

Ohio Campaign Finance Report

Form 30-A

Committee Name Damon Krane for Ma	NOV.	Office Sought	eov	District				
Davisi Name For 110	701	1 129		Athens				
Street Address City	(State Zi						
96 Hudson Ave. Apt. 3 At	hens	OH 6	45701					
Candidate Name OR PAC Registration Number Treasurer Name			Election Date (MM/DI					
Damon Krane Ece (Loluk	Krane	11/05/2	019				
Type of Report (choose one):	•		1					
Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General								
Statewide Candidates Only:			Ye	ear				
☐ July Monthly ☐ August Monthly ☐ September Month	thly							
Amended Report Termination	Short Form R	eport (R.C. 3517.1	O(H))					
No Yes Check this box if the committee wishes to terminate with this report		s box if the committe report. See attache						
Amount brought forward from last report		0						
2. Total monetary contributions (From Forms 31-A and 31-	E) #	7,866.60	RECE	IVED				
3. Total other income (From Form 31-A-2)		0	OCT 2	9 2019				
4. Total funds available (sum of lines 1, 2, 3)	#	7.866.60	ATHENS (
5. Total monetary expenditures (From Forms 31-B and 31-I	=) #	6,622.16	BOARD OF E	LECTIONS				
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 31-0	(2)	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 ELECT WHOEVER COMMITS ELECTION FALSIFICATION IS GUIL	기보다 어린 그리는 뭐는 뭐요. 아니라 뭐라지요. 그래요 ㅠ 하다.		DEGREE.					
Tall		10/2	29/2019					
Signature of Treasurer or Deputy Treasurer		Date (MM/I	, ,					
Contribution Pages Expenditure Pages Other	Pages	Total Pages						



Form 31-A

Full Name of Committee						
Damon Krane for Mayor						
Full Name of Contributor				Registration Numb	er, if PAC	
Damon Krane						
Street Address		Occupation/Labor Or	-		Form (Cash, Check, etc.)	
96 Hudson Ave. Apt. 3	Sel	f / Social M	1edia C	onsultancy	Cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Athens	OH 🗵	45 70	04/0	72/2019	#35.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Damon Krane						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
96 Hudson Ave. Apt. 3	Self	1 Social Med	lia Cons	iultancy	Cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Athens	OH 🔄	45701	05/0	6/2019	# (00-00	
Full Name of Contributor			•	Registration Numb	er, if PAC	
Damon Krane			:			
Street Address		/Occupation/Labor Or	_		Form (Cash, Check, etc.)	
96 Hudson Ave. Apt. 3	Sel	f/Social	Media	Consultancy	Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Athens	OH 🖪	45701	071:	22/2019	\$ 200.00	
Full Name of Contributor			-	Registration Numb	er, if PAC	
Rumzi Araj						
Street Address		Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
530 Manhattan Ave. Apt.35	`				Online CC	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Manhattan	MY	10027	07/2	8/2019	\$50.00	
Full Name of Contributor			-	Registration Numb	er, if PAC	
Ethan Shultz						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
108 Montana Ave.					Online CC	
City	State	Zip Code	Date (MM/DI		Amount	
Asheville	NC 🗷	28806	97/2	8/2019	\$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)]





Form 31-A

Full Name of Committee	(0.0	Lan M			
Wamon N	une	TOY 110	LYOV		
Full Name of Contributor				Registration Numb	per, if PAC
Amy Farris					
Street Address	Employer	Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
194 E. Longview Ave.					Online CC
	State	Zip Code	Date (MM/D	D/YYYY) 2019	Amount
Columbus	OH 🖹	43202	07/2	9/#	\$10.00
Full Name of Contributor				Registration Numb	per, if PAC
Nathaniel Wallace					
Street Address	Employer	/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
87 Central Ave.					Unline CC
City	State	Zip Code		D/YYYY)2019	Amount
Athens	OH 📓	45701	07/	29/1	Amount #50,00
Full Name of Contributor				Registration Numb	per, if PAC
Jason Heinrich					
Street Address	Employer	/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
25 Angela Dr.					On The CC
City	State	Zip Code	Date (MM/D	_	Amount
Athens	QH 🖹	45701	97/3	30/2019	\$100.00
Full Name of Contributor				Registration Numb	per, if PAC
Caroline Nagy					
Street Address	Employer	/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
168 2nd. St.					Onime cc
City	State	Zip Code	Date (MM/D		Amount
Troy	NY 🗟	12180	08/0	6/2019	\$ 20.00
Full Name of Contributor				Registration Numb	per, if PAC
Will Klatt					
Street Address	Employer	/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)
80 E. Lakeview Ave.					Online CC
City	State	Zip Code	Date (MM/D		Amount
Columbus	OH 🗷	43202	08/0	8/2019	\$50.00

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Form 31-A

Full Name of Committee					
Damon K	<i>lrane</i>	for M	αγον		
Full Name of Contributor				Registration Numb	per if PAC
Alissa Paolella				, regionalist, recipi	701, II 1 700
Street Address	Employer	/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
320 Indian Mill Dr. Apt. A				<u> </u>	On line CC
City	State	Zip Code	Date (MM/DI	•	Amount
Upper Sandusky	OH 🖪	43351	08/19	5/2019	\$ 20.00
Full Name of Contributor	_			Registration Numb	per, if PAC
Damon Krane					
Street Address	1	/Occupation/Labor Or	-		Form (Cash, Check, etc.)
96 Hudson Ave. Apt. 3	Self	1 Social Me	ilra Cous	iul tarcy	Check
City	State	Zip Code	Date (MM/DI		Amount
Athens	OH 📓	45701	08/1	17/2019	\$2,000.00
Full Name of Contributor				Registration Numb	per, if PAC
Sigment J. Daniels					
Street Address	Employer/	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
44036 Sunview Ct. #1					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Lancaster	CA 🖺	93535	99/9	6/2019	\$10.00
Full Name of Contributor				Registration Numb	per, if PAC
Damon Krane					
Street Address	Employer/	Occupation/Labor Or	~ <u>.</u>		Form (Cash, Check, etc.)
96 Hudson Ave. Apt.3		/Saig (Me	dru Con	sultancy	Check
City		Zip Code	Date (MM/DI		Amount
Athens	0#1	45791	09/16	12019	#3,000.00
Full Name of Contributor				Registration Numb	er, if PAC
Lynn Debeljak					
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
49 Morris Ave.					Cash
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	OH 🛮	45791	29/14	12019	#20.00

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Form 31-A

Full Name of Committee					
Damon K	rare	for M	2400		
Full Name of Contributor				Registration Numb	ber, if PAC
Ethan Young					
Street Address		r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
600 W. Goodale St. Apt. 544	ļ				Cash
		Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH 🗏	43215	19912	28/2019	\$60.00
Full Name of Contributor				Registration Numb	ber, if PAC
Neil Bhaerman			l		
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
67 E. Kossuth St.					OhlThe CC
City	State	Zip Code	Date (MM/DI	•	Amount
Columbus	OH 📓	43206	09/2	8/2019	\$50.00
Full Name of Contributor				Registration Numb	per, if PAC
Rachel Wenning			I		
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
591 Chestershire Rd.					Online CC
City	State	Zip Code	Date (MM/DI	· •	Amount 920 AO
Columbus	9H 🗵	43204	09/2	8/2019	#35.00
Full Name of Contributor				Registration Numb	per, if PAC
Amy Harkins					
Street Address	Employer	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
56E. Kanawha Ave.					Online CC
City	l .	Zip Code	Date (MM/DI		Amount
Columbus	OH 🗟	43214	071	28/2019	\$50.00
Full Name of Contributor				Registration Numb	per, if PAC
Alexander Stigler					
Street Address	Employer/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
1803 N. 44h. St.					Online CC
City	State	Zip Code	Date (MM/DI		Amount
Columbus	0 + 📓	43201	07/2	28/2019	\$50.00

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OFFICE OF THE Ohio Secretary of State

Statement of Contributions Received

Form 31-A

Full Name of Committee Damon K	,				
Damon K	rane	. for M	layov	_	
Full Name of Contributor				Registration Numl	ber, if PAC
Adam Parsons				-	·
Street Address	Employer	r/Occupation/Labor O	rganization*	<u></u>	Form (Cash, Check, etc.)
691 Frebis Ave.					Juline CC
City	State	Zip Code	Date (MM/D	•	Amount
Columbus	OH 🗟	43201	D9/2	18/2019	#35.00
Full Name of Contributor			<u></u>	Registration Numb	ber, if PAC
Danielle Howell					
Street Address	Employer	/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
1951 N. High St. Apt. 205					On line CC
City	State	Zip Code	Date (MM/D		Amount
	OH 🖪	43202	09/22	8/2019	\$10.00
Full Name of Contributor		Registration Numb	per, if PAC		
Christopher Stocking					
Street Address	Employer/	/Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)
6404 Bridge Ave.					Online CC
	State	Zip Code	Date (MM/DI		Amount
	DH 📓	44102	09/28	5/2019	\$66.60
Full Name of Contributor				Registration Numb	per, if PAC
Elena Caple					
Sileet Address	Employer/	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
22 Kurtz St. Apt. 216					On line CC
l		Zip Code	Date (MM/DI		Amount
Athens	OHB	45791	1010	1/2019	#35.00
Full Name of Contributor				Registration Numb	per, if PAC
Ece Krane				:	
Street Address		Occupation/Labor Org	-		Form (Cash, Check, etc.)
96 Hudson Ave. Apt. 3	Self	Social Me	2d 14 (00	nsultancy	On line CC
/ / / /	C	Zip Code	Date (MM/DD	•	Amount
Athens	OH 📓	45701	1010	1/2019	\$500.00

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Statement of Contributions Received

Form 31-A

ORC 3517 10

					——————————————————————————————————————
Full Name of Committee Damon	Kva	ine for	- Mai	100	
Full Name of Contributor MTChuel Bart				Registration Numb	ber, if PAC
Street Address 2 Joneswood Dr.	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Athens	State OH	Zip Code 45 791	Date (MM/DI	DMYY) 5/2019	Amount # 20.00
Full Name of Contributor Mark Burhans				Registration Numb	per, if PAC
Street Address 95 Marris Ave.	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
Athen 5	State OH	Zip Code 4579 (Date (MM/DI	6/2019	Amount # 3 <i>0-09</i>
Full Name of Contributor Nic Paredes				Registration Numb	per, if PAC
Street Address 366 Richland Ave. 5302 D	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.) On Me CC
Athens	State OH	Zip Code 45791	Date (MM/DI	DMYYY) 9 (2019	Amount #10, 00
Full Name of Contributor 5 + ephanic Layton				Registration Numb	per, if PAC
Street Address 439 E. State St.	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.) On IML CC
Atrens	State OH	Zip Code 4570	Date (MM/DI	DMYYY) 1/2019	Amount \$50.00
Full Name of Contributor Damon Krane				Registration Numb	per, if PAC
Street Address 96 Hudson Ave. Apt. 3		r/Occupation/Labor Or	•	altanay	Form (Cash, Check, etc.)
Athens	State OH	Zip Code 45701	Date (MM/DI	DYYYY) 5/2019	Amount # 1,000.00

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Page Total \$ 1,110,00



Form 31-A

Full Name of Committee	Kran	ne for	Mayor		
Full Name of Contributor				Registration Numb	er, if PAC
Travis Frvine					
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
729 College Ave.					On the CC
city Bexley	State	Zip Code	Date (MM/DI	•	Amount
<u> </u>	OH 📓	43209	10/17	122019	\$10.00
Full Name of Contributor				Registration Numb	er, if PAC
Alaina Beaver					
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
3509 Mountain View Ave.					On line CC
City	State	Zip Code	Date (MM/DI	D/YYY) 2019	Amount
Congmont	co 🖪	80503	10/2	1/ 學	\$50.00
Full Name of Contributor				Registration Numb	er, if PAC
Brian Cassidy					
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
4210 West 23rd St.					On the CC
City	State	Zip Code	Date (MM/DI		Amount
Cleveland	0H 🖺	44109	1012	1/2019	\$10.00
Full Name of Contributor				Registration Numb	er, if PAC
Elliott Smith		_			
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
15 S. Shafer St.					On the CC
City		Zip Code	Date (MM/DI	DMMM) 2019	Amount
Athens	OH 🗵	45701	10/2	2/#	\$5.00
Full Name of Contributor				Registration Number	er, if PAC
Lauren Squires					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
474 Wyandotte Ave.					Online CC
City	State	Zip Code	Date (MM/DI		Amount
Columbus	OH 📓	43214	10/20	4/2019	#50-00

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Form 31-A

Full Name of Committee Damon	Kva	ne for	May	ov	
Full Name of Contributor				Registration Numb	er, if PAC
Ben Leland					
Street Address		Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
699 Wetmore Rd. Apt. H					anime cc
City	State	Zip Code	Date (MM/DI		Amount
Columbus	@J+	43214	10/2	4/2019	10,00
Full Name of Contributor		-		Registration Numb	er, if PAC
Adam Parsons					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
691 Freebis Ave.					On the CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	04 🖪	43206	10/2	4/2019	\$15,00
Full Name of Contributor				Registration Numb	er, if PAC
Nikhil Shimpi					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
14710 Carrolton Rd.					On the CC
City	State	Zip Code	Date (MM/D		Amount
Pockville	MD	20853	10/2	6/2019	\$20.00
Full Name of Contributor				Registration Numb	er, if PAC
Damon Krane					
Street Address		Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
96 Hudson Ave. Apt. #3	Self	/ Soval Me	da a	vultary	On mecc
City	State	i e	Date (MM/D	D/YYYY)	Amount
Agren>	OH Z	45701	07/2	8/2019	\$19.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount

