



Committee Name Damon Krane for Mayor		Office Sought Mayor		District Athens
Street Address 96 Hudson Ave. Apt. 3		City Athens	State OH	Zip 45701
Candidate Name OR PAC Registration Number Damon Krane		Treasurer Name Ece Ucoluk Krane		Election Date (MM/DD/YYYY) 11/05/2019

Type of Report (choose one):

- Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

- July Monthly
 August Monthly
 September Monthly

Year

Amended Report <input checked="" 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	0	
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 7,866.60	<div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">OCT 29 2019</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">ATHENS COUNTY BOARD OF ELECTIONS</div>
3. Total other income (From Form 31-A-2)	0	
4. Total funds available (sum of lines 1, 2, 3)	\$ 7,866.60	
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 6,622.16	
6. Balance on hand (line 4 minus line 5)	\$ 1,244.44	
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 812.17	
8. Value of in-kind contributions made (From Form 31-J-2)	\$ 200.00	
9. Outstanding loans owed by committee (From Form 31-C)	0	
10. Outstanding debts owed by committee (From Form 31-N)	0	
11. Outstanding loans owed to committee (From Form 31-K)	0	
12. Value of independent expenditures made (From Form 31-U)	0	

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

Signature of Treasurer or Deputy Treasurer

10/29/2019
Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Damon Krane for Mayor				
Full Name of Contributor Damon Krane			Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Employer/Occupation/Labor Organization* Self / Social Media Consultancy		Form (Cash, Check, etc.) Cash
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 04/02/2019	Amount \$ 35.00
Full Name of Contributor Damon Krane			Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Employer/Occupation/Labor Organization* Self / Social Media Consultancy		Form (Cash, Check, etc.) Cash
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 05/06/2019	Amount \$ 100.00
Full Name of Contributor Damon Krane			Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Employer/Occupation/Labor Organization* Self / Social Media Consultancy		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 07/22/2019	Amount \$ 200.00
Full Name of Contributor Rumzi Araj			Registration Number, if PAC	
Street Address 530 Manhattan Ave. Apt. 35		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Manhattan	State NY <input checked="" type="checkbox"/>	Zip Code 10027	Date (MM/DD/YYYY) 07/28/2019	Amount \$ 50.00
Full Name of Contributor Ethan Shultz			Registration Number, if PAC	
Street Address 108 Montana Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Asheville	State NC <input checked="" type="checkbox"/>	Zip Code 28806	Date (MM/DD/YYYY) 07/28/2019	Amount \$ 20.00

*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)]

Page Total **\$405.00**



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Damon Krane for Mayor</i>				
Full Name of Contributor <i>Amy Farris</i>			Registration Number, if PAC	
Street Address <i>194 E. Longview Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43202</i>	Date (MM/DD/YYYY) <i>2019</i> <i>07/29/19</i>	Amount <i>\$10.00</i>
Full Name of Contributor <i>Nathaniel Wallace</i>			Registration Number, if PAC	
Street Address <i>87 Central Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>2019</i> <i>07/29/19</i>	Amount <i>\$50.00</i>
Full Name of Contributor <i>Jason Heinrich</i>			Registration Number, if PAC	
Street Address <i>25 Angela Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>07/30/2019</i>	Amount <i>\$100.00</i>
Full Name of Contributor <i>Caroline Nagy</i>			Registration Number, if PAC	
Street Address <i>168 2nd. St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Troy</i>	State <i>NY</i>	Zip Code <i>12180</i>	Date (MM/DD/YYYY) <i>08/06/2019</i>	Amount <i>\$20.00</i>
Full Name of Contributor <i>Will Klatt</i>			Registration Number, if PAC	
Street Address <i>80 E. Lakeview Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43202</i>	Date (MM/DD/YYYY) <i>08/08/2019</i>	Amount <i>\$50.00</i>

*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

Form 31-A

ORC 3517.10

Full Name of Committee Damon Krane for Mayor				
Full Name of Contributor Alissa Paolella			Registration Number, if PAC	
Street Address 320 Indian Mill Dr. Apt. A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Upper Sandusky	State OH	Zip Code 43351	Date (MM/DD/YYYY) 08/15/2019	Amount \$20.00
Full Name of Contributor Damon Krane			Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Employer/Occupation/Labor Organization* Self/ Social Media Consultancy		Form (Cash, Check, etc.) Check
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 08/17/2019	Amount \$2,000.00
Full Name of Contributor Sigmunt J. Daniels			Registration Number, if PAC	
Street Address 44036 Sunview Ct. #1		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Lancaster	State CA	Zip Code 93535	Date (MM/DD/YYYY) 09/06/2019	Amount \$10.00
Full Name of Contributor Damon Krane			Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Employer/Occupation/Labor Organization* Self/Social Media Consultancy		Form (Cash, Check, etc.) Check
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 09/16/2019	Amount \$3,000.00
Full Name of Contributor Lynn Debeljak			Registration Number, if PAC	
Street Address 49 Morris Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 09/14/2019	Amount \$20.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee Damon Krane for Mayor				
Full Name of Contributor Ethan Young			Registration Number, if PAC	
Street Address 600 W. Goodale St. Apt. 544		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/28/2019	Amount \$60.00
Full Name of Contributor Neil Bhaerman			Registration Number, if PAC	
Street Address 67 E. Kossuth St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 09/28/2019	Amount \$50.00
Full Name of Contributor Rachel Wenning			Registration Number, if PAC	
Street Address 591 Chestershire Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 09/28/2019	Amount \$35.00
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 E. Kanawha Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/28/2019	Amount \$50.00
Full Name of Contributor Alexander Stigler			Registration Number, if PAC	
Street Address 1803 N. 4th. St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 09/28/2019	Amount \$50.00

*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

Form 31-A

ORC 3517.10

Full Name of Contributor <i>Adam Parsons</i>					Registration Number, if PAC				
Street Address <i>691 Frebis Ave.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Online CC</i>			
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43201</i>		Date (MM/DD/YYYY) <i>09/28/2019</i>		Amount <i>\$35.00</i>		
Full Name of Contributor <i>Danielle Howell</i>					Registration Number, if PAC				
Street Address <i>1051 N. High St. Apt. 205</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Online CC</i>			
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43202</i>		Date (MM/DD/YYYY) <i>09/28/2019</i>		Amount <i>\$10.00</i>		
Full Name of Contributor <i>Christopher Stocking</i>					Registration Number, if PAC				
Street Address <i>6404 Bridge Ave.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Online CC</i>			
City <i>Cleveland</i>		State <i>OH</i>	Zip Code <i>44102</i>		Date (MM/DD/YYYY) <i>09/28/2019</i>		Amount <i>\$66.60</i>		
Full Name of Contributor <i>Elena Caple</i>					Registration Number, if PAC				
Street Address <i>22 Kurtz St. Apt. 216</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Online CC</i>			
City <i>Athens</i>		State <i>OH</i>	Zip Code <i>45701</i>		Date (MM/DD/YYYY) <i>10/01/2019</i>		Amount <i>\$35.00</i>		
Full Name of Contributor <i>Ece Krane</i>					Registration Number, if PAC				
Street Address <i>96 Hudson Ave. Apt. 3</i>			Employer/Occupation/Labor Organization* <i>Self / Social Media Consultancy</i>			Form (Cash, Check, etc.) <i>Online CC</i>			
City <i>Athens</i>		State <i>OH</i>	Zip Code <i>45701</i>		Date (MM/DD/YYYY) <i>10/01/2019</i>		Amount <i>\$500.00</i>		

*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

Form 31-A
ORC 3517.10

Full Name of Contributor					Registration Number, if PAC				
Damon Krane for Mayor									
Full Name of Contributor					Registration Number, if PAC				
Michael Bart									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2 Joneswood Dr.						Cash			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Athens	OH	45701	10/05/2019		\$20.00				
Full Name of Contributor					Registration Number, if PAC				
Mark Burhans									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
95 Morris Ave.						Cash			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Athens	OH	45701	10/06/2019		\$30.00				
Full Name of Contributor					Registration Number, if PAC				
Nic Paredes									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
366 Richland Ave. 5302 D						Online CC			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Athens	OH	45701	10/09/2019		\$10.00				
Full Name of Contributor					Registration Number, if PAC				
Stephanie Layton									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
439 E. State St.						Online CC			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Athens	OH	45701	10/11/2019		\$50.00				
Full Name of Contributor					Registration Number, if PAC				
Damon Krane									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
96 Hudson Ave. Apt. 3			Self/Social Media Consultancy			Check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Athens	OH	45701	10/16/2019		\$1,000.00				

*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

Form 31-A

ORC 3517.10

Full Name of Committee Damon Krane for Mayor				
Full Name of Contributor Travis Irvine			Registration Number, if PAC	
Street Address 729 College Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/19/2019	Amount \$10.00
Full Name of Contributor Alaina Beaver			Registration Number, if PAC	
Street Address 3509 Mountain View Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Longmont	State CO	Zip Code 80503	Date (MM/DD/YYYY) 10/21/2019	Amount \$50.00
Full Name of Contributor Brian Cassidy			Registration Number, if PAC	
Street Address 4210 West 23rd St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Cleveland	State OH	Zip Code 44109	Date (MM/DD/YYYY) 10/21/2019	Amount \$10.00
Full Name of Contributor Elliott Smith			Registration Number, if PAC	
Street Address 15 S. Shafer St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 10/22/2019	Amount \$5.00
Full Name of Contributor Lauren Squires			Registration Number, if PAC	
Street Address 474 Wyandotte Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online CC
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/24/2019	Amount \$50.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee <i>Damon Krane for Mayor</i>				
Full Name of Contributor <i>Ben Leland</i>			Registration Number, if PAC	
Street Address <i>699 Wetmore Rd. Apt. H</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43214</i>	Date (MM/DD/YYYY) <i>10/24/2019</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Adam Parsons</i>			Registration Number, if PAC	
Street Address <i>691 Freebiss Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43206</i>	Date (MM/DD/YYYY) <i>10/24/2019</i>	Amount <i>\$15.00</i>
Full Name of Contributor <i>Nikhil Shimpi</i>			Registration Number, if PAC	
Street Address <i>14710 Carrollton Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Rockville</i>	State <i>MD</i>	Zip Code <i>20853</i>	Date (MM/DD/YYYY) <i>10/26/2019</i>	Amount <i>\$20.00</i>
Full Name of Contributor <i>Damon Krane</i>			Registration Number, if PAC	
Street Address <i>96 Hudson Ave. Apt.#3</i>		Employer/Occupation/Labor Organization* <i>Self / Social Media Consultancy</i>		Form (Cash, Check, etc.) <i>Online CC</i>
City <i>Atrons</i>	State <i>OH</i>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>07/28/2019</i>	Amount <i>\$10.00</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

