City	State	Zip	Code		eck Number		
	ОН			C	In Line		
To Whom Paid			Date (MM/DD/YYYY)		Amount (C)		
MORELAND CONSULTING			01/10/2020		47,753		
Street Address	Purpose				a 1.		
55 WINDRUSH DR.	Nov 2	01	19 BAllot Is.	SU	e Consulting		
City / / //	State		Code		eck Number		
Morelanto Hills	ОН		44022		263		
To Whom Paid	(Date (MM/DD/YYYY)				
MARCUM ACCOUNTANTS & ADV	ISORS		04/22/2020)	\$ 210		
Street Address			me TAX Fili				
6685 BetA DR.	Access	90	PPORTUNITY F	00	INDATION		
City	State	Zip	Code	Che	ck Number		
MAYFIELD VILLAGE	ОН	2	14143		264		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	ОН						
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	ОН						

Page Total \$ 48, 161, 32