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Statement of Expenditures

Form 31-B

Full Name of Committee Damon Krane	. for	Mayor	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohio University Credit Union		04/02/2019	¥30.50
Street Address	Purpose		
944 E. State St.	Checks	for campaign c	ommittee account
City	State	Zip Code	Check Number
Athers	ОН	45701	N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Athers County Board of Elect	TOUS	05/08/2019	\$ 45.00
Street Address		minating Petition	an Stutement
15 S. Court St.	o €	Cardidacy Filing	see.
City	State	Zip Code	Check Number
Athens	он	45701	101
To Whom Paid		Date (MM/DD/YYYY)	Amount
Fed Ex Office		07/24/2019	^{\$} 163,71
Street Address	Purpose		
743 E. State St. Suite 6	Broc	hure Printing	•
City	State	Zip Code	Check Number
Athens	ОН	45701	126
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		08/05/2019	9 * 8.76
Street Address	Purpose		_
510 Townsend St.	Credit C	eard donations p	trocessing fee.
City	State	Zip Code	Check Number
San Mancisco	et CA	94103	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		08/08/2919	#0.88
Street Address	Purpose		
510 Townsend St. City San Kancisco	Credit-	card clonations 1	Processing fee.
City	State	Zip Code	Check Number
San Kancisco	er CA	94103	



Form 31-B

R.C. 3517.10

Full Name of Committee of				
Full Name of Committee Dumon Krame	for 1	40	you	
To Whom Paid			Date (MM/DD/YYYY)	Amount
stripe			98/12/2019	\$ 1.75
Street Address	Purpose			
510 Townsend St.	Credit	Ca	ard clonations f	Processing fel
City	State	Zip	Code	Check Number
San Mancisco	on CA	9	14103	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Fed Ex Office			08/19/2019	\$ 26.88
Street Address	Purpose		0 ,	
743 E. State St., Suite G	Broo	M,	ve Printing	
City	State		Code	Check Number
Athens	ОН	4	15701	102
To Whom Paid			Date (MM/DD/YYYY)	Amount
Stripe			08/20/20	19 \$0.88
Street Address	Purpose			2
310 Townsend Sti	Credit	Cow	d donations P	messmy fee
City	State	Zip	Code	Check Number
San (Vancisco	OH CA			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Christopher Monday			08/20/2019	\$ 100,00
Street Address	Purpose			
9 Garfield Ave.	Ant w	,	c for T-Shir	+
City	State	Zip	Code	Check Number
Athens	он	<u></u>	45701	127
To Whom Paid			Date (MM/DD/YYYY)	Amount
Summit Printing			08/27/201	9 \$695.37
Street Address	Purpose			
800 E. 101 Terrace Suite 350	Yard	Si	Tyus + Stake	25
City	State		Code	Check Number
Kansus City	om MD	<u> 6</u>	34131	

Page Total \$ 824.88



Form 31-B

Full Name of Committee	<u> </u>	1		
Full Name of Committee Damon Krane	to/1	impor	`	
To Whom Paid		Date (MM/DD	MYYY)	Amount 4/63,7/
FedEx Office		(28/2	412019) * (6 >, 11
743 E. State St. Suite G	Purpose Rrock	ure Pro	ting	
City	State	Zip Code	/	Check Number
Athens	он	45701		103
To Whom Paid		Date (MM/DD	MYYY)	Amount
Amazon		08/28	12019	[#] 21.95
Street Address	Purpose	11	. 0	
410 Terry Ave. N	13roc	rure Ho	lder5	
seatle	State OH WA	Zip Code 98109		Check Number
JEUTILE To Whom Paid	011 W/1	70137		
Amazou		Date (MM/DD	12019	#12,99
Street Address	Purpose	00(2)	(201)	1 ///
410 Terry Ave. N		me Hold	ders	
City	State	Zip Code		Check Number
Seattle	et WA	98199		_
To Whom Paid		Date (MM/DD	DYYYY)	Amount
20ne2		()8/2	19/201	9 \$424,42
Street Address 1002 E. Starte St., Suite 22	Purpose	y Advert	15ina 51	runs
City	State	Zip Code	7, 3,	Check Number
Athens	ОН	45701		
To Whom Paid		Date (MM/DD	•	Amount
Ohio University, Alden (Mrar	4	09/03	3/2019	\$10.00
Street Address 30 Park II,				est front card
City	State	Zip Code		Check Number
Athens	ОН	45791		



Form 31-B

R.C. 3517.10

Full Name of Committee C				
Full Name of Committee Damon Lrane for Mayor				
To Whom Paid Date (MM/DD/YYYY) Amount				
Onio University, Alden Cibn	ar 7	09/03/2019	\$25.00	
Street Address	Purpose	1 .		
30 Park Pl.	Prontin	y via library g	quest card	
City	State	Zip Code	Check Number	
Athens	ОН	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ohio University, Alden Library		09/03/2919	\$25.00	
Street Address	Purpose	10		
30 Park Pl.	Printin	y via library	guost card	
City A .	State	Zip Code	Check Number	
Amens	ОН	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Obro University, Alden abrance	1	09/03/2019	\$ 25.00	
Street Address	Purpose			
30 Park Pl.	Printing	via library g	uest card	
City	State	Zip Code	Check Number	
Atren 5	ОН	45701		
To Whom Paid	- <u>-</u>	Date (MM/DD/YYYY)	Amount	
Amazon		09/08/2019	7 \$37.39	
Street Address	Purpose			
410 Terry Ave. N	131000	rure Holders		
City		Zip Code	Check Number	
Seattle	#WA	98109		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Zonez		09/10/2019	\$194.80	
Street Address	Purpose	Λ.Ι.		
1002 E. State St. Suite 22	State St. Suite 22 Display Advertising Signs			
City	State	Zip Code	Check Number	
Athers	ОН	45701		

Page Total \$ 307, 19



Form 31-B

Full Name of Committee			
Danon Krone for Mayon			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		09/10/2019	\$0,59
Street Address	Purpose		_
510 townsend St.	Credit	card donations	processing fee
City	State	Zip Code	Check Number
Sun Cancixo	өн СА	94103	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Onto University, Alden Cibrar	4	09/12/2019	\$25.00
Street Address	Purpose		1
30 Park Pli	Printing	y va library g	uest card
City	State	Zip Code	Check Number
Athens	он	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Onto University, Alden Cibrar	4	09/12/2019	\$ 25.00
Street Address	Purpose	-	
30 Park Pl.	Printm	g via library g	uest card
City	State	Zip Code	Check Number
Atrens	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ours University, Alden Cibra	14	09/17/2019	#25.9O
Street Address `	Purpose		,
30 Park P1.		y via library	guest card
City	State	Zip Code	Check Number
Athens	ОН	45701	
To Whom Paid	·	Date (MM/DD/YYYY)	Amount
Jacob Midkiff		09/19/2019	7 200.00
Street Address	Purpose		
86 N. Shafer St.		149 Videos	
City	State	Zip Code	Check Number
Athens	ОН	45701	128



Form 31-B

Full Name of Committee	 .		
Damon Rrane +	lov Mo	eyor	
To Whom Paid	*	Date (MM/DD/YYYY)	Amount
face book		09/24/201	9 \$250.00
Street Address	Purpose	, ,	
1 Hacker hay	Ada	lertising	
City	State	Zip Code	Check Number
Meulo Park	ett CA	94025	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Facebook		09/27/2019	#250,00
Street Address	Purpose		
1 Hacker Way			
City	State	Zip Code	Check Number
Menlo Park	on CA	94025	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Onto University, Alden Cibu	ary	09/29/2019	9 \$25.00
Street Address	Purpose		
30 Park Pl.	Print	ng	
City	State	Zip Code	Check Number
Attens	ОН		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Onto University, Alden Cibr	any	09/29/2919	\$25.00
Street Address	Purpose		
30 Park Pl.	frmt	my	
City	State	Zip Code	Check Number
Athens	ОН		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ovio University, Alden Libra	ary	09/29/2019	#25.00
Street Address	Purpose		
To Whom Paid Ovio University, Alden Libra Street Address 30 Park Pl.	Print	mg	
■ Citv	State	Zip Code	Check Number
Athens	он		



Form 31-B

R.C. 3517.10

Full Name of Committee				
Full Name of Committee Damon Krane for Mayor				
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Face book		09/30/201	9 \$93.30	
Street Address	Purpose			
1 Hacker War	Adv	ertising		
City	State	Zip Code	Check Number	
Mento Park	et CA	94025		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ohro University, Alden Cit	orary	19/01/2019	\$25.00	
Street Address	Purpose			
30 Park Pl.	Printir	ry		
City	State	Žip Code	Check Number	
Agners	он	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ohn University, Alden Cro	vary	10/01 10/01	19 \$25,09	
Street Address Purpose				
30 Park Pl,	frat	my		
City	State	Zip Code	Check Number	
Agrens	он	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ohio University, Alden Gon	ary	4579 10/0	19 \$25,09	
Street Address	Purpose			
30 Park Pl.	Print	hng		
City	State	Zip Code	Check Number	
Athens	он	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ohto University, Alden Libra	14	19/01/2019	\$25,00	
Street Address	Purpose			
30 Parh Pl.	Print			
City	State	Zip Code	Check Number	
Atrens	он	45701		

Page Total \$_ (93,30



Form 31-B

Full Name of Committee			
Full Name of Committee Damon Krane for Mayor			
To Whom Paid		Data (MAN/DDAY/VV)	Amount
omo unverity, Alden Lik	va ry	10/01/2019	\$25.00
Street Address	Purpose		
30 Park Pl.	Print	my	
City	State	Zip Code	Check Number
Agnens	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohno University Alden Cibra	ry	10/01/2017	9 \$25.00
Street Address	Purpose		
30 Park Pl.	Print		
City	State	Zip Code	Check Number
Athens	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Jason Armstrong		19/9/12919	\$22.50
Street Address	Purpose		
142 Nurad Rd,	Camp		Voter Registration
City	State	Zip Code	Check Number
Athens	ОН	45791	131
To Whom Paid		Date (MM/DD/YYYY)	Amount
Obrio University, Alden Cibrar	4	10/02/201	9 \$25.00
Street Address	Purpose		
30 Park P1.	Prm	ting	
City	State	Zip Code	Check Number
Afrons	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohro University, Alden Cibrary Street Address 30 Park Pl, City Attents		10/02/2019	\$25.00
Street Address	Purpose		
30 Park P1,	Prmt	ing	
City	State	Zip Code	Check Number
Attens	он	45701	



Form 31-B

R.C. 3517.10

Full Name of Committee			.	
Full Name of Committee Damon Krane for Mayor				
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY)	Amount	
Ohro University, Alden Librar	79	10/02/2019	#25.00	
Street Address	Purpose			
30 Park Pl,	Printi	ng		
City	State	Zip Code	Check Number	
Amers	ОН	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount_	
Onio University, Alden Librar	4	10/02/2019	\$25,00	
Street Address	Purpose			
30 Park Pl	Print	mg		
City	State	Zip Code	Check Number	
Afrens	ОН	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ours University, Alden Lik	vary	10/02/2019	#25.00	
Street Address	Purpose			
30 Park P1,	Prnt			
City	State	Zip Code	Check Number	
Atrens	ОН	45701	•	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Ovio University, Alden City	rary	10/02/2019	#25.00	
30 Park Pl	Purposè			
City	State	Zip Code	Check Number	
Athen 5	ОН	45701		
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Stripe		10/02/2019	\$10.71	
Street Address	Purpose		_	
510 Townsend St. City Sam Francisco		and Donations F	Processing fee	
City	State	Zip Code	Check Number	
San Francisco	ett CA	94103		



Form 31-B

R.C. 3517.10

Full Name of Committee	^		
Full Name of Committee Damon Krane	for 1	layor	
To Whom Paid	•	Date (MM/DD/YYYY)	Amount
Kyra Cobb		10/02/2019	\$22.50
Street Address	Purpose		
70 1/2 Mound St.	Voter K	Registration + Cam	npaigning Work
City	State	Zip Code	Check Number
Atrers	ОН	45701	129
To Whom Paid		Date (MM/DD/YYYY)	Amount
Kyra Cobb		10/02/2017	1 \$22.50
Street Address	Purpose		
7042 Mound St.	Voter R	egistration + Cami	eitywing work
City	State	Žip Code	Check Number
Atrens	он	45701	134
To Whom Paid		Date (MM/DD/YYYY)	Amount
Anthony Tabasso		10102/2019	\$22,50
Street Address	Purpose		
33 Grøvenor St.	Voter Re	yistration + Campa	igung work
City	State	Zip Code	Check Number
Athens	ОН	45701	135
To Whom Paid	· - ·	Date (MM/DD/YYYY)	Amount
Jason Armstrong		10/02/2019	\$22,50
Street Address	Purpose		
142 Nurad Rd.	Voter Re	gistration + Compa	igning Work
City	State	Zip Code	Check Number
Atnens	ОН	45701	138
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		10/03/2019	\$ 16.12
Street Address	Purpose		
519 Townsend St. City San Francisco	Credit C	and Donations Pr	ocessing Rec
City	State	Zip Code	Check Number
San Fancisco	en CA	94103	

Page Total \$ <u>[06,12</u>



Page 11/16

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	^		
Damon Kranc	for	Mayor	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Marco Omta		10/03/2019	\$22,00
Street Address	Purpose	. <u> </u>	
8 First St.	Voter Re	gostration + Comp	orign Wak
City	State	Zip Code	Check Number
Agrens	ОН	45701	130
To Whom Paid		Date (MM/DD/YYYY)	Amount
Marco Onta		10/03/201	9 \$22,50
Street Address	Purpose		
8 Frst St.	Voter Rey	y77tration + Can	npurya work
City	State	Zip Code	Check Number
Athers	ОН	45701	138
To Whom Paid		Date (MM/DD/YYYY)	Amount
Kyra Cobb		10/04/2019	¥ 22,50
Street Address	Purpose		
701/2 Mound St.	Voter Re	gistration + Can	patgn Work
City	State	Zip Code	Check Number
Athens	ОН	45701	/37
To Whom Paid		Date (MM/DD/YYYY)	Amount
Juson Armstrong			\$27.50
Street Address	Purpose		
142 Nurad Rd,		gistration + Cam	paryn Work
City	State	Zip Code	Check Number
Atrens	ОН	45701	141
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ky va Cobb		10104/2019	\$ 22.50
Street Address	Purpose		1 1
70 1/2 Mound St.	Voter 1	Registration + Con	mputyu Work
City	State	Zip Code	Check Number
Athens	он	45701	142