*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

Full Name of Committee Damon Krane for Mayor				
To Whom Paid Ohio University Credit Union		Date (MM/DD/YYYY) 04/02/2019	Amount \$30.50	
Street Address 944 E. State St.		Purpose Checks for campaign committee account.		
City Athens	State OH	Zip Code 45701	Check Number N/A	
To Whom Paid Athens County Board of Elections		Date (MM/DD/YYYY) 05/08/2019	Amount \$45.00	
Street Address 15 S. Court St.		Purpose Nominating Petition on Statement of candidacy filing fee.		
City Athens	State OH	Zip Code 45701	Check Number 101	
To Whom Paid FedEx Office		Date (MM/DD/YYYY) 07/24/2019	Amount \$163.71	
Street Address 743 E. State St. Suite G		Purpose Brochure Printing		
City Athens	State OH	Zip Code 45701	Check Number 126	
To Whom Paid Stripe		Date (MM/DD/YYYY) 08/05/2019	Amount \$8.76	
Street Address 510 Townsend St.		Purpose Credit card donations processing fee.		
City San Francisco	State CA	Zip Code 94103	Check Number	
To Whom Paid Stripe		Date (MM/DD/YYYY) 08/08/2019	Amount \$0.88	
Street Address 510 Townsend St.		Purpose Credit card donations processing fee.		
City San Francisco	State CA	Zip Code 94103	Check Number	

Page Total \$ 248.85



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <u>Damon Krane for Mayor</u>				
To Whom Paid <u>Stripe</u>		Date (MM/DD/YYYY) <u>08/12/2019</u>	Amount <u>\$ 1.75</u>	
Street Address <u>510 Townsend St.</u>		Purpose <u>Credit card donations processing fee</u>		
City <u>San Francisco</u>	State OH <u>CA</u>	Zip Code <u>94103</u>	Check Number	
To Whom Paid <u>FedEx Office</u>		Date (MM/DD/YYYY) <u>08/19/2019</u>	Amount <u>\$ 26.88</u>	
Street Address <u>743 E. State St, Suite G</u>		Purpose <u>Brochure Printing</u>		
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Check Number <u>102</u>	
To Whom Paid <u>Stripe</u>		Date (MM/DD/YYYY) <u>08/20/2019</u>	Amount <u>\$ 0.88</u>	
Street Address <u>510 Townsend St.</u>		Purpose <u>Credit card donations processing fee</u>		
City <u>San Francisco</u>	State OH <u>CA</u>	Zip Code	Check Number	
To Whom Paid <u>Christopher Monday</u>		Date (MM/DD/YYYY) <u>08/20/2019</u>	Amount <u>\$ 100.00</u>	
Street Address <u>9 Garfield Ave.</u>		Purpose <u>Art work for T-shirt</u>		
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Check Number <u>127</u>	
To Whom Paid <u>Summit Printing</u>		Date (MM/DD/YYYY) <u>08/27/2019</u>	Amount <u>\$ 695.37</u>	
Street Address <u>800 E. 101 Terrace Suite 350</u>		Purpose <u>Yard Signs + Stakes</u>		
City <u>Kansas City</u>	State OH <u>MO</u>	Zip Code <u>64131</u>	Check Number	

Page Total \$ 824.88



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Damon Krane for Mayor</i>				
To Whom Paid <i>FedEx Office</i>		Date (MM/DD/YYYY) <i>08/24/2019</i>	Amount <i>\$163.71</i>	
Street Address <i>743 E. State St. Suite G</i>		Purpose <i>Brochure Printing</i>		
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>103</i>	
To Whom Paid <i>Amazon</i>		Date (MM/DD/YYYY) <i>08/28/2019</i>	Amount <i>\$21.95</i>	
Street Address <i>410 Terry Ave. N</i>		Purpose <i>Brochure Holders</i>		
City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98109</i>	Check Number	
To Whom Paid <i>Amazon</i>		Date (MM/DD/YYYY) <i>08/29/2019</i>	Amount <i>\$12.99</i>	
Street Address <i>410 Terry Ave. N</i>		Purpose <i>Brochure Holders</i>		
City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98109</i>	Check Number	
To Whom Paid <i>Zone2</i>		Date (MM/DD/YYYY) <i>08/29/2019</i>	Amount <i>\$424.42</i>	
Street Address <i>1002 E. State St. Suite 22</i>		Purpose <i>Display Advertising Signs</i>		
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number	
To Whom Paid <i>Ohio University, Alden Library</i>		Date (MM/DD/YYYY) <i>09/03/2019</i>	Amount <i>\$10.00</i>	
Street Address <i>30 Park Pl.</i>		Purpose <i>Printing via library guest print card</i>		
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number	

Page Total \$ 633.07



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor				
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/03/2019	Amount \$25.00	
Street Address 30 Park Pl.		Purpose Printing via library guest card		
City Athens	State OH	Zip Code 45701	Check Number	
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/03/2019	Amount \$25.00	
Street Address 30 Park Pl.		Purpose Printing via library guest card		
City Athens	State OH	Zip Code 45701	Check Number	
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/03/2019	Amount \$25.00	
Street Address 30 Park Pl.		Purpose Printing via library guest card		
City Athens	State OH	Zip Code 45701	Check Number	
To Whom Paid Amazon		Date (MM/DD/YYYY) 09/08/2019	Amount \$37.39	
Street Address 410 Terry Ave. N		Purpose Brochure Holders		
City San Fran Seattle	State WA	Zip Code 98109	Check Number	
To Whom Paid Zone2		Date (MM/DD/YYYY) 09/10/2019	Amount \$194.80	
Street Address 1002 E. State St. Suite 22		Purpose Display Advertising Signs		
City Athens	State OH	Zip Code 45701	Check Number	

Page Total \$ 307.19



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Stripe		Date (MM/DD/YYYY) 09/10/2019	Amount \$0.59
Street Address 510 Townsend St.		Purpose Credit card donations processing fee	
City San Francisco	State CA	Zip Code 94103	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/12/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing via library guest card	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/12/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing via library guest card	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/17/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing via library guest card	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Jacob Midkiff		Date (MM/DD/YYYY) 09/19/2019	Amount \$200.00
Street Address 86 N. Shafer St.		Purpose Campaign videos	
City Athens	State OH	Zip Code 45701	Check Number 128

Page Total \$ 275.59



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid face book		Date (MM/DD/YYYY) 09/24/2019	Amount \$250.00
Street Address 1 Hacker way		Purpose Advertising	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Facebook		Date (MM/DD/YYYY) 09/27/2019	Amount \$250.00
Street Address 1 Hacker way		Purpose	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/29/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/29/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 09/29/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code	Check Number

Page Total \$ 575.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Facebook		Date (MM/DD/YYYY) 09/30/2019	Amount \$93.30
Street Address 1 Hacker Way		Purpose Advertising	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 45701 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 45701 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 193.30



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/01/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Jason Armstrong		Date (MM/DD/YYYY) 10/01/2019	Amount \$22.50
Street Address 142 Nurad Rd.		Purpose Campaigning work + Voter Registration	
City Athens	State OH	Zip Code 45701	Check Number 131
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 122.50



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/02/2019	Amount \$10.71
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number

Page Total \$ 110.71



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor				
To Whom Paid Kyra Cobb		Date (MM/DD/YYYY) 10/02/2019	Amount \$22.50	
Street Address 70 1/2 Mound St.		Purpose Voter Registration + Campaigning Work		
City Athens	State OH	Zip Code 45701	Check Number 129	
To Whom Paid Kyra Cobb		Date (MM/DD/YYYY) 10/02/2019	Amount \$22.50	
Street Address 70 1/2 Mound St.		Purpose Voter Registration + Campaigning Work		
City Athens	State OH	Zip Code 45701	Check Number 134	
To Whom Paid Anthony Tabasso		Date (MM/DD/YYYY) 10/02/2019	Amount \$22.50	
Street Address 33 Grosvenor St.		Purpose Voter Registration + Campaigning Work		
City Athens	State OH	Zip Code 45701	Check Number 135	
To Whom Paid Jason Armstrong		Date (MM/DD/YYYY) 10/02/2019	Amount \$22.50	
Street Address 142 Nurad Rd.		Purpose Voter Registration + Campaigning Work		
City Athens	State OH	Zip Code 45701	Check Number 138	
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/03/2019	Amount \$16.12	
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee		
City San Francisco	State CA	Zip Code 94103	Check Number	

Page Total \$ 106.12



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor				
To Whom Paid Marco Omta		Date (MM/DD/YYYY) 10/03/2019		Amount \$22.00
Street Address 8 First St.		Purpose Voter Registration + Campaign Work		
City Athens	State OH	Zip Code 45701	Check Number 130	
To Whom Paid Marco Omta		Date (MM/DD/YYYY) 10/03/2019		Amount \$22.50
Street Address 8 First St.		Purpose Voter Registration + Campaign Work		
City Athens	State OH	Zip Code 45701	Check Number 138	
To Whom Paid Kyra Cobb		Date (MM/DD/YYYY) 10/04/2019		Amount \$22.50
Street Address 70 1/2 Mound St.		Purpose Voter Registration + Campaign Work		
City Athens	State OH	Zip Code 45701	Check Number 137	
To Whom Paid Jason Armstrong		Date (MM/DD/YYYY)		Amount \$22.50
Street Address 142 Nurad Rd.		Purpose Voter Registration + Campaign Work		
City Athens	State OH	Zip Code 45701	Check Number 141	
To Whom Paid Kyra Cobb		Date (MM/DD/YYYY) 10/04/2019		Amount \$22.50
Street Address 70 1/2 Mound St.		Purpose Voter Registration + Campaign Work		
City Athens	State OH	Zip Code 45701	Check Number 142	

Page Total \$ 112.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Anthony Tabasso, Jr.		Date (MM/DD/YYYY) 10/03/2019	Amount \$22.50
Street Address 33 Grosvenor		Purpose Voter Registration Work + Campaigning	
City Athens	State OH	Zip Code 45701	Check Number 143
To Whom Paid Facebook		Date (MM/DD/YYYY) 10/05/2019	Amount \$250.00
Street Address 1 Hacker Way		Purpose Advertising	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/05/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/05/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/05/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 347.50



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Ohio University, Alden Library		Date (MM/DD/YYYY) 10/05/2019	Amount \$25.00
Street Address 30 Park Pl.		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Jason Armstrong		Date (MM/DD/YYYY) 10/08/2019	Amount \$22.50
Street Address 142 Nurad Rd.		Purpose Voter Reg + Campaign work	
City Athens	State OH	Zip Code 45701	Check Number 144
To Whom Paid Jacob Midkiff		Date (MM/DD/YYYY) 10/08/2019	Amount \$ \$600.00
Street Address 86 N. Shafer St.		Purpose Campaign Videos	
City Athens	State OH	Zip Code 45701	Check Number 145
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/09/2019	Amount \$35.00
Street Address 30 W. Spring St. C3		Purpose Personal Financial Disclosure Filing fee	
City Columbus	State OH	Zip Code 43215	Check Number
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/11/2019	Amount \$0.59
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number

Page Total \$ 683.09



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Gabrielle Parker		Date (MM/DD/YYYY) 10/17/2019	Amount \$22.50
Street Address 14 University Terrace		Purpose Voter Reg. + Campaign Work	
City Athens	State OH	Zip Code 45701	Check Number 147
To Whom Paid Jacob Midkiff		Date (MM/DD/YYYY) 10-20-2019	Amount \$200.00
Street Address 86 N. Shafer St.		Purpose Campaign Videos	
City Athens	State OH	Zip Code 45701	Check Number 104
To Whom Paid Anthony Tabasso		Date (MM/DD/YYYY) 10/10/2019	Amount \$22.50
Street Address 33 Grosvenor St.		Purpose Voter Reg. + Campaign Work	
City Athens	State OH	Zip Code 45701	Check Number 148
To Whom Paid Athens Embroidered Goods, LLC		Date (MM/DD/YYYY) 10/21/2019	Amount \$685.03
Street Address 23440 Lightner Rd.		Purpose Blank T-Shirts, Union Made	
City Guysville	State OH	Zip Code 45735	Check Number 149
To Whom Paid Precision Imprint		Date (MM/DD/YYYY) 10/22/2019	Amount \$95.90
Street Address 26 E. State St.		Purpose Down Payment on T-Shirt Printing	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 1,025.93



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/23/2019	Amount \$ 2.93
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number
To Whom Paid Stripe		Date (MM/DD/YYYY)	Amount \$ 2.20
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number
To Whom Paid Adam Parsons		Date (MM/DD/YYYY)	Amount \$ 625.72
Street Address 691 Freebis Ave.		Purpose Campaign Communications Work	
City Columbus	State OH	Zip Code 43206	Check Number 105
To Whom Paid Facebook		Date (MM/DD/YYYY) 10/26/2019	Amount \$ 400.00
Street Address 1 Hacker Way		Purpose Advertising	
City Menlo Park	State CA	Zip Code 94025	Check Number
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/28/2019	Amount \$ 0.59
Street Address 510 Townsend St.		Purpose Credit Card Donations Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Damon Krane for Mayor			
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/16/2019	Amount \$1.75
Street Address 510 Townsend St.		Purpose Credit Card Donation Processing Fee	
City San Francisco	State CA	Zip Code 94103	Check Number
To Whom Paid Elena Caple		Date (MM/DD/YYYY) 10/15/2019	Amount \$22.50
Street Address 22 Kurtz St. Apt. 216		Purpose Voter Registration + Campaign work	
City Athens	State OH	Zip Code 45701	Check Number 136
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/29/2019	Amount \$0.74
Street Address 510 Townsend St.		Purpose Credit Card Donation Processing Fee	
City San Francisco	State CA	Zip Code 94103	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

Page Total \$ 24.99



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Damon Krane for Mayor					
Full Name of Contributor Damon Krane		Employer, Occupation, Labor Organization* Self/Social Media Consultant		Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Description of Item or Service Campaign Website Domain Name		Date (MM/DD/YYYY) 07/05/2019	
City Athens		State OH		Zip Code 45701	
				Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Damon Krane		Employer, Occupation, Labor Organization* Self/Social Media Consultancy		Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Description of Item or Service Campaign Website Hosting (5 months)		Date (MM/DD/YYYY) 07/06/2019	
City Athens		State OH		Zip Code 45701	
				Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Damon Krane DBA Hot Potato		Employer, Occupation, Labor Organization* Self/Food Truck Owner - Operator; Social Media Condt.		Registration Number, if PAC	
Street Address 96 Hudson Ave. Apt. 3		Description of Item or Service Display Advertising Space		Date (MM/DD/YYYY) 09/10/2019	
City Athens		State OH		Zip Code 45701	
				Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State		Zip Code	
				Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State		Zip Code	
				Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Damon Krane for Mayor				
Full Name of Contributor Neil Bhaerman		Employer, Occupation, Labor Organization* Ohio Federation of Teachers / Corr		Registration Number, if PAC
Street Address 67 E. Kossuth St., Apt. A	Description of Item or Service Refreshments for fundraiser		Date (MM/DD/YYYY) 09/28/2019	Fair Market Value 15
City Columbus	State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Adam Parsons		Employer, Occupation, Labor Organization* Ohio Voice / Data & Digital Director		Registration Number, if PAC
Street Address 691 Frebis Ave.	Description of Item or Service Refreshments for fundraiser		Date (MM/DD/YYYY) 09/28/2019	Fair Market Value 33
City Columbus	State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Kristin Porter		Employer, Occupation, Labor Organization* Bricker & Eckler LLP / Paralegal		Registration Number, if PAC
Street Address 773 Alexandria Colony Ct.	Description of Item or Service Refreshments for fundraiser		Date (MM/DD/YYYY) 09/28/2019	Fair Market Value 67
City Columbus	State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?	

* 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)]



In-Kind Contributions Made

Form 31-J-2
R.C. 3517.10

Full Name of Committee <i>Damon Krane for Mayor</i>					
Recipient Committee <i>Committee to Elect Elie Hamrick</i>					
Street Address <i>142 Nurad Rd.</i>		Description of Item or Service <i>Slot in Campaign Ad video</i>		Date (MM/DD/YYYY) <i>10/20/2019</i>	Fair Market Value <i>\$100.00</i>
City <i>Athens</i>		State <i>OH</i>	Zip Code <i>45701</i>		
Recipient Committee <i>Monday for City Council</i>					
Street Address <i>9 Garfield Ave.</i>		Description of Item or Service <i>Slot in Campaign Ad video</i>		Date (MM/DD/YYYY) <i>10/20/2019</i>	Fair Market Value <i>\$100.00</i>
City <i>Athens</i>		State <i>OH</i>	Zip Code <i>45701</i>		
Recipient Committee					
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
OH					
Recipient Committee					
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
OH					
Recipient Committee					
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code		
OH					
Recipient Committee					



Committee Name <i>Friends and Supporters of Steve Patterson</i>		Office Sought <i>Mayor</i>		District
Street Address <i>50 Longview Heights Rd</i>		City <i>Athens</i>	State <i>OH</i>	Zip <i>45701</i>
Candidate Name OR PAC Registration Number <i>Steve Patterson</i>		Treasurer Name <i>Connie Patterson</i>		Election Date (MM/DD/YYYY) <i>11/5/2019</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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				Year <i>2019</i>
Amended Report <input checked="" 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>295.93</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>7963.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>8258.93</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>4228.43</i>
6. Balance on hand (line 4 minus line 5)	<i>4030.50</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>100.00</i>
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)	

RECEIVED
 OCT 17 2019
 ATHENS COUNTY
 BOARD OF ELECTIONS

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

Connie Patterson

Signature of Treasurer or Deputy Treasurer

10/16/19

Date (MM/DD/YYYY)

Contribution Pages
11

Expenditure Pages
3

Other Pages
1

Total Pages



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends and Supporters of Steve Patterson					
Full Name of Contributor Kevin Gillespie				Registration Number, if PAC	
Street Address 29 Grand Park Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 3/21/19	Amount \$ 200.00	
Full Name of Contributor Don Linder				Registration Number, if PAC	
Street Address 280 E. State St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 3/28/19	Amount \$ 300.00	
Full Name of Contributor Eric Lucas				Registration Number, if PAC	
Street Address 4172 Marshfield Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 4/2/19	Amount \$ 500.00	
Full Name of Contributor Jane Woodrow				Registration Number, if PAC	
Street Address 21 Canterbury Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 4/4/19	Amount \$ 50.00	
Full Name of Contributor Christine Knisley				Registration Number, if PAC	
Street Address 24 Old Coach Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 8/22/19	Amount \$ 50.00	