Page Total \$ 112,00



Form 31-B

R.C. 3517.10

Full Name of Committee			
Pamon Krane	for r	layor	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Anthony Tabasso, Jr.		10/03/2019	\$22,50
Street Address	Purpose	,	
33 Grosvenor	Voter Re	eyistration Work+	(amperisuing
City	State	Zip Code	Check Number
Atrens	ОН	45701	143
To Whom Paid		Date (MM/DD/YYYY)	Amount
Facebook		10/05/2019	#250.00
Street Address	Purpose		
1 Hacker Way	Hdv	ertising	
	State	Zip Code	Check Number
Menlo Park	on CA	94025	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohro University, Alden Librar	7	10/05/2019	#25-00
Street Address	Purpose		
30 Park Pl.	Prin	ting	
City	State	Zip Code	Check Number
Atrons	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohro University, Alder Cibrary	1	10/05/2019	\$25.09
Street Address	Purpose		-
30 Paris Pl.	1m	ting	
City	State	Zip Code	Check Number
Hors	ОН	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ours university, Alder Gb	rary	10/05/2019	\$25,00
Street Address	Purpose		
To Whom Paid O W. 2 Un Nersty, Added Gb Street Address 30 Pawk Pl,	Prm		
I City	State	Zip Code	Check Number
Athen s	ОН	45701	

Page Total \$ 347,50



Paget <u>M6</u>

Statement of Expenditures

Form 31-B

Full Name of Committee	0 1		
Full Name of Committee Damon Krane	for !	layor	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Onjo University, Alder Cibro	my	10/05/2019	\$25.09
Street Address	Fulbose		
30 Park Pl.	Print	ing	
City	State	Zip Code	Check Number
Athens	он	45701	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Jason Armstrong		10/08/2019	\$22.50
Street Address	Purpose		
142 Nurad Rd,		eg + Canparyn	Work
City	State	Zip Code	Check Number
Atrons	ОН	45701	144
To Whom Paid		Date (MM/DD/YYYY)	Amount
Jacob Midkiff		10/08 /2019	\$600.00
Street Address	Purpose	8	
86 N. Shafer St.	Cam	pargn Videos	
City	State	Zip Code	Check Number
Africas	ОН	45701	145
To Whom Paid	_	Date (MM/DD/YYYY)	Amount
ONTO ETHICS COMMISSION		10/09/2019	\$35.00
Street Address	Purpose	~ ^	~ ^ ^
30 W. Spring St. L3	Personal	Gnanual Disclose	ure Fling fee
City	State	Zip Code	Check Number
Columbus	ОН	43215	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		10/11/2019	\$0,59
Street Address	Purpose		2
510 townsend St. City San Garcisco		Card Donatsons P	rocessing fee
City	State	Zip Code	Check Number
San (vancisco	en CA	94103	



Form 31-B

Full Name of Committee	_			
Damon Kranc	e for	M	ayor	
To Whom Paid		Da	ate (MM/DD/YYYY)	Amount
Gabrielle Parker			19/17/2019	\$22,50
Street Address	Purpose			
14 University Terrace	Voter Re	29,+	- Campaign L	vork
City	State	Žip Co	de	Check Number
Atrens	ОН		701	147
To Whom Paid		Da	ate (MM/DD/YYYY)	Amount
Jacob Midkiff			0-20-2019	#200-00
Street Address	Purpose			
86 N. Shafer St.	Camp	ary	n Videos	
City	State	Zip Co	de	Check Number
Atrons	он	4	-5701	194
To Whom Paid			ate (MM/DD/YYYY)	Amount
Anthony Tabasso			10/10/2019	\$22,50
Street Address	Purpose			
33 Grosven or St.	Voter Reg	4. +	- Campaign L	
City	State	Zip Co		Check Number
Atrons	ОН	4	5701	148
To Whom Paid		D	Date (MM/DD/YYYY)	Amount
Athens Embroidered Goods, LLC			10/21/2019	1685.03
Street Address	Purpose			. 1
23440 Lightner Rd.	Blank	. T.	-Shirts, luni	on Made
City	State	Zip Co	ode	Check Number
Gnysville	ОН	4	5735	149
To Whom Paid		0	Date (MM/DD/YYYY)	Amount
Precision Imprint			10/22/2017	9 \$ 95,90
Street Address	Purpose			
26 E. State St.	Down	Payo	neut on T-Shir	
City	State	Zip Co	ode	Check Number
Atrens	он	4	.5701	





Form 31-B

Full Name of Committee			
Dansu Krane	for	Mayor	
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
Stripe		10/23/2019	
Street Address	Durana	1012312417	
	Purpose	. 10	0 /
510 Townsend St. City San Francisco		- Card Donations	racessary tee
City	State	Zip Code	Check Number
San Lancisco	or CA	94103	
To Whom Paid	·	Date (MM/DD/YYYY)	Amount
Str.pe			\$ 2.20
Street Address	Purpose		
510 Townsend St.	Credit	Cand Donatrons P	rocessing fee
City	State	Zip Code	Check Number
San Froncisco	o ⊬ C∆	94103	
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
Adam Parsons			[#] 625.72
Street Address	Purpose	_	
691 Freebis Ave.	Campo	niga Communica	tious work
City	State	Zip Code	Check Number
Columbus	он	43206	105
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
face book		10/26/2019	4400.00
Street Address	Purpose		
1 Hacker Way	Adv	ertismy	
City	State	Zip Code	Check Number
Menlo Park	OH CA	94025	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		10/28/2019	\$ 0,59
Street Address	Purpose	_	0
310 Townsend St.	Credit	Card Donatron	s Processing Fee
City	State	Zip Code	Check Number
310 Townsend St. City San Francisco	en CA	94103	



Form 31-B

Full Name of Committee			
Full Name of Committee Damon Kraws	e fo	r Mayor	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		10/16/2019	9 \$1.75
Street Address	Purpose		
510 Townsend St. city San Francisco		Card Donation	
City	1	Zip Code	Check Number
San Francisco	on CA	94103	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Elena Caple		10/15/2019	9 \$22,50
Street Address	Purpose		,
22 Kurtz St. Apt, 216	voter R	egistration +(ampaign wall
City	State	Zip Code	Check Number
Athen	ОН	45701	136
To Whom Paid		Date (MM/DD/YYYY)	Amount
Stripe		Date (MM/DD/YYYY) 10 (29/29/9)	P 0.74
Street Address	Purpose		
510 Townsend St.	Credit (Card Donation Pr	ocessing tee
City	State	Zip Code	Check Number
San Fancisco	or CA	94103	
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
Oily	ОН	219 0000	ONSOR Hambor
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose	1	<u> </u>
City	State	Zip Code	Check Number
	он		



In-Kind Contributions Received

Form 31-J-1

				R.C. 3517.10		
Full Name of Committee Damon Krane for Mayor						
Full Name of Contributor		Employer, Occupation	n Labor Organization*	Registration Number, if PAC		
Damon Krane			1 Mediu Consultui			
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
	Campaign l	website Dom	nan Name	07/05/2019 \$12.17		
City	State	Zip Code	Received at Fundraisi	ng Event?		
Atrons	0H 🖪	45701	☐ Yes 🌠 No			
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Damon Krane			edia Consultancy			
	Description of Item or S			Date (MM/DD/YYYY) Fair Market Value		
96 Hudson Ave, Art, 3				07/06/2019 #135.00		
City A .	State	Zip Code	Received at Fundraisi	ng Event?		
Athens		17.7	Yes 25, No			
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Damon Krane DBA Ho	rt Potato	Self/Operator	ruck Owner - ; Soctul Media Const			
	Description of Item or S	· · · · · · · · · · · · · · · · · · ·	•	Date (MM/DD/YYYY) Fair Market Value		
10 (1000) 017 [4 9] 110	Display Ad			09/10/2019 \$550.00		
City	State	Zip Code	Received at Fundraisi	ng Event?		
Athens	OH 🖹	45701	☐ Yes 🌠 No			
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ng Event?		
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Received at Fundraising	ng Event?		
			☐ Yes ☐ No			

Page Total \$	697.	17	
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^{*} 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

Full Name of Committee Damon Krane for Mayor							
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Neil Bhaerman Ohio Federation of Teachers / Co			of Teachers / Com				
Street Address	Description	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
67 E. Kossuth St., Apt. A	Refrest	hments for fo	undraiser		09/28/2019	15	
City	\$	State	Zip Code	Received at Fundraisir	ng Event?		
Columbsu	(ОН	43206	X Yes			
Full Name of Contributor	-		Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Adam Parsons			Ohio Voice / Data	a & Digital Director			
Street Address	Descripti	on of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
691 Frebis Ave.	Refresi	hments for f	undraiser	09/28/2019	33		
City	:	State	Zip Code	Received at Fundraising	ng Event?		
Columbus			43206	X Yes □ No	0		
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC	
Kristin Porter			Bricker & Eckler LLP / Paralegal				
Street Address	Descripti	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
773 Alexandria Colony Ct.	Refresi	hments for f	undraiser		09/28/2019	67	
City	:	State	Zip Code	Received at Fundraisi	ng Event?		
Columbus		ОН	43206	X Yes ☐ No)		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Street Address	Descripti	ion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisi	ng Event?		
		图		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	* Registration Number, if PAC		
Street Address	Descript	ion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraising Event?			
				·			

115	
Page Total \$	

^{*} 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		-					
Full Name of Committee Damon Krane for Mayor							
Recipient Committee							
	r. ,		11 .				
Committee to	Hect	Elli	e Heunrick				
Street Address	Description of It				Date (MM/DD/YYYY)	Fair Market Value	
	Slat in	Caw	ipaign Ad	vide o	10/20/2019	\$100.00	
City		State	Zip Code				
Athens		ОН	45791				
Recipient Committee							
Monday for CT	ty Con	ncil					
Street Address	Description of It				Date (MM/DD/YYYY)	Fair Market Value	
9 Garfield Ave.	Slot n	n Cow	iparyu Ad	Video	10/20/2019	\$100.00	
City		State	Zip Code				
Athens		он	45701				
Recipient Committee							
Street Address	Description of It	em or Ser	vice		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code				
		ОН	4.52				
		011				· 医环境性 第4 2	
Recipient Committee							
Street Address	Description of It	em or Serv	vice .		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code				
S.I.y			Zip Code				
		ОН		计算分型设计系统		新疆的特别的	
Recipient Committee							
Street Address	Description of It	em or Serv	vice		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code				
		ОН	1.5				



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

					rs		
Committee Name			Office Sought				District
Friends and Supporters of S	tere Patt	erson	Ma	yor			
Street Address	City		Stat	te Zip			
50 Longview Heights Rd	Ath	ens	Dt	1 (15701		
Candidate Name OR PAC Registration Number	Treasurer Name				Election Date	(MM/DD/	YYYY)
Steve Patterson	Conni	e Patterso	on		11/	5/20	19
Type of Report (choose one):		_				•	•
Annual Semiannual Pre-Prima	ry Post-P	rimary V Pre	-General	Post	t-General		
Statewide Candidates Only:					2 1	Year	
July Monthly August Monthly	September Mon	thly			1	2	019
Amended Report Termination		Short Form R	eport (R.C. 3	3517.10)(H))		
No Yes Check this box if the wishes to terminate v			box if the co			ns.	
1. Amount brought forward from last repo	rt			29	5.93		
2. Total monetary contributions (From Form	ns 31-A and 31-	-E)			3.00		
3. Total other income (From Form 31-A-2)							
4. Total funds available (sum of lines 1, 2, 3)		a a the all the second	825	58.93 28.43		** ***
5. Total monetary expenditures (From Form	ns 31-B and 31-	F)		428	28.43	ECE	IVEL
6. Balance on hand (line 4 minus line 5)			the second secon		30.50		
7. Value of in-kind contributions received	(From Form 31-	J-1)	= -		0 00	ATHENS (COUNTY
8. Value of in-kind contributions made (Fro	om Form 31-J-2))			8	OARD OF E	TECHOR
9. Outstanding loans owed by committee (From Form 31-0	C)					
10. Outstanding debts owed by committee	(From Form 31	-N)					
11. Outstanding loans owed to committee	·K)				,		
12. Value of independent expenditures ma	de (From Form	31-U)				6	
THIS STATEMENT IS MADE UNDER PENAL WHOEVER COMMITS ELECTION FALSIFIC				FIFTH I	DEGREE.		
Chalea atte				10	116/19		
Signature of Treasurer or Deputy Treasurer Contribution Pages Expenditure Pages	Other	Pages	Total Pages	e (MM/D	D/YYYÝ)		
			350				



Form 31-A

Full Name of Committee	0					
Friends and Supporters of Steve Patterson						
Full Name of Contributor				Registration Numb	er, if PAC	
Kevin Gillespie Street Address						
	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
29 Grand Park Blvd			-		Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Athens	bH_	45701	3/2	1/19	\$ 200.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Don Linder						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
280 E. State St					Check	
City	State	Zip Code	Date (MM/DI		Amount	
Athens	bH -	45701	3/	28/19	\$300.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Eric Lucas						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
4172 Marshfield Rd					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Athens	DH -	45701	4/	2/19	\$ 500.00	
Full Name of Contributor				Registration Number	er, if PAC	
Jane Woodrow						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
21 Canterbury Dr.					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Athens	DH	45701	4	14/19	\$ 50.00	
Full Name of Contributor				Registration Number	er, if PAC	
Christine Knisley						
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
24 old Coach Rd					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Athens	DH	45701	8	22 19	\$ 50.00	

Page Total	# 1	100.00

^{*}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 # 2

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends and Supporters	of Ste	ve Patters	son		
Full Name of Contributor	Registration Numb	er, if PAC			
Eric Wasserman					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1296 Vanderhoof Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Coolville	OH _	45723	4	18/19	\$ 250.00
Full Name of Contributor				Registration Numb	er, if PAC
The Remington Road Gro	UD I	10			
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
34 N Remington Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Bexley	OH -	43209	41	9/19	\$ 500.00
Full Name of Contributor				Registration Numb	er, if PAC
Ann Grim					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
76 Morris Ave					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	DH	45701	4/1	6/19	\$ 50.00
Full Name of Contributor				Registration Number	And the state of t
Ann Brown					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
8 Tulane Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	OH	45701	411	7/19	\$ 250.00
Full Name of Contributor				Registration Number	er, if PAC
R. Leslie Cornwell					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
23 N Court St		p			Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	DH	45701	5/	11/19	\$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)]