*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

Form 31-A

ORC 3517.10

Full Name of Committee Friends and Supporters of Steve Patterson					
Full Name of Contributor Eric Wasserman				Registration Number, if PAC	
Street Address 1296 Vanderhoof Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Coolville	State OH <input type="checkbox"/>	Zip Code 45723	Date (MM/DD/YYYY) 4/8/19	Amount \$250.00	
Full Name of Contributor The Remington Road Group, LLC				Registration Number, if PAC	
Street Address 34 N Remington Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 4/9/19	Amount \$500.00	
Full Name of Contributor Ann Grim				Registration Number, if PAC	
Street Address 76 Morris Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 4/16/19	Amount \$50.00	
Full Name of Contributor Ann Brown				Registration Number, if PAC	
Street Address 8 Tulane Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 4/17/19	Amount \$250.00	
Full Name of Contributor R. Leslie Cornwell				Registration Number, if PAC	
Street Address 23 N Court St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 5/11/19	Amount \$500.00	

*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

Form 31-A

ORC 3517.10

Full Name of Committee <i>Friends and Supporters of Steve Patterson</i>					
Full Name of Contributor <i>Scott Nisley</i>				Registration Number, if PAC	
Street Address <i>9691 Hooper Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Athens</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>9/10/19</i>	Amount <i>\$ 100.00</i>	
Full Name of Contributor <i>Felix Gagliano</i>				Registration Number, if PAC	
Street Address <i>11 Roosevelt Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Athens</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>9/19/19</i>	Amount <i>\$ 500.00</i>	
Full Name of Contributor <i>Zach Reizes</i>				Registration Number, if PAC	
Street Address <i>7 Atlantic St Apt B</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Athens</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>9/21/19</i>	Amount <i>\$ 18.00</i>	
Full Name of Contributor <i>Contributions from form No. 31-E</i>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY) <i>4/7/19</i>	Amount <i>\$ 3,870.00</i>	
Full Name of Contributor <i>Ohio AFL-CIO</i>				Registration Number, if PAC	
Street Address <i>500 S Front St Suite 700</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>43215</i>	Date (MM/DD/YYYY) <i>9/3/19</i>	Amount <i>\$ 250.00</i>	

*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

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends and Supporters of Steve Patterson					
Full Name of Contributor				Registration Number, if PAC	
Caryn Bailey					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
8100 Stone Castle Rd				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Athens	OH <input checked="" type="checkbox"/>	45701	9/27/19	\$ 100.00	
Full Name of Contributor				Registration Number, if PAC	
Carolyn Bailey					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
8100 Stone Castle Rd				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Athens	OH <input checked="" type="checkbox"/>	45701	9/27/19	\$ 100.00	
Full Name of Contributor				Registration Number, if PAC	
Rose Dikis					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
37 Brown Ave				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Athens	OH <input checked="" type="checkbox"/>	45701	10/1/19	\$ 25.00	
Full Name of Contributor				Registration Number, if PAC	
Lynn Last					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
9 Woodshire Ct				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Athens	OH <input checked="" type="checkbox"/>	45701	10/2/19	\$ 100.00	
Full Name of Contributor				Registration Number, if PAC	
Andrew Stone					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
5200 W. Bailey Rd				Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Nelsonville	OH <input checked="" type="checkbox"/>	45764	10/7/19	\$ 50.00	

*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

Form 31-A
ORC 3517.10

Full Name of Committee Friends and Supporters of Steve Patterson				
Full Name of Contributor National Association of Social Workers-Ohio PACE			Registration Number, if PAC OH254	
Street Address 400 W. Wilson Bridge Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/8/19	Amount \$200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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)]



**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 and Supporters of Steve Patterson</u>				
Full Name of Contributor <u>Ann Money penny</u>			Registration Number, if PAC	
Street Address <u>11875 Bango Hill</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 500.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Ron Strickmaker</u>			Registration Number, if PAC	
Street Address <u>175 Longnew Heights</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 500.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Sean Parsons</u>			Registration Number, if PAC	
Street Address <u>217 Longview Heights</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 25.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Sarah Mitchell</u>			Registration Number, if PAC	
Street Address <u>24 Home St. Apt #805</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 25.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Allyson Beard</u>			Registration Number, if PAC	
Street Address <u>11613 Channing Way Blvd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 20.00</u>
City <u>The Plains</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45780</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

Total Expenditures This Event

Page Total \$ 1,070.00



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

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

Full Name of Committee				
Friends and Supporters of Steve Patterson				
Full Name of Contributor			Registration Number, if PAC	
Kerri Shaw				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
13744 Mansfield Rd		4/7/19	\$ 50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Aaron Backes				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
9 Berkeley Dr		4/7/19	\$ 50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Sarah Grace				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
165 N Congress St		4/7/19	\$ 50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
John Cotton				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
37 Mulligan Rd		4/7/19	\$ 50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Ashley Brown				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
287 Carroll Rd		4/7/19	\$ 50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	

* 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 \$ 250.00



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

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

Full Name of Committee				
Friends and Supporters of Steve Patterson				
Full Name of Contributor			Registration Number, if PAC	
Courtney Koestler				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
99 Morris Ave		4/7/19	\$50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Luther Haseley				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
9865 Oxley Rd		4/7/19	\$50.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Ted Linscott				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
7990 Bennita Lane		4/7/19	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Kathleen M'Guckin				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
70 Briarwood		4/7/19	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Mollie Fitzgerald				
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
165 Pomeroy Rd		4/7/19	\$100.00	
City	State	Zip Code	Form (Cash, Check, Etc)	
Athens	OH	45701	Check	

* 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 \$ 400.00



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 and Supporters of Steve Patterson</u>				
Full Name of Contributor <u>Carol Patterson</u>			Registration Number, if PAC	
Street Address <u>30 Fairview Ave</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 100.00</u>	
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Kevin Martin</u>			Registration Number, if PAC	
Street Address <u>8156 Salen Rd</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 100.00</u>	
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Patty Mitchell</u>			Registration Number, if PAC	
Street Address <u>136 N Congress St</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 100.00</u>	
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>John Haseley</u>			Registration Number, if PAC	
Street Address <u>9546 Hooper Rd</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>	
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Larry Conrath</u>			Registration Number, if PAC	
Street Address <u>5283 Marion Johnson Rd</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$ 250.00</u>	
City <u>Athens</u>	State <u>OH</u>	Zip Code <u>45701</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

Total Expenditures This Event

Page Total \$ 800.00



**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 and Supporters of Steve Patterson</u>				
Full Name of Contributor <u>Thomas Quinn</u>			Registration Number, if PAC	
Street Address <u>8281 Rock Riffle Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Alan McMillan</u>			Registration Number, if PAC	
Street Address <u>209 E State St</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Robert Foehl</u>			Registration Number, if PAC	
Street Address <u>105 Coventry Lane</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Chris France</u>			Registration Number, if PAC	
Street Address <u>7916 Floyd Dr</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>
City <u>The Plains</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45780</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Lenny Eliason</u>			Registration Number, if PAC	
Street Address <u>11 Old Coach Rd</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>	Amount <u>\$250.00</u>
City <u>Athens</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>45701</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

Total Expenditures This Event

Page Total \$ 1,250.00



**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 and Supporters of Steve Patterson</u>				
Full Name of Contributor <u>Bruce Wentworth</u>			Registration Number, if PAC	
Street Address <u>8266 Rock Riffle Rd</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>4/7/19</u>
City <u>Athens</u>		State <u>OH</u>	Zip Code <u>45701</u>	Amount <u>\$ 100.00</u>
Form (Cash, Check, Etc) <u>Check</u>				
Full Name of Contributor				
Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor				
Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor				
Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor				
Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	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
\$3,870.00

Total Expenditures This Event
\$ 100.00

Page Total \$ 100.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends and Supporters of Steve Patterson			
To Whom Paid Minuteman Press		Date (MM/DD/YYYY) 4/4/19	Amount \$326.35
Street Address 17 W Washington St		Purpose campaign postcards	
City Athens	State OH	Zip Code 45701	Check Number 1016
To Whom Paid Kimberly Barlag		Date (MM/DD/YYYY) 4/15/19	Amount \$250.00
Street Address 405 Elmwood		Purpose design work for campaign postcard	
City Athens	State OH	Zip Code 45701	Check Number 1017
To Whom Paid Passion Works		Date (MM/DD/YYYY) 4/19/19	Amount \$28.89
Street Address 20 E State St		Purpose stationary for donation thank you letters	
City Athens	State OH	Zip Code 45701	Check Number 1018
To Whom Paid Zonez		Date (MM/DD/YYYY) 8/6/19	Amount \$828.18
Street Address 1002 E State St		Purpose Yard signs & name badges	
City Athens	State OH	Zip Code 45701	Check Number credit card
To Whom Paid Minuteman Press		Date (MM/DD/YYYY) 8/12/19	Amount \$326.35
Street Address 17 W Washington St		Purpose campaign postcards	
City Athens	State OH	Zip Code 45701	Check Number credit card

Page Total \$ 1759.77



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends and Supporters of Steve Patterson</i>			
To Whom Paid <i>Minuteman Press</i>		Date (MM/DD/YYYY) <i>9/4/19</i>	Amount <i>\$326.35</i>
Street Address <i>17 W Washington St</i>		Purpose <i>campaign postcards</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>credit card</i>
To Whom Paid <i>Passion Works</i>		Date (MM/DD/YYYY) <i>9/21/19</i>	Amount <i>\$25.68</i>
Street Address <i>20 E State St</i>		Purpose <i>stationary for donation thank you letters</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>credit card</i>
To Whom Paid <i>Zone2</i>		Date (MM/DD/YYYY) <i>10/2/19</i>	Amount <i>\$493.79</i>
Street Address <i>1002 E State St</i>		Purpose	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>credit card</i>
To Whom Paid <i>Minuteman Press</i>		Date (MM/DD/YYYY) <i>10/10/19</i>	Amount <i>\$326.35</i>
Street Address <i>17 W Washington St</i>		Purpose <i>campaign postcards</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>credit card</i>
To Whom Paid <i>Athens County Democratic Party</i>		Date (MM/DD/YYYY) <i>10/2/19</i>	Amount <i>\$150.00</i>
Street Address <i>74 E State St</i>		Purpose <i>contribution</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>1019</i>

Page Total \$ *\$1322.17*



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends and Supporters of Steve Patterson

To Whom Paid Minuteman Press	Date (MM/DD/YYYY) 10/10/19	Amount \$ 326.35
---------------------------------	-------------------------------	---------------------

Street Address 17 W Washington St	Purpose campaign postcards
--------------------------------------	-------------------------------

City Athens	State OH	Zip Code 45701	Check Number Credit card
----------------	-------------	-------------------	-----------------------------

To Whom Paid Zonez	Date (MM/DD/YYYY) 10/2/19	Amount \$ 493.79
-----------------------	------------------------------	---------------------

Street Address 1002 E State St	Purpose yard signs
-----------------------------------	-----------------------

City Athens	State OH	Zip Code 45701	Check Number Credit card
----------------	-------------	-------------------	-----------------------------

To Whom Paid Minuteman Press	Date (MM/DD/YYYY) 4/4/19	Amount \$ 326.35
---------------------------------	-----------------------------	---------------------

Street Address 17 W Washington St	Purpose campaign postcards
--------------------------------------	-------------------------------

City Athens	State OH	Zip Code 45701	Check Number 1016
----------------	-------------	-------------------	----------------------

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
------	-------	----------	--------------

Page Total \$ \$ 1146.49
202019



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends and Supporters of Steve Patterson			
Full Name of Contributor Athens County Democratic Party		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 74 E State St.	Description of Item or Service Food		Date (MM/DD/YYYY) 04/07/2019
Fair Market Value \$100.00	City Athens	State OH	Zip Code 45701
Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]



Committee Name <i>Committee to Elect Ellie Hamrick</i>		Office Sought <i>City Council (at large)</i>		District
Street Address <i>414 Carriage Hill Dr.</i>		City <i>Athens</i>	State <i>OH</i>	Zip <i>45701</i>
Candidate Name OR PAC Registration Number <i>Ellie Hamrick</i>		Treasurer Name <i>Ellie Hamrick</i>		Election Date (MM/DD/YYYY) <i>11/05/2019</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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 checked="" 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.

Year
2019

1. Amount brought forward from last report		0
2. Total monetary contributions (From Forms 31-A and 31-E)		\$2128
3. Total other income (From Form 31-A-2)		
4. Total funds available (sum of lines 1, 2, 3)		\$2128
5. Total monetary expenditures (From Forms 31-B and 31-F)		\$1,737.10
6. Balance on hand (line 4 minus line 5)		\$390.90
7. Value of in-kind contributions received (From Form 31-J-1)		\$50.00
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)		

RECEIVED
OCT 23 2019
ATHENS COUNTY
BOARD OF ELECTIONS

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

Ellen Hamrick
Signature of Treasurer or Deputy Treasurer

10/19/2019
Date (MM/DD/YYYY)

Contribution Pages
11

Expenditure Pages
3

Other Pages
6

Total Pages
14



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Ellie Hamrick				
Full Name of Contributor Ilya Kogan			Registration Number, if PAC	
Street Address 142 Nvrad Road		Employer/Occupation/Labor Organization* Ohio University		Form (Cash, Check, etc.) Online/CC
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 05/31/2019	Amount 10 3
Full Name of Contributor Grant Stover			Registration Number, if PAC	
Street Address 2292 Indiana Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online/CC
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 06/01/2019	Amount 10
Full Name of Contributor Lori Crook			Registration Number, if PAC	
Street Address 678 Poplar St		Employer/Occupation/Labor Organization* 678 Media		Form (Cash, Check, etc.) Cash
City Nelsonville	State OH <input checked="" type="checkbox"/>	Zip Code 45764	Date (MM/DD/YYYY) 09/01/2019	Amount 20
Full Name of Contributor James Grannis			Registration Number, if PAC	
Street Address 194 E Longview Ave		Employer/Occupation/Labor Organization* Westerville City Schools		Form (Cash, Check, etc.) Online/CC
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 06/01/2019	Amount 50
Full Name of Contributor Amy Farris			Registration Number, if PAC	
Street Address 194 E Longview Ave		Employer/Occupation/Labor Organization* Westerville City Schools		Form (Cash, Check, etc.) Online/CC
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 06/01/2019	Amount 200

*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

Form 31-A
ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
Jessie Fredlund				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
30-42 30th St., Apt. 1R		Student		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Queens	NY <input checked="" type="checkbox"/>	11102	06/01/2019	10
Full Name of Contributor			Registration Number, if PAC	
Khadija Mehner				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
104 Almey Ct.				Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Sterling	VA <input checked="" type="checkbox"/>	20164	06/02/2019	20
Full Name of Contributor			Registration Number, if PAC	
Chris Schoen				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
4860 W. Byron St., Apt. 2E		Allstate		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Chicago	IL <input checked="" type="checkbox"/>	60641	06/02/2019	25
Full Name of Contributor			Registration Number, if PAC	
Badger Johnson				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
36210 SR 681		Self-employed forester		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Albany	OH <input checked="" type="checkbox"/>	45710	06/02/2019	27
Full Name of Contributor			Registration Number, if PAC	
Christopher Hamrick				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
4848 Woodstream Ct.		Ergonomist		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43230	06/03/2019	100

*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

Form 31-A

ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
Nathaniel Wallace				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
87 Central Ave		Ohio University		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input checked="" type="checkbox"/>	45701	06/05/2019	50
Full Name of Contributor			Registration Number, if PAC	
Will Klatt				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
80 E Lakeview Ave		Ohio Education Association		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43202	06/20/2019	100
Full Name of Contributor			Registration Number, if PAC	
Daniel Kington				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
17133 Truetown Rd		Foundation for Appalachian Ohio		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Millfield	OH <input checked="" type="checkbox"/>	45761	06/20/2019	100
Full Name of Contributor			Registration Number, if PAC	
Kevin Blair				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1207 Harvard Blvd		Toledo Public Schools		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Toledo	OH <input checked="" type="checkbox"/>	43614	06/20/2019	10
Full Name of Contributor			Registration Number, if PAC	
Sierra Ginsbach				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
21 Hooper St.		Ohio University		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input checked="" type="checkbox"/>	45701	06/21/2019	10

*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

Form 31-A

ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
John Yanno				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
6701 5th Ave Apt 4H		Teacher		Online / CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Brooklyn	NY <input checked="" type="checkbox"/>	11220	06/21/2019	27
Full Name of Contributor			Registration Number, if PAC	
James Grannis				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
194 E Longview Ave		Westerville City Schools		Online / CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43202	07/01/2019	50
Full Name of Contributor			Registration Number, if PAC	
David Bliven				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
445 Hamilton Ave		Attorney		Online / CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
White Plains	NY <input checked="" type="checkbox"/>	10601	07/04/2019	100
Full Name of Contributor			Registration Number, if PAC	
Alejandro Coriat				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
235 Wadsworth Ave Apt. 4C				Online / CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
New York	NY <input checked="" type="checkbox"/>	10033	07/04/2019	27
Full Name of Contributor			Registration Number, if PAC	
Emma Reasoner				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
59 2nd St		Passion Works		Online / CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input checked="" type="checkbox"/>	45701	07/24/2019	10

*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

Form 31-A

ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
James Grannis				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
194 E Longview Ave		Westerville City Schools		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43202	08/01/2019	50
Full Name of Contributor			Registration Number, if PAC	
Brett Isaacoff				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1426 W 37th St		Accountant		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Baltimore	MD <input checked="" type="checkbox"/>	21211	08/05/2019	10
Full Name of Contributor			Registration Number, if PAC	
Robert Barwacz				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
13761 Oakbrook Dr. Apt 101		Crew Lead		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
North Royalton	OH <input checked="" type="checkbox"/>	44133	08/05/2019	27
Full Name of Contributor			Registration Number, if PAC	
David Berberick				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2240 Bruce Road Apt 46				Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Delaware	OH <input checked="" type="checkbox"/>	43015	08/06/2019	100
Full Name of Contributor			Registration Number, if PAC	
Rich Foor				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
P.O. Box 1379		Grocery team leader		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Little River	SC <input checked="" type="checkbox"/>	29506	08/06/2019	10

*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

Form 31-A

ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
Dylan Rees				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
12 Linden Ave		Researcher		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Troy	NY <input checked="" type="checkbox"/>	12180	08/06/2019	10
Full Name of Contributor			Registration Number, if PAC	
Caroline Nagy				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
108 2nd St. St.		Center for NYC Neighborhoods		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Troy	NY <input checked="" type="checkbox"/>	12180	08/06/2019	20
Full Name of Contributor			Registration Number, if PAC	
Beau Zinman				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
868 Oreo Place				Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Los Angeles	CA <input checked="" type="checkbox"/>	90272	08/06/2019	27
Full Name of Contributor			Registration Number, if PAC	
Anthony Barnes				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
240 Natoma Station Dr. Apt. 197				Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Folsom	CA <input checked="" type="checkbox"/>	95630	08/06/2019	10
Full Name of Contributor			Registration Number, if PAC	
John Reimann				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2209 Tenth Ave		Retired Carpenter		CC Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Oakland	CA <input checked="" type="checkbox"/>	94606	08/07/2019	100