Form 31-A

Full Name of Committee					
	Class	a Oallows	0		
Friends and Supporters of	STEV	e ratterson			V.D.A.G.
Full Name of Contributor				Registration Number	er, if PAC
Scott Nisley Street Address					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
9691 Hooper Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	OH -	45701	9/1	10/19	\$ 100.00
Full Name of Contributor				Registration Number	er, if PAC
Felix Gaaliano					
Felix Gagliano Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
11 Roosevel+ Dr					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	DH -	45701	9/	19/19	\$ 500.00
Full Name of Contributor		•	-	Registration Number	er, if PAC
Zach Reizes					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
7 Atlantic St Apt B					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	b+ <u>▼</u>	45701	9/2	21/19	\$ 18.00
Full Name of Contributor				Registration Number	er, if PAC
Contributions from form No	. 31-	E			
Street Address		Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	~		4/7	119	\$3,870.00
Full Name of Contributor				Registration Number	The state of the s
Ohio AFL-CIO					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
500 S Front St Suite 700					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus .	DH _	43215	9	3/19	\$250.00

^{*}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 4

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee	_				
Friends and Supporters of Ste	vo. Pa	Herson			
Full Name of Contributor	VET ICA	3100.201		Registration Numb	er, if PAC
Caryn Bailey Street Address					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
8100 Stone Castle Rd	ļ				Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Athens	6H Y	45701	9/2	17/19	\$ 100.00
Full Name of Contributor	<u> </u>		• • • • • • • • • • • • • • • • • • •	Registration Numb	/
Carolin Briley					
Carolyn Bailey Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
8100 Stone Castle Rd					Check
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Athens	6H 🗵	45701	91:	27/19	\$ 100.00
Full Name of Contributor		·	•	Registration Numb	
Rose Dikis					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
37 Brown Ave					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	OH 🗵	45701	10/	1/19	\$ 25.00
Full Name of Contributor			,	Registration Numb	
Lynn Last					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
9 Woodshire Ct					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	он 🖸	45701	101	12/19	\$ 100.00
Full Name of Contributor				Registration Numb	
Andrew Stone					
Andrew Stone Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
5200 W. Bailey Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
5200 W. Bailey Rd City Nelsonville	OH 🔽	45764	10/-	1/19	\$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)]

Page Total	\$375.°°
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OFFICE OF THE Ohio Secretary of State

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends and Supporters of	Steve	Pattersor)		
Full Name of Contributor				Registration Numb	per, if PAC
National Association of Social	Worke	15-17 hio PA	CE	OHAS	54
Street Address	Employer	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
400 W. Wilson Bridge Rd					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Worthington	OH	43085	10/	8/19	# 200.00
Full Name of Contributor			<u></u>	Registration Numb	-
Street Address	Employer	r/Occupation/Labor O	rganization*	<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
	<u>**</u>	i			
Full Name of Contributor			<u> </u>	Registration Numb	Ler, if PAC
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
				•	
Full Name of Contributor				Registration Numb	L. er, if PAC
				-	
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	X		'	•	
Full Name of Contributor				Registration Numb	er if PAC
				,	
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
			3		, 4000, 4000, 2000,
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	A	'			
	السنا		1		!

*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	\$200.00
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Event Date 4	11-	7	19	Page /
	•	-		

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 or	- Steve Patterson		
Full Name of Contributor		Registration Number, if PAC	
Ann Moneypenny Street Address			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
11875 Banjo Hill		4/7/19	\$ 500.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	OH 45701	Check	
Full Name of Contributor		Registration Number, if PAC	
Ron Strickmaker			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
175 Longnew Heights	1.7	4/7/19	\$500.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	6H ¥ 46701	Check	
Full Name of Contributor		Registration Number, if PAC	
Sean Parsons			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
217 Longview Heights		4/7/19	\$ 25.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	6H - 45701	Check	
Full Name of Contributor		Registration Number, if PAC	
Sarah Mitchell			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
24 Home St. Apt #805		4/7/19	\$ 25.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	6H 45701	Check	
Full Name of Contributor		Registration Number, if PAC	
Allyson Beard			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
11613 Channing Way Blvd		4/7/19	\$ 20.00
City	State Zip Code	Form (Cash, Check, Etc	
The Plains	DH 45780	Check	
Required for contributions from individuals over \$100 t		es. If contributor is self-employed	d, the occupation and the

name of the individual's business, if any, rather than employer should be listed. If two or more employees contributor is self-employed, the occupation and 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

lotal	Contributions	This	Event

Total Expenditures This Event

Page Total \$ 1,070.00



Event Date	4	17	19	Page	2
	_			9	

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			1
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 t	o statewide and General Assembly candidat	es If contributor is self-employed	d the occupation and the

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event	

Total Expenditures This Event

Page Total \$ 250.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Event Date	4	17	19	Page 3

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	bH <u>145701</u>	Check	
Full Name of Contributor		Registration Number, if PAC	
Kathleen Mc Guckin			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
70 Briarwood		Form (Cash, Check, Etc	\$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
65 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 t	o statewide and General Assembly candidat	es. If contributor is self-employe	d, 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



Event Date	17	119	Page 4
	+	· · ·	-5-

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	
Carol Patterson			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
30 Fairview Ave		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	
Kevin Martin			-
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
8156 Salen Rd		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	
Patty Mitchell Street Address			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
136 N Congress St		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	
John Haseley			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
9546 Hooper Rd		4/7/19	\$250.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	OH 45701	Check	
Full Name of Contributor		Registration Number, if PAC	
Larry Conrath			,
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
5283 Marion Johnson Rd		4/7/19	\$ 250.00
City	State Zip Code	Form (Cash, Check, Etc	
Athens	DH 45701	Check	
t Described for an ability time from individuals are 6400 t	t-tidd Canadal Assaulhi, sandidal		at the comment of the

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

_	_	_							
Т	c	ota	al	C	ontr	butio	ns	This	Event

Total Expenditures This Event

Page Total \$_____800 . 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)]







Form 31-E

				R.C. 3517.10(B)
Full Name of Committee				
Friends and Supporters	of Steve 1	Patterson		
Full Name of Contributor			Registration Number, if PAC	
Thomas Quinn				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8281 Rock Riffle Rd			4/7/19	\$250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Athens	bH_	46701	Check	
Full Name of Contributor			Registration Number, if PAC	
Alan McMillan				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
209 E State St		22	4/7/19	\$ 250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Athens	6H_	45701	Check	and the second of
Full Name of Contributor			Registration Number, if PAC	
Robert Foehl				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
105 Coventry Lane			4/7/19	\$ 250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Athens	DH -	45701	Check	
Full Name of Contributor			Registration Number, if PAC	
Chris France				
Street Address	Employer/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
7916 Floyd Dr			4/7/19	\$ 250.00
City	State	Zip Code	Form (Cash, Check, Etc	
The Plains	OH-	45780	Check	
Full Name of Contributor			Registration Number, if PAC	
Lenny Eliason				
Street Address	Employer/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
11 old Coach Rd			4/7/19	\$ 250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Athens	OHI	45701	Check	

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

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Event Date 4	17	19	Page 6
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Form 31-E

R.C. 3517.10(B)

					K.C. 3517.10(B)
Full Name of Committee					
Friends and Supporters	of Steve	Patterson			
Full Name of Contributor			Registration	n Number, i	f PAC
Bruce Wentworth					
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/E	DD/YYYY)	Amount
8266 Rock RIFFLE Rd				7/19	₹ 100.00
City	State	Zip Code	Form (Cash	n, Check, Et	tc
Athens	OH _	45701	THE OWNER WHEN PERSON NAMED IN	eck	
Full Name of Contributor			Registration	n Number, i	f PAC
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/D	DD/YYYY)	Amount
City	State	Zip Code	Form (Cash	n, Check, Et	tc
	~				
Full Name of Contributor				n Number, i	f PAC
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/D	DD/YYYY)	Amount
		3	Date (mm/	,,,,,	
City	State	Zip Code	Form (Cash	Check Et	to
Oity	Value	Zip Code	T OIIII (Casi	i, Officer, Li	
Full Name of Contributor			Registration	n Number, it	f PAC
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/D	DD/YYYY)	Amount
City	State	Zip Code	Form (Cash	n, Check, Et	tc
	~				
Full Name of Contributor			Registration	Number, it	f PAC
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/D	DD/YYYY)	Amount
City	State	Zip Code	Form (Cash	, Check, Et	tc

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 Cont	ributio	ons T	his Event
\$3	8	10	.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)]



Form 31-B

Page

				LE BOING	
Full Name of Committee	<u> </u>				
Friends and Supporters of Steve 1	Patterson	l			
To Whom Paid			Date (MM/DD/YYYY)		Amount
Minuteman Press			4/4/19		\$326.35
Street Address	Purpose				
17 W Washington St	cam	20	lign postcard	IS	
City	State	Zip	Code	Che	eck Number
Athens	ОН		45701		1016
To Whom Paid			Date (MM/DD/YYYY)		Amount
Kimberly Barlag			4/15/19		\$ 250.00
Street Address	Purpose				
405 Elmwood	desi	gr	work for ca	mp	paign postcard
City	State	Zip	Code		eck Number
Athens	он		45701		1017
To Whom Paid			Date (MM/DD/YYYY)		Amount
Passion Works			4/19/19		\$28.89
Street Address	Purpose				
20 E State St	Stationa	iri	1 For donation	th	nank you letters
City	State	Zip	Code	Che	eck Number
Athens	ОН		45701		1018
To Whom Paid			Date (MM/DD/YYYY)		Amount
Zonez			8/6/19		\$828.18
Street Address	Purpose				
1002 E State St	Yard :	Sic	ins & name	ba	dges
City	State	Zip	Code	Che	eck Number
Athens	он	Ĺ	15701	Cr	redit card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Minuteman Press			8/12/19		\$326.35
Street Address	Purpose				
17 W Washington St	camp	201	ign postcard	S	
City			Code		ck Number
Athens	ОН		45701	C	redit card

Page Total \$_	1759.77



Page <u>2</u>

Statement of Expenditures

Form 31-B

Full Name of Committee			
Friends and Supporters of Steve Pa	tterson		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Minuteman Press .		9/4/19	\$324.35
Street Address	Purpose	58. S. S. S.	
17 W Washington St	campa	ign postcards	
City	State	Zip Code	Check Number
Athens	ОН	45701	credit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Passion Works		9/21/19	\$25.68
Street Address	Purpose		
20 E State St	Stationar	y for donation t	hank you letters
City	State	Zip Code	Check Number
Athens	ОН	45701	credit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Zonez		10/2/19	\$493.79
Street Address	Purpose		,
1002 E State St			
City	State	Zip Code	Check Number
Athens	ОН	45701	credit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Minuteman Press		10/10/19	\$324.35
Street Address	Purpose	,	× 1
17 W Washington St	cam	ouign postcar	ds
City	State	Zip Code	Check Number
Athens	ОН	45701	credit casd
To Whom Paid		Date (MM/DD/YYYY)	Amount
Athens County Democratic Party		10/2/19	\$ 150.00
Street Address	Purpose	Ψ	
74 E State St		tribution	
City	State	Zip Code	Check Number
Athens	ОН	45701	1019

Page Total \$	\$ 1322.17
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Form 31-B

Full Name of Committee					
Friends and Supporters of Steve Po	Herm	į.			1
To Whom Paid	0301		Date (MM/DD/YYYY)		Amount
Minuteman Press			10/10/19		\$ 326.35
Street Address	Purpose				
17 W Washington St	Camp	all	gn postcards		
City	State	Zip	code	Che	eck Number
Athens	ОН		45701		Credit card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Zonez			10/2/19		\$ 493.79
Street Address	Purpose				
1002 E State St	yar	d	signs		
City	State	Zip	Code	Che	eck Number
Athens	ОН		45701		Credit card
To Whom Paid			Date (MM/DD/YYYY)		Amount
Minuteman Press			4/4/19		\$326.35
Street Address	Purpose				
17 W Washington St	camp	ali	an postcards		[8]
City	State	Zip	dode /	Che	eck Number
Athens	ОН		45701		1016
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	eck Number
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	ck Number
	ОН				

	a 1146.49	
Page Total \$	" BODOLAY"	
		-





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Friends and Supporters Full Name of Contributor	of Steve 1	Patterson					
Full Name of Contributor		Employer, Occupation	on, Labor Organization*	Registration Number, if PAC			
Athens County Democratic	Party						
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value			
74 E State St.	Food			04/07/2019 \$100.00			
City	State	Zip Code	Received at Fundraisi	ing Event?			
Athens	bH -	45701	Yes No				
Full Name of Contributor	•	Employer, Occupation	n, 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 Fundraisi	ng Event?			
	-		☐ Yes ☐ No				
Full Name of Contributor		Employer, Occupation	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	ng Event?			
	-		Yes No				
Full Name of Contributor		Employer, Occupatio	n, 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	ng Event?			
	-		Yes No				
Full Name of Contributor	Employer, Occupatio	n, 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 Fundraisir	ng Event?			
	-		Yes No				
		1					

Page Total \$	100.00

^{*} 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)]