*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

Form 31-A

ORC 3517.10

Full Name of Committee <i>Committee to Elect Ellie Hamrick</i>					
Full Name of Contributor <i>Daniel Gajewski</i>				Registration Number, if PAC	
Street Address <i>4813 7th St N</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Online/CC</i>	
City <i>Arlington</i>	State <i>VA</i> <input type="checkbox"/>	Zip Code <i>22203</i>	Date (MM/DD/YYYY) <i>08/07/2019</i>	Amount <i>15</i>	
Full Name of Contributor <i>Sarah Morken</i>				Registration Number, if PAC	
Street Address <i>P.O. Box 505 Rainier</i>		Employer/Occupation/Labor Organization* <i>Occupational therapist</i>		Form (Cash, Check, etc.)	
City <i>Rainier</i>	State <i>WA</i> <input type="checkbox"/>	Zip Code <i>98576</i>	Date (MM/DD/YYYY) <i>08/07/2019</i>	Amount <i>50</i>	
Full Name of Contributor <i>Michael Scire</i>				Registration Number, if PAC	
Street Address <i>354 E University Pkwy</i>		Employer/Occupation/Labor Organization* <i>Hotel maintenance worker</i>		Form (Cash, Check, etc.) <i>Online/CC</i>	
City <i>Baltimore</i>	State <i>MD</i> <input type="checkbox"/>	Zip Code <i>21218</i>	Date (MM/DD/YYYY) <i>08/09/2019</i>	Amount <i>10</i>	
Full Name of Contributor <i>Thomas Keough</i>				Registration Number, if PAC	
Street Address <i>303A 16th St</i>		Employer/Occupation/Labor Organization* <i>Artist</i>		Form (Cash, Check, etc.) <i>Online/CC</i>	
City <i>Brooklyn</i>	State <i>NY</i> <input type="checkbox"/>	Zip Code <i>11215</i>	Date (MM/DD/YYYY) <i>08/16/2019</i>	Amount <i>45</i>	
Full Name of Contributor <i>Warren Haydon</i>				Registration Number, if PAC	
Street Address <i>97 Second St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Athens</i>	State <i>OH</i> <input type="checkbox"/>	Zip Code <i>45701</i>	Date (MM/DD/YYYY) <i>09/29/19</i>	Amount <i>25</i>	

*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

Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamrick					
Full Name of Contributor				Registration Number, if PAC	
James Grannis					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
194 E Longview Ave		Westerville City Schools		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Columbus	OH <input type="checkbox"/>	43202	09/01/2019	50	
Full Name of Contributor				Registration Number, if PAC	
Thomas Keough					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
303A 16th St		Artist		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Brooklyn	NY <input type="checkbox"/>	11215	09/01/2019	10	
Full Name of Contributor				Registration Number, if PAC	
Hasani Gunn					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
6442 N Seeley Ave #2E		Consultant		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Chicago	IL <input type="checkbox"/>	60645	09/02/19	50	
Full Name of Contributor				Registration Number, if PAC	
Sigmundt J. Daniels					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
44036 Sunview Ct. #1		Retired teacher		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Lancaster	CA <input type="checkbox"/>	93535	09/06/2019	10	
Full Name of Contributor				Registration Number, if PAC	
Susan Westenbarger					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
14 Beech Rd		ASRC Federal		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
The Plains	OH <input type="checkbox"/>	45780	09/09/2019	100	

*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

Form 31-A
ORC 3517.10

Full Name of Committee				
Committee to Elect Ellie Hamrick				
Full Name of Contributor			Registration Number, if PAC	
Allison Hight				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
107 Southport Dr				Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Lexington	KY <input type="checkbox"/>	40503	09/30/2019	25
Full Name of Contributor			Registration Number, if PAC	
James Grannis				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
194 E Longview Ave		Westerville City Schools		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input type="checkbox"/>	43202	10/01/2019	50
Full Name of Contributor			Registration Number, if PAC	
Vicky Mattson				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
32 Sunnyside Dr.		Field interviewer		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input type="checkbox"/>	45701	10/03/2019	50
Full Name of Contributor			Registration Number, if PAC	
Nic Paredes				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
366 Richland Ave		Delivery driver		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input type="checkbox"/>	45701	10/09/2019	10
Full Name of Contributor			Registration Number, if PAC	
Damon Krane				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
96 Hudson Ave		social media manager/ food truck operator		Online/CC
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Athens	OH <input type="checkbox"/>	45701	10/10/2019	200

*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

Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamrick					
Full Name of Contributor				Registration Number, if PAC	
Xander Dumaine					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
312 Marist Ct		Software engineer		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Durham	NC <input type="checkbox"/>	27713	10/12/2019	50	
Full Name of Contributor				Registration Number, if PAC	
Thomas Keough					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
303A 16th St		Artist		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Brooklyn	NY <input type="checkbox"/>	11215	10/17/2019	15	
Full Name of Contributor				Registration Number, if PAC	
Betsey Hamrick					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
Beheimgasse 20/13		(US Citizen)		Online/CC	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Vienna	Austria <input type="checkbox"/>	1170	08/28/2019	50	
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	
	<input type="checkbox"/>				
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	
	<input type="checkbox"/>				

*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

Full Name of Committee Committee to Elect Ellie Hamrick			
To Whom Paid A.G.E Graphics, LLC		Date (MM/DD/YYYY) 06/13/2019	Amount 268.13
Street Address 52231 State Route 248		Purpose Yard Signs	
City Long Bottom	State OH	Zip Code 45743	Check Number
To Whom Paid Ilya Kogan		Date (MM/DD/YYYY) 10/22/2019	Amount 222.75
Street Address 142 Nurad Rd.		Purpose Facebook Advertisement Reimbursement	
City Athens	State OH	Zip Code 45701	Check Number 1001
To Whom Paid Ilya Kogan		Date (MM/DD/YYYY) 10/22/2019	Amount 106.75
Street Address 142 Nurad Rd.		Purpose Reimbursement for SMS Services	
City Athens	State OH	Zip Code 45701	Check Number 1002
To Whom Paid Ilya Kogan		Date (MM/DD/YYYY) 10/22/2019	Amount 258.76
Street Address 142 Nurad Rd.		Purpose Reimbursement for T-Shirts	
City Athens	State OH	Zip Code 45701	Check Number 1001
To Whom Paid International Socialist Organization - Athens, OH		Date (MM/DD/YYYY) 10/22/2019	Amount 67.36
Street Address 111 South Green Office		Purpose Reimbursement for Stickers	
City Athens	State OH	Zip Code 45701	Check Number 1003

Page Total \$ 923.75



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Ellie Hamrick			
To Whom Paid International Socialist Organization - Athens, OH		Date (MM/DD/YYYY) 10/22/2019	Amount \$90.62
Street Address 111 South Green Office		Purpose Reimbursement for Web Domain Names	
City Athens	State OH	Zip Code 45701	Check Number 1004
To Whom Paid Ohio University Alden Library		Date (MM/DD/YYYY) 06/07/2019	Amount \$25.00
Street Address 30 Park PI		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University Alden Library		Date (MM/DD/YYYY) 06/13/2019	Amount \$25.00
Street Address 30 Park PI		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Ohio University Alden Library		Date (MM/DD/YYYY) 09/02/2019	Amount \$25
Street Address 30 Park PI		Purpose Printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 09/30/2019	Amount \$2.08
Street Address 1 Park PI		Purpose Postage for Endorsement Applications	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 167.7



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Ellie Hamrick			
To Whom Paid Jakprints		Date (MM/DD/YYYY) 07/15/2019	Amount 170.65
Street Address 3133 Chester Ave		Purpose Quarter Sheets	
City Cleveland	State OH	Zip Code 44114	Check Number
To Whom Paid Daniel Kington		Date (MM/DD/YYYY) 10/22/2019	Amount \$400
Street Address 17133 Truetown Rd		Purpose Facebook Advertisement Reimbursement	
City Millfield	State OH	Zip Code 45761	Check Number 1000
To Whom Paid Athens Organizing Foundation		Date (MM/DD/YYYY) 10/22/2019	Amount \$75
Street Address 142 Nurard Rd.		Purpose Reimbursement for Donation to Committee to Elect McCray Powel	
City Athens	State OH	Zip Code 45701	Check Number 1006
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 570.65



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Committee to Elect Ellie Hamrick				
Full Name of Contributor Lori Crook		Employer, Occupation, Labor Organization* 678 Media		Registration Number, if PAC
Street Address 678 Poplar St.		Description of Item or Service Campaign Video		Date (MM/DD/YYYY) 09/01/2019
City Nelsonville		State OH	Zip Code 45764	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]



Committee Name Friends of Beth Clodfelter		Office Sought Athens City Council, at large		District ATH
Street Address 35 S. Shannon St.		City Athens	State OH	Zip 45701
Candidate Name OR PAC Registration Number Elizabeth Clodfelter		Treasurer Name Herman W. Hill, Jr.		Election Date (MM/DD/YYYY) 11/05/2019

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2019

Amended Report <input checked="" 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	\$2,350
2. Total monetary contributions (From Forms 31-A and 31-E)	\$5,012
3. Total other income (From Form 31-A-2)	-0-
4. Total funds available (sum of lines 1, 2, 3)	\$7,362
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 3,295.85
6. Balance on hand (line 4 minus line 5)	\$ 4,066.15
7. Value of in-kind contributions received (From Form 31-J-1)	\$120.75
8. Value of in-kind contributions made (From Form 31-J-2)	-0-
9. Outstanding loans owed by committee (From Form 31-C)	\$110
10. Outstanding debts owed by committee (From Form 31-N)	-0-
11. Outstanding loans owed to committee (From Form 31-K)	-0-
12. Value of independent expenditures made (From Form 31-U)	-0-

RECEIVED
OCT 24 2019
ATHENS COUNTY
BOARD OF ELECTIONS

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

Herman W. Hill, Jr.
Signature of Treasurer or Deputy Treasurer

10/24/2019
Date (MM/DD/YYYY)

Contribution Pages
11

Expenditure Pages
4

Other Pages
2

Total Pages
17



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Joseph Viny			Registration Number, if PAC	
Street Address 33799 Sidehill Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Rutland	State OH <input checked="" type="radio"/>	Zip Code 45775	Date (MM/DD/YYYY) 04/30/2019	Amount \$50
Full Name of Contributor David Descutner			Registration Number, if PAC	
Street Address 48 Utah Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 04/17/2019	Amount \$200
Full Name of Contributor Virginia Trout			Registration Number, if PAC	
Street Address 302 Shadowlawn Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Greencastle	State IN	Zip Code 46135	Date (MM/DD/YYYY) 07/19/2019	Amount \$300
Full Name of Contributor Ric Wasserman			Registration Number, if PAC	
Street Address 1296 Vanderhoof Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Coolville	State OH <input checked="" type="radio"/>	Zip Code 45723	Date (MM/DD/YYYY) 07/19/2019	Amount \$200
Full Name of Contributor Keith Clodfelter			Registration Number, if PAC	
Street Address 7700 Saddle Ridge Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Nashville	State TN	Zip Code 37221	Date (MM/DD/YYYY) 08/20/19	Amount \$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)]



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Christine Fahl			Registration Number, if PAC	
Street Address 35 Morris Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 08/24/2019	Amount \$100
Full Name of Contributor Sara Boyd			Registration Number, if PAC	
Street Address 33 Roxbury Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 08/24/2019	Amount \$36
Full Name of Contributor John Clodfelter			Registration Number, if PAC	
Street Address 2693 Boston Township Line Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Richmond	State IN	Zip Code 47374	Date (MM/DD/YYYY) 08/26/2019	Amount \$250
Full Name of Contributor April Billingsley			Registration Number, if PAC	
Street Address 2116 E. County Road 125 N.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Fillmore	State IN	Zip Code 46128	Date (MM/DD/YYYY) 08/31/2019	Amount \$41
Full Name of Contributor Janet Clodfelter			Registration Number, if PAC	
Street Address 601 Parnell Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Old Hickory	State TN	Zip Code 37138	Date (MM/DD/YYYY) 08/31/2019	Amount \$250

*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

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Brenda Coulson			Registration Number, if PAC	
Street Address 6405 Quail Hollow Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Bartonville	State IL	Zip Code 61607	Date (MM/DD/YYYY) 09/01/2019	Amount \$20
Full Name of Contributor Dyan Matthews			Registration Number, if PAC	
Street Address 6029 Elaine Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 09/01/2019	Amount \$20
Full Name of Contributor John Clodfelter			Registration Number, if PAC	
Street Address 2693 Boston Township Line Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Richmond	State IN	Zip Code 47374	Date (MM/DD/YYYY) 09/01/2019	Amount \$20
Full Name of Contributor Karen Hagedorn			Registration Number, if PAC	
Street Address 1821 Highway 70		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Kingston Springs	State TN	Zip Code 37082	Date (MM/DD/YYYY) 09/01/2019	Amount \$100
Full Name of Contributor Mark Hagedorn			Registration Number, if PAC	
Street Address 1821 Highway 70		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Kingston Springs	State TN	Zip Code 37082	Date (MM/DD/YYYY) 09/01/2019	Amount \$40

*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

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Ray Coulson			Registration Number, if PAC	
Street Address 6405 Quail Hollow Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Bartonville	State IL	Zip Code 61607	Date (MM/DD/YYYY) 09/01/2019	Amount \$100
Full Name of Contributor Sandra Elliot			Registration Number, if PAC	
Street Address 20235 Pittsford Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Katy	State TX	Zip Code 77450	Date (MM/DD/YYYY) 09/01/2019	Amount \$30
Full Name of Contributor Susie Billingsley			Registration Number, if PAC	
Street Address 2116 E. County Road 125 N.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Fillmore	State IN	Zip Code 46128	Date (MM/DD/YYYY) 09/01/2019	Amount \$20
Full Name of Contributor Jeanne Heaton			Registration Number, if PAC	
Street Address 66 Briarwood Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/12/2019	Amount \$400
Full Name of Contributor Rita Bennett			Registration Number, if PAC	
Street Address 8 Harris Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/14/2019	Amount \$150

*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

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor John Glazer			Registration Number, if PAC	
Street Address 7100 N. Blackburn Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/25/2019	Amount \$200
Full Name of Contributor Paul C. Campbell			Registration Number, if PAC	
Street Address 220 Madison Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/26/2019	Amount \$25
Full Name of Contributor Alyssa Bernstein			Registration Number, if PAC	
Street Address 19 Fairview Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/29/2019	Amount \$50
Full Name of Contributor Lenny Eliason			Registration Number, if PAC	
Street Address 11 Old Coach Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 10/02/2019	Amount \$50
Full Name of Contributor Cherri Hendricks			Registration Number, if PAC	
Street Address 17 Strathmore Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 10/05/2019	Amount \$200

*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

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Christopher Chmiel			Registration Number, if PAC	
Street Address 160 Cherry Ridge Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY) 10/05/2019	Amount \$200
Full Name of Contributor National Association of Social Workers, Ohio Chapter			Registration Number, if PAC OH254	
Street Address 400 W. Wilson Bridge Rd. Suite 103		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington, OH 43085	State OH <input checked="" type="radio"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/17/2019	Amount \$200
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	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)]



**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 Beth Clodfelter				
Full Name of Contributor Margie Huber			Registration Number, if PAC	
Street Address 130 Lamar Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/06/2019	Amount 25
City Athens	State OH	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ann Money penny			Registration Number, if PAC	
Street Address 11875 Banjo Hill	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 500
City Athens	State OH	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dawn L. Weiser			Registration Number, if PAC	
Street Address 21 Utah Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 50
City Athens	State OH	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ellen Fultz			Registration Number, if PAC	
Street Address 20 Canterbury Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 100
City Athens	State OH	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Gillian Berchowitz			Registration Number, if PAC	
Street Address 138 N. Congress St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 50
City Athens	State OH	Zip Code 45701	Form (Cash, Check, Etc) Check	

* 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
\$1060

Total Expenditures This Event
-\$0-

Page Total \$ 725



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 Beth Clodfelter				
Full Name of Contributor Kathy Berry			Registration Number, if PAC	
Street Address 78 Elmwood Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 30
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Martha Sloan			Registration Number, if PAC	
Street Address 12 N. May St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 20
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Miriam Hart			Registration Number, if PAC	
Street Address 21 Grand Park Blvd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 40
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Nancy Walker			Registration Number, if PAC	
Street Address 13 Avon Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 20
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Theodora Lee Gregg			Registration Number, if PAC	
Street Address 16 Northwood Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/08/2019	Amount 50
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	

* 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 \$1060
--

Total Expenditures This Event -\$0-
--

Page Total \$ 170



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 Beth Clodfelter				
Full Name of Contributor Wendy L. Weiser			Registration Number, if PAC	
Street Address 16 Tulane Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/09/2019	Amount 50
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joan Safran			Registration Number, if PAC	
Street Address 36 Utah Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount 30
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Linda Sauer			Registration Number, if PAC	
Street Address 7945 N. Coolville Ridge Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount 20
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Milena Miller			Registration Number, if PAC	
Street Address 25 Graham Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount 25
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Elizabeth Clodfelter			Registration Number, if PAC	
Street Address 35 S. Shannon Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/11/2019	Amount 100
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	

* 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
\$1060

Total Expenditures This Event
-\$0-

Page Total \$ 225



**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 Beth Clodfelter				
Full Name of Contributor Trevellya Ford Ahmed			Registration Number, if PAC	
Street Address 44 S. May Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2019	Amount 50
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor Paula Lockard			Registration Number, if PAC	
Street Address 20 Eden Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/07/2019	Amount 100
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State OH <input checked="" 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 OH <input checked="" 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 OH <input checked="" 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
\$150

Total Expenditures This Event
-\$0-

Page Total \$ 150



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Athens County Democratic Party		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 74 E. State St.	Description of Item or Service 175 #10 Business Envelopes		Date (MM/DD/YYYY) 09/13/2019	Fair Market Value \$120.75
City Athens	State OK <input checked="" type="radio"/>	Zip Code 45701	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

120.75
Page Total \$ _____



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter			
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY) 07/04/2019	Amount \$371.73
Street Address .		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Minuteman Press		Date (MM/DD/YYYY) 08/19/2019	Amount \$421.58
Street Address .17 W. Washington St.		Purpose Postcard printing	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Wix.com		Date (MM/DD/YYYY) 08/19/2019	Amount \$24.85
Street Address 500 Terry Francois Blvd.		Purpose Domain name for campaign website	
City San Francisco	State CA	Zip Code 94158	Check Number
To Whom Paid Lamborn's Studio		Date (MM/DD/YYYY) 08/22/2019	Amount \$100.58
Street Address 48 E. Stimson Avenue		Purpose Head shot	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid Patriot Signage		Date (MM/DD/YYYY)	Amount \$1,306.47
Street Address 10561 Chester Road		Purpose Yard signs	
City Cincinnati	State OH	Zip Code 45215	Check Number