Ohio Campaign Finance Report

Form 30-A

Committee Name						Office So	ught				District
Committee to Elect Ellie Har	mrick					City	Counc	ii	(at larg	e)	
Street Address		City				•	State	Zip			
414 Carriage Hill Dr.		Athens					OH	1 45701			
Candidate Name OR PAC Registration Number		Treasurer Name							Election Date	(MM/DD/	YYYY)
Ellie Hamrick		Ellie	Ham	rick	4				11/05/2	019	
Type of Report (choose one):											
Annual Semiannual Pre-	Primary	□ Po	ost-Prir	nary	Pre-	General		Pos	t-General		
Statewide Candidates Only:										Year	
July Monthly August Monthly	☐ Se	ptember	Month	ly						20	19
Amended Report Termination				Short	Form Re	port (R.	C. 351	7.10	D(H))		
⊠ No									e is filing a d instructior	ıs.	
1. Amount brought forward from last	report				T				0		
2. Total monetary contributions (Fron	m Forms	31-A an	nd 31-E)	\$21	28					
3. Total other income (From Form 31-	A-2)										
4. Total funds available (sum of lines	1, 2, 3)				\$ 21:	28					
5. Total monetary expenditures (From	n Forms	31-B and	d 31-F)		\$1,0	737. L	O				
6. Balance on hand (line 4 minus line 5	5)				\$31	0.90	7		REC	EIVE	ED
7. Value of in-kind contributions rece	eived (Fr	om Forn	n 31-J-	1)	\$50	. 0			OCT 2	2 3 2019	1
8. Value of in-kind contributions mad	le (From	Form 31	1-J-2)							COUNTY	
9. Outstanding loans owed by commi	ittee (Fr	om Form	n 31-C)						BOARD OF	ELECTION	IS
10. Outstanding debts owed by comm	nittee (F	rom For	m 31-N	1)							
11. Outstanding loans owed to comm	nittee (Fr	rom Forr	m 31-K)							
12. Value of independent expenditures made (From Form 31-U)											
THIS STATEMENT IS MADE UNDER F WHOEVER COMMITS ELECTION FAL							HE FIF	ТНІ	DEGREE.		
Ellen Hamisck							10/1	9/:	2019		
Signature of Treasurer or Deputy Treasurer							-		D/YYYY)		
Contribution Pages Expenditure Pa	ages	ſ	Other Pa	ages		Total Pa	ges				
1 3			6			14			l act	Undated	1 00/201





Form 31-A

ORC 3517.10

					· · · · · · · · · · · · · · · · · · ·
Full Name of Committee					
Committee to Elect Ellie Hamrich	K				
Full Name of Contributor				Registration Numb	er, if PAC
Ilya Kogan					
Street Address	Employer	Occupation/Labor Or	ganization*	L	Form (Cash, Check, etc.)
142 Nurad Road	Ohio	University			Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Athens	OH 🔽	45701	05/31/2	019	9 200 3
Full Name of Contributor		<u> </u>		Registration Numb	
Grant Stover					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
2292 Indiana Ave					Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	OH 1 43202 06/01/2019				10
Full Name of Contributor	Registration Number, if PAC				
Lori Croox					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
678 Poplar St	678	Media			Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Nelsonville	OH T	45764	09/01/2	2019	20
Full Name of Contributor				Registration Numb	er, if PAC
James Grannis					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
194 E Longview Ave	Weste	rville City	Schools		Online ICC
City		Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH	43202	06/01/2	2019	50
Full Name of Contributor		er, if PAC			
Amy Farris					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
194 E Longview Ave	Weste	rville City S	chools		Online/CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH	43202	06/01/2	.019	200

Page Total 293	
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Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamr	ick			Registration Num	her if PAC
			÷	1109.0444011114	501, 11 710
Jessie Fredlund Street Address	Employer	/Occupation/Labor Or	ranization*		Form (Cash, Check, etc.)
		•	ganization		
30-42 30th St., Apt. IR	Stude		5	20000	Online/CC
City	State	Zip Code	Date (MM/DI	•	Amount
Queens	14V	11102	06/01/2	019	10
Full Name of Contributor				Registration Num	ber, if PAC
Khadija Mehter					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
104 Almey Ct.					Online/CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Sterlina	VA	20164	06/02/	2019	20
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	ber, if PAC		
Chris Schoen					
Street Address	Employer	/Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)
4860 W. Byron St., Apt. 2E	A1154	ል ት ይ			Online /CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Chicago	IL	60641	06/02/	ania	25
Full Name of Contributor	1 - Land		00,007	Registration Num	- L
0 - 1					,
Badger Johnson Street Address	Employer	/Occupation/Labor Or	nanization*	<u> </u>	Form (Cash, Check, etc.)
2) 4) 4 (2) + 4)		•	_		
36210 5R 681		employed fo Zip Code	てもられます Date (MM/DI	200000	Online / CC
	OH	l			
Albany	On	45710	06/02/		27
Full Name of Contributor				Registration Num	ber, if PAC
Christopher Hamrick					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
4848 Woodstream Gt.	Ergor	nomist			Online /CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH	43230	06/03/	2019	100

Page Total	L	92	
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Form 31-A

ORC 3517.10

Full Name of Committee						
Committee to Elect Ellie Hamr	ick					
Full Name of Contributor				Registration Numb	per, if PAC	
Nathaniel Wallace						
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
07.00		•				
87 Central Ave	State	University Zip Code	Date (MM/D	D00000	Amount	
		•	· .	·		
Athens	OH	45701	06/05/	2019	50	
Full Name of Contributor				Registration Numb	per, if PAC	
Will Klatt						
Street Address	Employer/	Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)	
80 E Lakeview Ave	Onio	Education ,	Associa	tion	Online ICC	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Columbus	OH	43202	06/20/2	2019	100	
Full Name of Contributor	<u> </u>			Registration Numb	per, if PAC	
Daniel Kington						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
17133 Truetown Rd	Found	ation for Ap	palachia	in Onio	Online/CC	
City	State	Zip Code	Date (MM/D		Amount	
Millfield	OH	45761	06/20/	12019	100	
Full Name of Contributor				Registration Numb	per, if PAC	
Keyin Blair						
Street Address	Employer	Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)	
1207 Harvard Blvd	Toled	o Public Sch	10015		Online ICC	
City			Date (MM/D	D/YYYY)	Amount	
Toledo	OHT	43614	06/20/	2019	10	
Full Name of Contributor			00,40,	Registration Numb	<u> </u>	
Street Address	Temployee	(Occupation/Labor Or	manization*		Form (Cook Check etc.)	
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
21 Hooper St.		University	1		Online/CC	
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount	
Athens	OH	45701	06/21/6	2019	10	

Page Total	270





Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamr	icK				
Full Name of Contributor				Registration Numl	ber, if PAC
John Yanno			:		
Street Address	Employer	Occupation/Labor On	panization*	L	Form (Cash, Check, etc.)
1704 (1) A A		•	•		1_
6701 5th AVE Apt 4H	Teach State	Zip Code	D-4- (MM/D)	D00000	Online / CC
City		·	Date (MM/D	•	
Brooklyn	12 Y	11220	06/21/	2019	127
Full Name of Contributor				Registration Numl	ber, if PAC
James Grannis					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
194 E Longview Ave	Weste	rville City :	ôcnoo15		Online/CC
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Columbus	OHT	43202	07/01/	2019	50
Full Name of Contributor				Registration Numi	
Oncid ac					
David Bliven Street Address	Employer	Occupation/Labor Or	ranization*		Form (Cash, Check, etc.)
			gamzaaam		
445 Hamilton Ave	Attor				Online /CC
City	State	Zip Code	Date (MM/DI	·	Amount
White Plains	NI	10601	07/04/	2019	100
Full Name of Contributor				Registration Numl	ber, if PAC
Alejandro Coriat					
Street Address	Employer	Occupation/Labor On	ganization*		Form (Cash, Check, etc.)
235 Wadsworth Ave Apt. 4C					0 -11 - 100
City	State	Zip Code	Date (MM/DI	00000	Online/CC Amount
	27	•			
New York		10033	07/04/		27
Full Name of Contributor	Registration Numb				per, if PAC
Emma Reasoner					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
59 2nd 5+	Passion Works Online ICC				Online/CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	OH	45701	07/24/	2019	10

Page Total	214	





Form 31-A

ORC 3517.10

K					
Committee to Elect Ellie Hamcick Full Name of Contributor Registration Number, if PAC					
Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
		_			
	rville City			Online/CC	
	'	Date (MM/D	D/YYYY)	Amount	
OH I	43202	08/01/	2019	50	
			Registration Numb	per, if PAC	
Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
	•	J			
	· - · · · · · · · · · · · · · · · · · ·			Online /CC	
	Zip Code	Date (MM/DI	DYYYY)	Amount	
MD	21211	08/05/	2019	10	
Registration Number, if PAC					
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Crew	Lead			Online/CC	
State	Zip Code	Date (MM/D	D/YYYY)	Amount	
OHI	44133	08/05/	12019	ี่สา	
		00700.		- 	
1= :				<u></u>	
Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
				Online/CC	
State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
OH -	43015	08/06/	2019	100	
Registration Number, if PAC					
Employer/Occupation/Labor Organization*					
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
				Online /CC	
State	Zip Code	Date (MM/DI	DYYYY)	Amount	
5C 🔼	29566	08/06/8	2019	10	
	Employer ACCOU State MO Employer Crew State OH Employer Crew State OH Employer Crew State CH Crew State CH Crew State CH Crew State	Employer/Occupation/Labor Or Westerville City State Zip Code OH	Employer/Occupation/Labor Organization* Westerville City Schools State Zip Code Date (MM/Di OH \(\rightarrow \text{H3202} \) O3/01/ Employer/Occupation/Labor Organization* Account ant State Zip Code Date (MM/Di MD \(\rightarrow \text{L211} \) O8/05/ Employer/Occupation/Labor Organization* Crew Lead State Zip Code Date (MM/Di OH \(\rightarrow \text{L4133} \) O8/05/ Employer/Occupation/Labor Organization* State Zip Code Date (MM/Di OH \(\rightarrow \text{L4133} \) O8/06/2 Employer/Occupation/Labor Organization* Grocery team leader State Zip Code Date (MM/Di Carocery team leader State Zip Code Date (MM/Di OH \(\rightarrow \text{L400} \) O8/06/2	Registration Number	

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Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamri	rk				
Full Name of Contributor	<u> </u>			Registration Numb	per, if PAC
Dylan Rees	l	10 11 - 11 - 1 0			[E (Ot- Obtt-)
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
12 Linden Ave	Reseo	ircher			Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Trou	24	12180	08/06/	2019	10
Full Name of Contributor	<u>'</u>	<u> </u>	•	Registration Numb	per, if PAC
Canalian Man					
Caroline Nagy Street Address	Employer	/Occupation/Labor Or	acolzetion*		Form (Cash, Check, etc.)
Sireer Address	Employen	Occupation/Labor Or	ganization		Form (Cash, Check, etc.)
168 2nd 5t.	Center	for NYC N	Jeighbo	rhoods	Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Troy	1 Yu	12180	08/06/	2019	20
Full Name of Contributor		<u> </u>		Registration Numb	per, if PAC
BAGIL Ziaman					
Blay Zinmam Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
	Linployon	, 000apaao, a 2200, ° 0.	gameaton		Tom (oddin, onodic, otd.)
868 Oreo Place	<u></u>				Online/CG
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Los Angeles	CA	90272	08/06/	2019	27
Full Name of Contributor				Registration Numb	per, if PAC
Anthony Barnes					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
240 Natoma Station Dr. Apt. 197					Calina ICC
City		Zip Code	Date (MM/DI	D(YYYY)	Online /CC
		95630			
Folsom	CAL	45630	08/06/		10
Full Name of Contributor	Registration Number, if PAC				
John Reimann					
Street Address	Employer/Occupation/Labor Organization* Form (Cash				Form (Cash, Check, etc.)
2209 Tenth Ave	Retired carpenter Online/CC				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Oakland	CA	94606	08/07/	•	100

Page Total	167





Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Harr	rick				
Full Name of Contributor	,,,,,,,			Registration Numb	per, if PAC
Daniel Gajewski					
Street Address	Employer	/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
11012 7115 Ct M					
4813 74h 54 N	State	Zip Code	Date (MM/D	DAGGGG	Ontine/CC
City			Date (MINI/DI	טוזיזין)	Amount
Arlington	VAL	22203	08/07/	12019	15
Full Name of Contributor				Registration Numb	per, if PAC
Sarah Morken					
Street Address	Employer	/Occupation/Labor O	ganization*	L	Form (Cash, Check, etc.)
00 0 606 0					
P.O. Box 505 Rainier	State	zational th Zip Code			Amount
City	State	,	Date (MM/D	D/YYYY)	Amount
Rainier	WAL	98576	08/07/	2019	50
Full Name of Contributor				Registration Numb	per, if PAC
Michael Scire					
Street Address	Employer	/Occupation/Labor O	ganization*	<u> </u>	Form (Cash, Check, etc.)
264 6 Names to OV.	بمدملال				
354 E University PKWY	State	maintaina Zip Code	Date (MM/Di		Online / CC
		·			Amount
Baltimore	MOL	21218	08/09	12019	10
Full Name of Contributor				Registration Numb	per, if PAC
Thomas Keovah					
Street Address	Employer	/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
303A 164h St	Artis	د :			001100100
City	State	Zip Code	Date (MM/DI	D(YYYY)	Online/CC
	N1		`	•	
Brooklyn		11215	08/10/2		45
Full Name of Contributor	Registration Nu				per, if PAC
Warren Haydon					
Street Address	Employer	Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
97 Second St					Chack
City	State	Zip Code	Date (MM/DI	D/YYYY)	Check
		·			
Athens	OH 🔼	45701	09/29/1	19	25

|--|





Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamrick					
Full Name of Contributor				Registration Numb	per, if PAC
James Grannis	T]	T
Street Address	Employer	Occupation/Labor Or	ganization"		Form (Cash, Check, etc.)
194 E Longview Ave	Weste	rville City So	nools		Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	OH	43202	09/01/	2019	50
Full Name of Contributor		<u> </u>		Registration Numb	per, if PAC
a Mariah					
Thomas Klough Street Address	I =========	(Ossunation() abov Os	itit		Francisco (Orași Orași ata)
Sueet Address	Employen	Occupation/Labor Or	ganization		Form (Cash, Check, etc.)
303A 16th St	Artis	ł	_		Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Brooklyn	127V	11215	09/01/2	2019	10
Full Name of Contributor				Registration Numb	per, if PAC
Hasani Gunn					
Street Address	Employer	/Occupation/Labor On	ganization*	L	Form (Cash, Check, etc.)
			3		
6442 N Seeley Ave #ZE	, 	itant	· · · · · · · · · · · · · · · · · · ·		Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Chicago	IL 💟	60645	09/02/	19	50
Full Name of Contributor		·		Registration Numb	per, if PAC
C					
Sigmundt J. Daniels Street Address	[Fmmlauer	(Occupation) share Oc		L	Ts(0.1.0)
Street Address	Employen	Occupation/Labor On	ganization		Form (Cash, Check, etc.)
44036 Sunview Ct. #1	Retire	d teacher			Online/CC
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Lancaster	CAL	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.)				
LUL GOOD Od	1				
14 Beech Rd City	State	Zip Code	Date (MM/DI	DWWV)	Online/CC
		·		·	
The Plains	OH	45180	09/09/	2019	100