Page Total \$ 2,225.21



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter			
To Whom Paid Capitol Promotions		Date (MM/DD/YYYY) 08/26/2019	Amount \$765.00
Street Address PO Box 231		Purpose Fridge Magnets	
City Glenside	State PA	Zip Code 19038	Check Number
To Whom Paid Amazon		Date (MM/DD/YYYY) 09/17/2019	Amount \$63.92
Street Address .410 Terry Ave N		Purpose Thank you cards	
City Seattle	State WA	Zip Code 98109	Check Number
To Whom Paid Amazon		Date (MM/DD/YYYY) 08/19/2019	Amount \$34.22
Street Address 410 Terry Ave N		Purpose Thank you postcards	
City Seattle	State WA	Zip Code 98109	Check Number
To Whom Paid USPS		Date (MM/DD/YYYY) 09/18/2019	Amount \$62.50
Street Address 5 W. Stimson Avenue		Purpose postage	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid USPS		Date (MM/DD/YYYY)	Amount \$17.15
Street Address 5 W. Stimson Avenue		Purpose postage	
City Athens	State OH	Zip Code 45701	Check Number

Page Total \$ 942.79



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter			
To Whom Paid College Book Store		Date (MM/DD/YYYY) 10/14/2019	Amount \$6.92
Street Address		Purpose Post it notes	
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Check Number
To Whom Paid Seaman's Grocery		Date (MM/DD/YYYY) 10/12/2019	Amount \$82.61
Street Address 305 W. Union St.		Purpose Candy for Homecoming Parade	
City Athens	State OH <input checked="" type="radio"/>	Zip Code 45701	Check Number
To Whom Paid Amazon		Date (MM/DD/YYYY) 09/18/2019	Amount \$38.32
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code 45701	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number

Page Total \$ 127.85



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter				
To Whom Paid Precision Imprint		Date (MM/DD/YYYY) 06/26/2019		Amount \$76.51
Street Address 26 E. State St.		Purpose Polo shirt with logo for candidate to wear at Fourth of July Parade		
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Check Number	
To Whom Paid Precision Imprint		Date (MM/DD/YYYY) 06/26/2019		Amount \$218.49
Street Address 26 E. State St.		Purpose 12 T-shirts for supporters to wear at Fourth of July Parade		
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Check Number	
To Whom Paid Krogers		Date (MM/DD/YYYY) 07/02/2019		Amount \$35.00
Street Address 919 E. State St.		Purpose Candy for spectators at the Fourth of July Parade		
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	Check Number	
To Whom Paid Minuteman Press		Date (MM/DD/YYYY)		Amount \$41.73
Street Address 17 W. Washington St.		Purpose 400 Candy tags		
City Athens	State OH <input checked="" type="checkbox"/>	Zip Code 45701	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.

\$371.73
Page Total \$ _____



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter							
From Whom Received Elizabeth Clodfelter						Prior Amount 110	Amt. Incurred this Period
Street Address 35 S. Shannon St.							Outstanding Balance 110
City Athens	State OH	Zip Code 45701	Loans Received This Period			Payments This Period	
	Date Loan was Originally Incurred (MM/DD/YYYY) 01/10/2019		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received						Prior Amount	Amt. Incurred this Period
Street Address							Outstanding Balance
City	State	Zip Code	Loans Received This Period			Payments This Period	
	Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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).

Total Prior Amount \$ 110

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 110 (also record on Form 30-A)



Committee Name Friends of Sarah Grace		Office Sought Athens City Council At-Large		District
Street Address 165 N Congress Street		City Athens	State OH	Zip 45701
Candidate Name OR PAC Registration Number Sarah Grace		Treasurer Name Sarah Grace		Election Date (MM/DD/YYYY) 11/05/2019
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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				Year 2019
Amended Report <input checked="" 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	55.89
2. Total monetary contributions (From Forms 31-A and 31-E)	250.00
3. Total other income (From Form 31-A-2)	100.00
4. Total funds available (sum of lines 1, 2, 3)	405.89
5. Total monetary expenditures (From Forms 31-B and 31-F)	335.10
6. Balance on hand (line 4 minus line 5)	70.79
7. Value of in-kind contributions received (From Form 31-J-1)	1170.78
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	1,350.00
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)	

RECEIVED

OCT 24 2019

ATHENS COUNTY
BOARD OF ELECTIONS

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

Sarah H Grace

Signature of Treasurer or Deputy Treasurer

10/23/2019

Date (MM/DD/YYYY)

Contribution Pages
3

Expenditure Pages
1

Other Pages
2

Total Pages
6



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Sarah Grace				
Full Name of Contributor Ohio AFL-CIO			Registration Number, if PAC	
Street Address 500 S Front Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 09/03/2019	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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)]



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Sarah Grace			
Full Name of Contributor Sarah Hodges Grace		Registration Number, if PAC	
Street Address 165 N Congress Street	Type* Loan Payments Received <input type="checkbox"/>	Date (MM/DD/YYYY) 09/30/2019	Form (Cash, Check, etc.) cash
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Amount 100.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Sarah Grace			
To Whom Paid Amazon		Date (MM/DD/YYYY) 07/01/2019	Amount 44.22
Street Address		Purpose pinwheels for parade	
City Seattle	State WA	Zip Code	Check Number
To Whom Paid Precision Imprint		Date (MM/DD/YYYY) 10/11/2019	Amount 290.88
Street Address 28 1/2 E State Street		Purpose tee shirts for parades	
City Athens	State OH	Zip Code 45701	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 335.10



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Sarah Grace							
From Whom Received Sarah Hodges Grace					Prior Amount 1,250.00	Amt. Incurred this Period 100.00	
Street Address 165 N Congress Street						Outstanding Balance 1,400.00	
City Athens	State OH	Zip Code 45701	Loans Received This Period		Payments This Period		
	Date Loan was Originally Incurred (MM/DD/YYYY) 12/14/2015		Date of Loan (MM/DD/YYYY) 09/30/2019	Amount 150.00	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period		
	Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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).

Total Prior Amount \$ 1,250.00

Total Received This Period \$ 100.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 1,350.00 (also record on Form 30-A)



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Sarah Grace				
Full Name of Contributor Athens County Democratic Executive Committee		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 11 Old Coach Road		Description of Item or Service Postage		Date (MM/DD/YYYY) Fair Market Value 10/03/2019 430.36
City Athens		State OH	Zip Code 45701	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Athens County Democratic Executive Committee		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 11 Old Coach Road		Description of Item or Service Printing		Date (MM/DD/YYYY) Fair Market Value 10/09/2019 690.42
City Athens		State OH	Zip Code 45701	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Athens County Democratic Executive Committee		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 11 Old Coach Road		Description of Item or Service Design Work		Date (MM/DD/YYYY) Fair Market Value 10/09/2019 50.00
City Athens		State OH	Zip Code 45701	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]



Committee Name <i>Friends of Peter Kotses</i>		Office Sought <i>Athens city council at large</i>		District <i>Athens city</i>
Street Address <i>4 W. Stimson Ave.</i>		City <i>Athens</i>	State <i>OH</i>	Zip <i>45701</i>
Candidate Name OR PAC Registration Number <i>Peter Kotses</i>		Treasurer Name <i>Malcolm Idleman</i>		Election Date (MM/DD/YYYY) <i>11/05/2019</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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				Year <i>2019</i>
Amended Report <input checked="" 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>237.01</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>200.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>437.01</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>176.55</i>
6. Balance on hand (line 4 minus line 5)	<i>260.46</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>1170.78</i>
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	<i>1000.00</i>
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)	

RECEIVED
OCT 25 2019
ATHENS COUNTY
BOARD OF ELECTIONS

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

Malcolm Idleman

Signature of Treasurer or Deputy Treasurer

10/25/2019

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
--------------------	-------------------	-------------	-------------



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Peter Kotses				
Full Name of Contributor John Glazer			Registration Number, if PAC	
Street Address 7100 N. Blackburn Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Athens	State OH <input type="checkbox"/>	Zip Code 45701	Date (MM/DD/YYYY) 09/30/2019	Amount 200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Peter Kotses</i>			
To Whom Paid <i>Minuteman Press</i>		Date (MM/DD/YYYY) <i>09/11/2019</i>	Amount <i>176.55</i>
Street Address <i>17 W. Washington St.</i>		Purpose <i>Printing</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Check Number <i>cash from account</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ *176.55*



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Friends of Peter Kotses			
Full Name of Contributor Athens County Democratic Executive Committee		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 11 Old Coach Rd.	Description of Item or Service Postage		Date (MM/DD/YYYY) 10/03/2019
Fair Market Value 430.36	City Athens	State OH <input type="checkbox"/>	Zip Code 45701
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Full Name of Contributor Athens County Democratic Executive Committee		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 11 Old Coach Rd.	Description of Item or Service Printing		Date (MM/DD/YYYY) 10/09/2019
Fair Market Value 690.42	City Athens	State OH <input type="checkbox"/>	Zip Code 45701
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Full Name of Contributor Athens County Democratic		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 11 Old Coach Rd.	Description of Item or Service Design Work		Date (MM/DD/YYYY) 10/09/2019
Fair Market Value 50.00	City Athens	State OH <input type="checkbox"/>	Zip Code 45701
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event?			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value	City	State	Zip Code
Received at Fundraising Event?			

* 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 Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee <i>Friends of Peter Kotses</i>					
From Whom Received <i>Peter Kotses</i>				Prior Amount <i>500.00</i>	Amt. Incurred this Period <i>0</i>
Street Address <i>1 Bryan Rd.</i>				Outstanding Balance <i>500.00</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) <i>03/06/2015</i>		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received <i>Peter Kotses</i>				Prior Amount <i>500.00</i>	Amt. Incurred this Period <i>0</i>
Street Address <i>1 Bryan Rd.</i>				Outstanding Balance <i>1000.00</i>	
City <i>Athens</i>	State <i>OH</i>	Zip Code <i>45701</i>	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) <i>03/26/2015</i>		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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).

Total Prior Amount \$ 1000.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 1000.00 (also record on Form 30-A)