Page Total	220	
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Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamrick	,				
Full Name of Contributor				Registration Numb	per, if PAC
					·
Allison Hight	,				
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
107 Southport Dr					Online ICC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Lexington	KY 🗖	40503	09/30/	2019	25
Full Name of Contributor	•	10 000	0 1/0-1	Registration Numb	
					,
James Grannis					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
194 E Longview Ave	Weste	erville City	Schools		Online /CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	OH	43202	10/01/8	2019	50
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Numb	per, if PAC
A CALLED					
Vicky Mattson	1	10			T- 12 1 1 1 1
Street Address	Employer	/Occupation/Labor Or	ganization"		Form (Cash, Check, etc.)
32 Sunnyside Or.	Field	interviewer			Online ICC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Athens	OH	45701	10/03/	2019	50
Full Name of Contributor				Registration Numb	per, if PAC
0					
Nic Paredls Street Address	I Empleyer	/Occupation/Labor Or			Form (Cook Check etc.)
Officer Address	Employen	Occupation/Labor Of	gariizalicii		Form (Cash, Check, etc.)
366 Richland Ave	Deliv	ery driver			Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Athens	OH	45701	10/09/	2019	10
Full Name of Contributor	Registration Number, if PAC				
00 man 1/20 a 0					
Damon Krant Street Address	Employer	/Occupation/Labor On	nanization*	L.	Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 50cial media manager/				
96 Hudson Ave	1	food truck	operat		Online/cc
City	State	Zip Code	Date (MM/D		Amount
Athens	OH	45701	10/10/6	2019	200

Page Total	335	
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Form 31-4

ORC 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamri	CK				
Full Name of Contributor				Registration Numb	er, if PAC
Xander Dumaine					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
	Limpleyon		g		
312 Marist Ct		are enginee			Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Durnam	NC	27713	10/12/2	019	50
Full Name of Contributor				Registration Numb	er, if PAC
Vacual-					
Thomas Klough Street Address	Employer	/Occupation/Labor Or	ganization*	L	Form (Cash, Check, etc.)
Sileet Address	Employen	Occupation/Labor Of	gariization		Form (Cash, Check, etc.)
303A 16th St city	Artis				Online/CC Amount
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Brooklyn	NY	11215	10/17/6	1019	15
Full Name of Contributor	A			Registration Numb	er, if PAC
Be+Sy Hamrick Street Address				1 CO CO	
	Employer	Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)
Beheingasse 20/13		(us ci	rizen)		Online/CC
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Vienna	NY . ■	1170	08/2	8/2019	56
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	v				
Full Name of Contributor			4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Registration Numb	er, if PAC
Street Address	Employer	Occupation/Labor Or	ganization*	L	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	-				

Page Total	115	
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Form 31-B

R.C. 3517.10

Full Name of Committee	-				
Committee to Elect Ellie Hamrick					
To Whom Paid			Date (MM/DD/YYYY)		Amount
A.G.E Graphics, LLC			06/13/20)19	268.13
Street Address	Purpose				<u> </u>
52231 State Route 248	Yard Signs				
City	State	Zip	Code	Che	ock Number
Long Bottom	он	457	743		
To Whom Paid			Date (MM/DD/YYYY)		Amount
llya Kogan			10/22/20	19	222.75
Street Address	Purpose				
142 Nurad Rd.	Facebook Advertisement Reimbursement				
City	State Zip Code Check				ck Number
Athens	он	457	701	10	01
To Whom Paid		Date (MM/DD/YYYY)		Amount	
Ilya Kogan			10/22/2019 106.75		
Street Address	Purpose				
142 Nurad Rd.	Reimbursen	nen	t for SMS Services		
City	State	Zip	Code	Che	ck Number
Athens	он	457	701	10	02
To Whom Paid			Date (MM/DD/YYYY)		Amount
liya Kogan			10/22/2019 258.76		
Street Address	Purpose				
142 Nurad Rd.	Reimburser	neni	t for T-Shirts		
City	State	Zip	Code	Che	ck Number
Athens	ОН	457	701	10	01
To Whom Paid			Date (MM/DD/YYYY)		Amount
International Socialist Organization - Athens, OH			10/22/20	19	67.36
Street Address	Purpose				
111 South Green Office	Reimbursement for Stickers				
City	State	Zip	Code	Che	ck Number
Athens	ОН	457	701	10	03

Page Total \$ 923.75





Form 31-B

R.C, 3517.10

Full Name of Committee					
Committee to Elect Ellie Hamrick					
To Whom Paid			Date (MM/DD/YYYY)		Amount
International Socialist Organization - Athens, OH			10/22/20	19	\$90.62
Street Address	Purpose				
111 South Green Office	Reimburse	men	t for Web Domain Nam	es	
City	State	Zip	Code	Che	ck Number
Athens	ОН	45	701	10	04
To Whom Paid			Date (MM/DD/YYYY)		Amount
Ohio University Alden Library			06/07/20	19	\$25.00
Street Address	Purpose				
30 Park Pl	Printing				
City	State Zip Code			Che	ck Number
Athens	он	45	701		
To Whom Paid	Date (MM/DD/YYYY) Amount				
Ohio University Alden Library		06/13/2019 \$25.00			
Street Address	Purpose				
30 Park Pl	Printing				
City	State	Zip	Code	Che	ck Number
Athens	ОН	45	701		
To Whom Paid			Date (MM/DD/YYYY)		Amount
Ohio University Alden Library			09/02/20	\$25	
Street Address	Purpose				•
30 Park PI	Printing				
City	State	Zip	Code	Che	ck Number
Athens	ОН	45	701		
To Whom Paid			Date (MM/DD/YYYY)		Amount
United States Postal Service			09/30/20	19	\$2.08
Street Address	Purpose				
1 Park Pl	Postage for Endorsement Applications				
City	State	Zip	Code	Che	ck Number
Athens	ОН	45	701		

Page Total \$_____





Form 31-B

Full Name of Committee				•	····
Committee to Elect Ellie Hamrick					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Jakprints			07/15/20	19	170.65
Street Address					
3133 Chester Ave	Quarter She	ets			
	State		Code	Che	ck Number
Cleveland	ОН	-	114	One	ok Number
To Whom Paid		77			Amount
			Date (MM/DD/YYYY)	10	
Daniel Kington			10/22/20	119	\$400
Street Address	Purpose				
17133 Truetown Rd	Facebook Advertisement Reimbursement				
City	State	Zip	Code	Che	ck Number
Millfield	он	45	761	10	00
To Whom Paid			Date (MM/DD/YYYY)		Amount
Athens Organizing Foundation			10/22/2019 \$7		\$75
Street Address	Purpose				
142 Nurard Rd.	Reimburser	nen	t for Donation to Comm	nitte	e to Elect McCray Powel
City	State	Zip	Code	Che	ock Number
Athens	он	45	701	10	06
To Whom Paid			Date (MM/DD/YYYY)		Amount
Observa Andrews	D		<u> </u>		
Street Address	Purpose				
City	State	Zip	Code	Che	ck Number
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	ck Number
	ОН				

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			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Lori Crook			678 Media				
Street Address	Description	of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
678 Poplar St.	Campaig	gn Video		09/01/2019	\$50		
City	Sta	ate	Zip Code	Received at Fundraising	ing Event?		
Nelsonville	O	н	45764	☐ Yes 区 No			
Full Name of Contributor	Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC			
Street Address	ervice		Date (MM/DD/YYYY)	Fair Market Value			
City	State Zip Code Received at Fundrai				ng Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC	
Street Address	Description	of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
City	Sta	ate	Zip Code	Received at Fundraisin	ng Event?		
Full Name of Contributor			Employer, Occupation	n, Labor Organization* Registration Number, if PAC			
Street Address	Description	of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
City	Sta	ate	Zip Code	Received at Fundraisin	ng Event?		
				Yes No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC	
Street Address	Description	of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
City	City State			Received at Fundraisin	ng Event?		

50 Page Total	,
·	



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name Friends of Beth Cloc	dfelter			Office Sought Athens Cit	ty Cour	ncil, at large		District ATH
Street Address 35 S. Shannon St.	v	City Athens		Star	1000	5701		
Candidate Name OR PAC Elizabeth Clodfelter	Hill, Jr.		'	Election Date 11/05/201		YYYY)		
Type of Report (cho	ose one):		1 1 5			J 11	et pisa	gr Tryt .
☐ Annual ☒ Se	miannual Pre-Primary	Post-Pr	imary 🗌 Pre	-General	Pos	t-General		
Statewide Candidates July Monthly		eptember Mont	hly				Year 20	
Amended Report	Termination		Short Form R	eport (R.C. 3	3517.10	D(H))		
⊠ No ☐ Yes	Check this box if the co		Check this	box if the co	mmitte	ee is filing a	S.	. 3
1. Amount brough	ht forward from last report			\$2,3	50			
2. Total monetary	contributions (From Forms	s 31-A and 31-	E)	\$5,012				
3. Total other inco		-0-						
4. Total funds ava	ailable (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 har	nd (line 4 minus line 5)			\$ 4,066.15 D			CEI	/ED
7. Value of in-kind	d contributions received (F	rom Form 31-J	J-1)	\$120.75				277100-24
8. Value of in-kind	d contributions made (From	n Form 31-J-2)		-0		The state of	242	
9. Outstanding lo	ans owed by committee (F	rom Form 31-0	S)				NS COUN OF ELECT	
10. Outstanding of	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				
	T IS MADE UNDER PENALT				FIFTH	DEGREE.		
The Vs	121,2			100	0/24/20)19 DD/YYYY)		001 FQX
Signature of Treasurer or Contribution Pages	Expenditure Pages	Other	Pages	Total Pages	-	<i>50</i> (1111)		
11	4	2	5	17		27 8		





Form 31-A

Full Name of Committee Friends of Beth Clodfelter			-		
Full Name of Contributor				Registration Numb	er, if PAC
Joseph Viny			I		
Street Address	Employer	r/Occupation/Labo	r Organization*	<u> </u>	Form (Cash, Check, etc.)
33799 Sidehill Road			Check		
City	State	Zip Code	Date (MM/D		Amount
Rutland	он 🗢	45775		04/30/2019	\$50
Full Name of Contributor				Registration Numb	er, if PAC
David Descutner					
Street Address	Employer	r/Occupation/Labo	·	Form (Cash, Check, etc.)	
48 Utah Place]
City	State	Zip Code	Date (MM/D		Amount
Athens	он 🗢	45701		04/17/2019	\$200
Full Name of Contributor				Registration Numb	per, if PAC
Virginia Trout					
Street Address	Employer	r/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
302 Shadowlawn Avenue					Check
City	State	Zip Code	Date (MM/D		Amount
Greencastle	IN	46135		07/19/2019	\$300
Full Name of Contributor	····			Registration Numb	per, if PAC
Ric Wasserman					
Street Address	Employe	r/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
1296 Vanderhoof Road					
City	State	Zip Code	Date (MM/D		Amount
Coolville	он 🗸	45723		07/19/2019	\$200
Full Name of Contributor	<u>, l., -</u>	<u></u>		Registration Numb	per, if PAC
Keith Clodfelter					
Street Address	Employer	r/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
7700 Saddle Ridge Court					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Nashville	TN	37221		08/20/19	\$500
	1	l .			

Page Total	\$1250	

^{*}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)]





Form 31-A

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

Page Total	\$ 677.00

^{*}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)]





Form 31-A

Full Name of Committee Friends of Beth Clodfelter					
Full Name of Contributor				Registration Numb	er, if PAC
Brenda Coulson			!		
Street Address	Employer	r/Occupation/Labor	r Organization*	<u> </u>	Form (Cash, Check, etc.)
6405 Quail Hollow Lane		•	•		Cash
City	State	Zip Code	Date (MM/DI		Amount
Bartonville	IL	61607		09/01/2019	\$20
Full Name of Contributor				Registration Numb	per, if PAC
Dyan Matthews			!		
Street Address	Employer	r/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
6029 Elaine Street					Cash
City	State	Zip Code	Date (MM/DI		Amount
Athens	он 🗢	45701		09/01/2019	\$20
Full Name of Contributor				Registration Numb	per, if PAC
John Clodfelter			!		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2693 Boston Township Line Rd.					Cash
City	State	Zip Code	Date (MM/DI		Amount
Richmond	IN	47374		09/01/2019	\$20
Full Name of Contributor				Registration Numb	per, if PAC
Karen Hagedorn			!		
Street Address	Employer	r/Occupation/Labor	r Organization*	1	Form (Cash, Check, etc.)
1821 Highway 70					Check
City	State	Zip Code	Date (MM/DI		Amount
Kingston Springs	TN	37082		09/01/2019	\$100
Full Name of Contributor				Registration Numb	per, if PAC
Mark Hagedorn			!		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1821 Highway 70					Cash
City	State	Zip Code	Date (MM/DI		Amount
Kingston Springs	TN	37082		09/01/2019	\$40

Page Total	\$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)]





Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Clodfelter					
Full Name of Contributor				Registration Numb	er, if PAC
Ray Coulson					
Street Address	Employe	r/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
6405 Quail Hollow Lane		·	_		Cash
City	State	Zip Code	Date (MM/D		Amount
Bartonville	IL	61607		09/01/2019	\$100
Full Name of Contributor				Registration Numb	er, if PAC
Sandra Elliot					
Street Address	Employe	r/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
20235 Pittsford Drive					Check
City	State	Zip Code	Date (MM/D		Amount
Katy	тх	77450	}	09/01/2019	\$30
Full Name of Contributor			<u>'</u>	Registration Numb	er, if PAC
Susie Billingsley					
Street Address	Employe	r/Occupation/Labor	Organization*	•	Form (Cash, Check, etc.)
2116 E. County Road 125 N.					Cash
City	State	Zip Code	Date (MM/D		Amount
Fillmore	IN	46128		09/01/2019	\$20
Full Name of Contributor	•		•	Registration Numb	er, if PAC
Jeanne Heaton					
Street Address	Employe	r/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
66 Briarwood Drive					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Athens	он 🗢	45701		09/12/2019	\$400
Full Name of Contributor Registration Num					er, if PAC
Rita Bennett					
Street Address	Employe	r/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
8 Harris Drive					Check
City	State	Zip Code	Date (MM/D		Amount
Athens	он 🗢	45701		09/14/2019	\$150

Page Total	700
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Form 31-A

Full Name of Committee Friends of Beth Clodfelter					
Full Name of Contributor				Registration Numb	er, if PAC
John Glazer					
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
7100 N. Blackburn Road					Check
City	State	Zip Code	Date (MM/DI		Amount
Athens	он 🗢	45701		09/25/2019	\$200
Full Name of Contributor				Registration Numb	er, if PAC
Paul C. Campbell					
Street Address	Employer	r/Occupation/Lab	or Organization*	<u> </u>	Form (Cash, Check, etc.)
220 Madison Avenue					Check
City	State	Zip Code	Date (MM/DI		Amount
Athens	он 🗢	45701		09/26/2019	\$25
Full Name of Contributor				Registration Numb	er, if PAC
Alysssa Bernstein					
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
19 Fairview Drive					Check
City	State	Zip Code	Date (MM/DI		Amount
Athens	он 🖸	45701		09/29/2019	\$50
Full Name of Contributor		<u> </u>	,	Registration Numb	per, if PAC
Lenny Eliason					
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
11 Old Coach Road					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Athens	он 🖸	45701		10/02/2019	\$50
Full Name of Contributor		<u> </u>		Registration Numb	er, if PAC
Cherri Hendricks					
Street Address	Employer	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
17 Strathmore Blvd.					Check
City	State	Zip Code	Date (MM/DI		Amount
Athens	он 🗢	45701		10/05/2019	\$200

Page Total	\$525
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^{*}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)]





Form 31-A

ORC 3517.10

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

Page Total	\$400
_	



Event Date	09/08/2019

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee Friends of Beth Clodfelter				and Trouver to
Full Name of Contributor Margie Huber	77 7	n tanjeny ig	Registration Number, if PAC	or my orympicty rives continuous and market
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 Moneypenny			Registration Number, if PAC	, accounciles
Street Address 11875 Banjo Hill	Employer/Occupa	tion/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	11. 11.	300 - 10	Registration Number, if PAC	pro a transfer of the contract
Street Address 21 Utah Place	Employer/Occupa	tion/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/Occupa	tion/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/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 50
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	

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 Eve	nt
\$1060	

Total	Expenditures	This	Event	
-\$0				

	725	
Page Total \$_		

^{*} 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)]



	0010010010	
vent Date	09/08/2019	

Form 31-E

		C 117 7		R.C. 3517.10(B)
Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Kathy Berry	v 10 ,		Registration Number, if PAC	
Street Address 78 Elmwood Place	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 30
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Cash	
Full Name of Contributor Martha Sloan	energia en monte de la constitución		Registration Number, if PAC	
Street Address 12 N. May St.	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 20
City Athens	State OH	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/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 40
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor Nancy Walker			Registration Number, if PAC	
Street Address 13 Avon Place	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 20
City Athens	State OH	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/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY) 09/08/2019	Amount 50
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	

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 E	vent
\$1060		

Total Expenditures This Event -\$0-

Page Total \$_____

^{*} 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)]



Pag

Form 31-E C. 3517.10(B)

				R.C. 3517.10(B)
Full Name of Committee Friends of Beth Clodfelter				
Full Name of Contributor Wendy L. Weiser		amirety to	Registration Number, if PAC	(A brodinger of difference of differences to the state
Street Address 16 Tulane Road	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 09/09/2019	Amount 50
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor Joan Safran			Registration Number, if PAC	
Street Address 36 Utah Place	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 09/10/2019	Amount 30
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor Linda Sauer		to to the second of	Registration Number, if PAC	430 - 10 11 Aug 84 A 10 11 11 11 11 11 11 11 11 11 11 11 11
Street Address 7945 N. Coolville Ridge Road	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 09/10/2019	Amount 20
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor Milena Miller			Registration Number, if PAC	Comment of the Company
Street Address 25 Graham Drive	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 09/10/2019	Amount 25
City Athens	State OH •	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/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY) 09/11/2019	Amount 100
City Athens	State OH •	Zip Code 45701	Form (Cash, Check, Etc Check	

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	-	(

^{*} 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)]





Form 31-E

					R.C. 3517.10(B)
Full Name of Committee Friends of Beth Clodfelter					epper alebar Dominion
Full Name of Contributor		_	The State of	Registration Number, if PAC	ar our beignettigt
Trevellya Ford Ahmed					
Street Address 44 S. May Avenue	Employer/Occi	upat	tion/Labor Organization*	Date (MM/DD/YYYY) 10/07/2019	Amount 50
City Athens	State		Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor Paula Lockard				Registration Number, if PAC	sedant e Milina to a
Street Address 20 Eden Place	Employer/Occi	upat	tion/Labor Organization*	Date (MM/DD/YYYY) 10/07/2019	Amount 100
City Athens	State		Zip Code 45701	Form (Cash, Check, Etc Check	
Full Name of Contributor				Registration Number, if PAC	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Street Address	Employer/Occi	upat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State		Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	PALTE SUPERSONS SERVERS
Street Address	Employer/Occi	upat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State		Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occi	upat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State		Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over \$100	to statewide and	d Ge	eneral Assembly candidate	tes. If contributor is self-employe	ed, the occupation and the

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event
\$150		

I otal Expenditures	I his Event
-\$0-	

	150	
Page Total \$		

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

City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC								
Athens County Democratic Party Street Address 74 E. State St. Description of Item or Service 175 #10 Business Envelopes City Athens State OK OK OF Description of Item or Service 175 #10 Business Envelopes City Athens Description of Item or Service Date (MM/DD/YYYY) Fair Market V State Zip Code Received at Fundraising Event? Full Name of Contributor Description of Item or Service Date (MM/DD/YYYY) Fair Market V 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 V City State Zip Code Received at Fundraising Event? City City State Zip Code Received at Fundraising Event? City City State Zip Code Received at Fundraising Event? City City State Zip Code Received at Fundraising Event? City City State Zip Code Received at Fundraising Event? City								
Type State St. 175 #10 Business Envelopes 09/13/2019 \$120.76 2			Employer, Occupation	on, Labor Organization*	Registration Number, if PAC			
Athens OK 45701 Yes No	***************************************							
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC City State Zip Code Received at Fundraising Event? Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	· ·		0		1	ng Event?		
City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Full Name of Contributor			Employer, Occupation	on, Labor Organization*	Registration Number, if PAC		
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 V City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes 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	
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes 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 V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	City	State		Zip Code	•	ng Event?		
City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number			if PAC	
Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Street Address	Description of It	tem or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market V City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	City	State		Zip Code		ng Event?		
City State Zip Code Received at Fundraising Event? Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Full Name of Contributor		Employer, Occupation	ion, Labor Organization* Registration Number, if PAC				
Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Street Address	Description of It	tem or S	Service	се		Fair Market Value	
	State		Zip Code		ing Event?			
Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market \	Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
	Street Address	Description of It	tem or \$	Service		Date (MM/DD/YYYY)	Fair Market Value	
City State Zip Code Received at Fundraising Event? Tyes No	City	State		Zip Code	 	ng Event?		

	120.75	
Page Total \$		





Form 31-B

Full Name of Committee Friends of Beth Clodfelter						
To Whom Paid Expenditures from Form 31-F			Date (MM/DD/YYYY) 07/04/201		Amount \$371.73	
Street Address	Purpose					
City	State OH	Zip	Code	Che	eck Number	
To Whom Paid Minuteman Press			Date (MM/DD/YYYY) 08/19/2	019	Amount \$421.58	
Street Address .17 W. Washington St.	Purpose Postcar	d printi	ng			
City Athens	State OH		Code 5701	Che	eck Number	
To Whom Paid Wix.com				Date (MM/DD/YYYY) Amount \$24.85		
Street Address 500 Terry Francois Blvd.	Purpose Domain	name	for campaign website)		
City San Francisco	State CA		Code 1158	Che	eck Number	
To Whom Paid Lamborn's Studio			Date (MM/DD/YYYY) 08/22/2	019	Amount \$100.58	
Street Address 48 E. Stimson Avenue	Purpose Head s	hot				
City Athens	State OH		Code 5701	Cho	eck Number	
To Whom Paid Patriot Signage			Date (MM/DD/YYYY)		Amount \$1,306.47	
Street Address 10561 Chester Road	Purpose Yard siç	Purpose Yard signs				
City Cincinnati	State OH		Code 5215	Che	eck Number	

		2,225.21	
Page	Total \$_		



OFFICE OF THE Ohio Secretary of State

Statement of Expenditures

Form 31-B

Full Name of Committee Friends of Beth Clodfelter					
To Whom Paid Capitol Promotions			Date (MM/DD/YYYY) 08/26/201	19	Amount \$765.00
Street Address PO Box 231	Purpose Fridge Mag	ınet	ds		
City Glenside	State PA	-	Code 9038	Che	eck Number
To Whom Paid Amazon			Date (MM/DD/YYYY) 09/17/201	19	Amount \$63.92
Street Address .410 Terry Ave N	Purpose Thank you	car	ds		
City Seattle	State WA		Code 8109	Che	ack Number
To Whom Paid Amazon			Date (MM/DD/YYYY) 08/19/20	19	Amount \$34.22
Street Address 410 Terry Ave N	Purpose Thank you	pos	stcards		
City Seattle	State WA		Code 8109	Che	eck Number
To Whom Paid USPS			Date (MM/DD/YYYY) 09/18/20	19	Amount \$62.50
Street Address 5 W. Stimson Avenue	Purpose postage				
City Athens	State OH	•	Code 5701	Che	eck Number
To Whom Paid USPS			Date (MM/DD/YYYY)		Amount \$17.15
Street Address 5 W. Stimson Avenue	Purpose postage				
City Athens	State OH	-	Code 5701	Che	eck Number

	042.70	
	942.79	
D T-4-10		
Page Total \$		





Statement of Expenditures

Form 31-B

Full Name of Committee Friends of Beth Clodfelter					
To Whom Paid College Book Store			Date (MM/DD/YYYY) 10/14/201	19	Amount \$6.92
Street Address	Purpose Post it note	es			
City Athens	State OH		Code 5701	Che	ck Number
To Whom Paid Seaman's Grocery			Date (MM/DD/YYYY) 10/12/201	19	Amount \$82.61
Street Address 305 W. Union St.	Purpose Candy for	Hon	necoming Parade		
City Athens	State OH		Code 5701	Che	eck Number
To Whom Paid Amazon			Date (MM/DD/YYYY) 09/18/201	19	Amount \$38.32
Street Address	Purpose				
City	State OH		Code 5701	Che	eck Number
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip	Code	Che	eck Number
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip	Code	Che	eck Number

Page Total \$		127.85	
	Page Total \$_		



Page 16



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

may distribute and a				
Full Name of Committee Friends of Beth Clodfelter				I of It may a keeped of the safety
To Whom Paid Precision Imprint	Land Bald I had	1,579	Date (MM/DD/YYYY) 06/26/2019	Amount \$76.51
Street Address 26 E. State St.	Purpose Polo s	hirt with logo	for candidate to wear at Fo	urth of July Parade
City Athens	State OH •	Zip Code 45701	Check Number	
To Whom Paid Precision Imprint		7 977	Date (MM/DD/YYYY) 06/26/2019	Amount \$218.49
Street Address 26 E. State St.	Purpose 12 T-s	hirts for supp	orters to wear at Fourth of J	uly Parade
City Athens	State OH •	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 spectator	rs at the Fourth of July Para	de
City Athens	State OH	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 C	andy tags		•
City Athens	State OH	Zip Code 45701	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
	THE COLOR PROPERTY AND ADDRESS OF THE PARTY.	the contract of the soul	APPENDENT OF THE PROPERTY OF T	

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 \$	





Total Outstanding Balance \$ 110

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Beth Clodfelter			1 - NES =					A) Forest Sel
From Whom Received	-	11 11 11 11 11				Prior Amount	Amt. In	curred this Period
Elizabeth Clodfelter						110		
Street Address	1				il i la		Outsta	nding Balance
35 S. Shannon St.							110	
City Athens	State OH	Zip Code 45701	Loans Received	ΤĿ	his Period	Paymer	nts This	Period
Date Loan was Originally	Incurred (I	MM/DD/YYYY) 01/10/2019	Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
Employer/Occupation/Labor Orga	nization*	- 1 1 - 1	Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MIV	/DD/YYYY)	Amount
From Whom Received						Prior Amount	Amt. Ir	ncurred this Period
Street Address							Outsta	nding Balance
City	State	Zip Code	Loans Received	T b	his Period	Paymer	nts This	Period
Date Loan was Originally	/ Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM	I/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM	I/DD/YYYY)	Amount
Employer/Occupation/Labor Orga	nization*		Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MN	I/DD/YYYY)	Amount
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ	if any, rath nization of v	er than employer s which the employe	should be listed. If two or m es are members, if any, mu	ore ist a	employees contr ilso appear. [R.C	ibute via payroll deduc . 3517.10(B)(4)]	tion and ex	xceed the
If a loan is forgiven, write "Forgive (Form No. 31-A-2). Transfer total (Cover page (Form No. 30-A).								
Total Prior Amount \$ 110								
Total Received This Period	1\$_0		(also	rec	ord on Form 31-	A-2)		
Total Payments Received t	this Perio	d \$ <u>n</u>	(also	rec	ord on Form 31-E	3)		

(also record on Form 30-A)



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name					Office So	ught		***************************************		District
Friends of Sarah Grace	•				Athens	City Co	uncil	At-Large		
Street Address		City				State	Zip	941		
165 N Congress Street		Ather	ns			ОН	45	701		
Candidate Name OR PAC	Registration Number	Treasurer	Name					Election Date (M	IM/DD/	YYYY)
Sarah Grace		Sarah Gr	ace					11/05/2019		
Type of Report (cho	ose one):									
Annual Se	emiannual	Po	st-Primary		Genera		Post	-General		
Statewide Candidate	s Only:								Year	<i>y</i>
July Monthly	August Monthly Se	eptember	Monthly						2019	9
Amended Report	Termination		Short	Form Re	port (R	.C. 351	7.10	(H))		
⊠ No ☐ Yes	Check this box if the co							e is filing a d instructions.		
	wishes to terminate wit	in this rep		non term	report. S	bee alla	CHEC			
1. Amount broug	ht forward from last report					55.89				
2. Total monetary	contributions (From Forms	s 31-A and	d 31-E)			250.00				
3. Total other inc	ome (From Form 31-A-2)					100.00		DEO		a lies for
4. Total funds av	ailable (sum of lines 1, 2, 3)					405.89		REC	LIV	/ED
5. Total monetary	expenditures (From Forms	31-B and	d 31-F)		;	335.10		oct	242	019
6. Balance on ha	nd (line 4 minus line 5)					70.79		ATHEN: Board of	and the second second	
7. Value of in-kin	d contributions received (F	rom Form	n 31-J-1)		1	170.78		DOMIND OF	LLLUI	IUNS
8. Value of in-kin	d contributions made (Fron	n Form 31	I-J-2)							
9. Outstanding lo	oans owed by committee (F	rom Form	31-C)		1	,350.00)			
10. Outstanding	debts owed by committee (From For	m 31-N)							
11. Outstanding	oans owed to committee (F	From Forn	n 31-K)					-		
12. Value of inde	pendent expenditures mad	e (From F	Form 31-U)							
	T IS MADE UNDER PENAL MITS ELECTION FALSIFICA					HE FIF	тн	DEGREE.		
SarahH	Gace					10/23	/201	9		
Signature of Treasure o	r Deputy Treasurer					Date (N	MM/D	D/YYYY)		
Contribution Pages	Expenditure Pages		Other Pages		Total P	ages				





Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Sarah Grace					
Full Name of Contributor				Registration Numb	er, if PAC
Ohio AFL-CIO					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
500 S Front Street					check
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Columbus	он 🔻	43215		09/03/2019	250.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	•			Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	_				
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
•	\				
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYY)	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page	Total	250.00	
_			





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			Registration Number	er, if PAC
Sarah Hodges Grace				
Street Address	Туре*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
165 N Congress Street	Loan Payments Received	1	09/30/2019	cash
City	State	Zip Code		Amount
Athens	он 🔽	45701		100.00
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor	<u> </u>	<u>'</u>	Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount
	он		,	
Full Name of Contributor	<u></u>		Registration Numb	er, if PAC
Street Address	Туре*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
	I			· · · · · · · · · · · · · · · · · · ·

Page Total \$ 100.00	Page Total \$
1 age 10tal ψ	

^{*} 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

Full Name of Committee							
Friends of Sarah Grace							
To Whom Paid			Date (MM/DD/YYYY)	_	Amount		
Amazon			07/01/20	119	44.22		
Street Address	Purpose						
	pinwheels f	or p	arade				
City	State	Zip	Code	Che	ck Number		
Seattle	WA 🔽						
To Whom Paid		<u> </u>	Date (MM/DD/YYYY)		Amount		
Precision Imprint			10/11/20	119	290.88		
Street Address	Purpose						
28 1/2 E State Street	tee shirts fo	r pa	rades				
City	State	Zip	Code	eck Number			
Athens	он	45	701				
To Whom Paid		Date (MM/DD/YYYY)			Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	ОН						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	он						
To Whom Paid		•	Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	ОН						

Page Total \$	335.10	





Total Outstanding Balance \$ 1,350.00

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee							
Friends of Sarah Grace							
From Whom Received					Prior Amount	Amt. In	curred this Period
Sarah Hodges Grace					1,250.00		
				·	1,200.00		nding Balance
Street Address						1,400	_
165 N Congress Street		·				1,400	
City Athens	State OH	Zip Code 45701	Loans Received	This Perio	od Paymer	nts This	Period
Date Loan was Originally	Incurred (N	/IM/DD/YYYY)	Date of Loan (MM/DD/YYY)	Y) Amount	Date of Payment (MM	/DD/YYYY)	Amount
		12/14/2015	09/30/201	9 150.00			
Registration Number, if PAC			Date of Loan (MM/DD/YYY	Y) Amount	Date of Payment (MM	(VYYYYDD/YYYY)	Amount
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/DD/YYY	Y) Amount	Date of Payment (MM	(IDD/YYYY)	Amount
From Whom Received			<u> </u>		Prior Amount	Amt. In	curred this Period
Street Address				, ,		Outsta	nding Balance
City	State	Zip Code	Loans Received	This Peri	od Paymer	nts This	Period
Date Loan was Originally	Incurred (N	MM/DD/YYYY)	Date of Loan (MM/DD/YYY	Y) Amount	Date of Payment (MM	I/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYY	Y) Amount	Date of Payment (MM	MDD/YYYY)	Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DD/YYY	Y) Amount	Date of Payment (MM	VDD/YYYY)	Amount
* Required for contributions from in name of the individual's business, i aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	if any, rathe ization of v n" in the "O	er than employer s which the employed utstanding Balanc	hould be listed. If two or mores are members, if any, muse's space. Transfer total of all	re employees t also appeai l loans receiv	s contribute via payroll deduc r. [R.C. 3517.10(B)(4)] red this period to the Stateme	tion and ex ent of Other	r Income
Total Prior Amount \$ 1,250	.00						
Total Received This Period	£ 100 00		(alaa s	need on Fo	·m 31_∆_2\		
	\$ <u>100.00</u>		(also i	ecord on For	III 31-74-21		

(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			Employer, Occupation	n, Labor Organization*	Registration Number, i	FPAC	
Athens County Democratic Executive Co	ommittee	е		:			
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
11 Old Coach Road	Postage	е			10/03/2019	430.36	
City	s	State	Zip Code	Received at Fundraising	ng Event?		
Athens	C	OH ▼	45701	☐ Yes			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC	
Athens County Democratic Executive Committee							
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
11 Old Coach Road	Printing	I			10/09/2019	690.42	
City	s	State	Zip Code	Received at Fundraising	ng Event?		
Athens	c	он 🔽	45701	☐ Yes			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	* Registration Number, if PAC		
Athens County Democratic Executive Committee							
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
11 Old Coach Road	Design	Work			10/09/2019	50.00	
City	s	State	Zip Code	Received at Fundraisi	ng Event?		
Athens	c	он 🔻	45701	☐ Yes			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	nization* Registration Number, if PAC		
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	s	State	Zip Code	Received at Fundraising Event?			
		$\overline{\mathbf{Y}}$		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC	
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value		
City	s	State	Zip Code	Received at Fundraisi	ng Event?		
		\Box		☐ Yes ☐ No			
				<u> </u>			

	1,170.78	
Page Total \$		

^{*} 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)]



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name			Office Sought	city council	District			
Friends	of Peter Kotses		at	city council	Athens			
Street Address	City	1	State	Zip	,			
4 W. St.	mson Ave.	Athen	s OH	45701				
Candidate Name OR PAC	334 355 A-355 A-35			Election Date (MM/DI				
Peter K	Kotses Mc	-1colm	Idleman	11/05/2	.019			
Type of Report (cho	ose one):			, ,				
Annual Se	Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General							
Statewide Candidate	s Only:				ear			
July Monthly	August Monthly September	Monthly		2	2019			
Amended Report	Termination	Short I	Form Report (R.C. 3517	'.10(H))				
☑ No ☐ Yes	Check this box if the committee wishes to terminate with this rep		eck this box if the comm ort term report. See attac	_				
	wishes to terminate with this rep	Joil Sile	ort term report. See attac					
1. Amount broug	ht forward from last report		237.01					
2. Total monetary	contributions (From Forms 31-A an	id 31-E)	200.00					
3. Total other inc	ome (From Form 31-A-2)							
4. Total funds ava	ailable (sum of lines 1, 2, 3)		437.01					
5. Total monetary	expenditures (From Forms 31-B and	d 31-F)	176.55					
6. Balance on hai	nd (line 4 minus line 5)		26046					
7. Value of in-kind	d contributions received (From Form	n 31-J-1)	1170.78					
8. Value of in-kind	d contributions made (From Form 3	1-J-2)						
9. Outstanding lo	ans owed by committee (From Form	n 31-C)	1000.00	RECE	IVED			
10. Outstanding of	debts owed by committee (From For	rm 31-N)		OCT 25				
11. Outstanding loans owed to committee (From Form 31-K)				ATHENS C				
12. Value of independent expenditures made (From Form 31-U)				BOARD OF EL				
	T IS MADE UNDER PENALTY OF EL MITS ELECTION FALSIFICATION IS			TH DEGREE.				
05	C 14		/Ĉ	1 2011				
Signature of Treasurer or				M/DD/YYYY)				
Contribution Pages	Expenditure Pages	Other Pages	Total Pages					



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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Pet		2010			
	e /	Vorses			
Full Name of Contributor				Registration Number	er, if PAC
John Glazer					
Street Address	Employer/	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
John Glazer Street Address 7100 N. Blackburn Rd.					Check
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
Athens	OH 🕙	45701	09/30	0/2019	200.00
Full Name of Contributor	<u> </u>			Registration Numb	er, if PAC
Street Address	Employer	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
19.19	T	,			
Full Name of Constitutes	لحسا			Registration Numb	er if PAC
Full Name of Contributor				Togisticatori Hullio	
	-r				Francisco Observator
Street Address	Employer	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
	_				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor	. <u>. </u>			Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D(YYYY)	Amount
ony .			24.0 (14114)		
				Designation 1	***************************************
Full Name of Contributor				Registration Numb	er, ii MAC
·					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	لمسا	l			

*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	200.00



Statement of Expenditures

Form 31-B

Full Name of Committee			
Friends of Peter Kots	es		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Minuteman Press		09/11/2019	176.55
Street Address	Purpose	, ,	
17 W. Washinston St.	P	Cinting Zip Code	
City	State	Zip Code	Check Number
City Athens	он	45701	Cash account
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		
To Whom Paid	<u>l. </u>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		

Page Total \$	1-	16	5	5	
			 		 _





In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee					
Friends of Perf	ter Kotse	5			
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Athon County Democra	et, Executive	He2		<u></u>	
Street Address /	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
11012 Coach Rd.	Postas State	<u>e</u>		10/03/2019	430.36
City			Received at Fundraisi	ng Event?	
Athens	OH 🗀	45701	☐ Yes YNo		
Full Name of Contributor	+ 10	Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Full Name of Contributor Athony (ounty Democration Street Address	Exe Committee				
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
il Old Coach Rd.	Prin	ting	Received at Fundraisi	0/09/2019	690.42
City	State	Zip Code	Received at Fundraisi	ng Event?	
Athens	OH \Box	45701	☐ Yes ↓ No		
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Athen, County Democrati	c				
Street Address /	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
Athen, County Democration Street Address 11 012 Coach RU.	Design	Work		10/09/2019	50.00
J	State	Zip Code	Received at Fundraisi	ng Évent?	
Athens	OH	45701	☐ Yes ☑ No		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
	•				
City	State	Zip Code	Received at Fundraisi	ng Event?	
			☐ Yes ☐ No		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
City	State	Zip Code	Received at Fundraisi	ng Event?	
			☐ Yes ☐ No		
	لمعيها	l	l	·	

Page Total \$	1170.78

^{*} 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)]



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Statement of Loans Received

Form 31-C

Full Name of Committee	25610		A MANAGEMENT OF ES	to to 3 sure to beautique.	
Friends of Peter	Kotses				
From Whom Received	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Amount	Amt. Incurred this Period	
Peter Kotses			500.00	0	
Street Address				Outstanding Balance	
1 Braz Ro.				500.00	
City Athens OH 45701	Loans Receive	ed This Period	Paymer	Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 07/06/2015 Registration Number, if PAO	Date of Loan (MM/DD/Y	YYY) Amount	Date of Payment (MM	I/DD/YYYY) Amount	
Registration Number, if PAO	Date of Loan (MM/DD/Y	YYY) Amount	Date of Payment (MM	I/DD/YYYY) Amount	
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/Y	YYY) Amount	Date of Payment (MM	M/DD/YYYY) Amount	
From Whom Received Peter Kotses Street Address	The Car		Prior Amount 500.00	Amt. Incurred this Period	
				Outstanding Balance	
City Athens OH 45701	Loans Receive	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 03/26/2015 Registration Number, if PAC	Date of Loan (MM/DD/Y	Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MM/DD/YYYY) Amount	
Registration Number, if PAC	Date of Loan (MM/DD/Y	YYY) Amount	Date of Payment (MN	M/DD/YYYY) Amount	
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/Y	YYY) Amount	Date of Payment (MM	M/DD/YYYY) Amount	
* Required for contributions from individuals over \$100 to state name of the individual's business, if any, rather than employer aggregate of \$100, the labor organization of which the employ If a loan is forgiven, write "Forgiven" in the "Outstanding Balar (Form No. 31-A-2). Transfer total of all payments made in this	r should be listed. If two or lives are members, if any, note: """ space. Transfer total o	more employees co nust also appear. [F f all loans received	entribute via payroll deduct R.C. 3517.10(B)(4)] this period to the Stateme	ent of Other Income	
Cover page (Form No. 30-A).	period to the Statement of	Experialitares (1 orn	mino, 51-b), mansier our	Standing Dalance to the	
Total Prior Amount \$					
Total Received This Period \$	(als	so record on Form 3	31-A-2)		
Total Payments Received this Period \$) (als	o record on Form 3	1-B)	Ver	
Total Outstanding Balance \$ /000.00		o record on Form 3	0-A)		