30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee	Registration Number, if PAC
Friends of George Forbes	

Full Name of Candidate
George L. Forbes

Street Address	Office Sought	District
c/o Robert H. Kanner, 3830 Kelley Avenue	Mayor of Cleveland	

City	State	Zip Code
Cleveland	OH	44114

Type of Report (place X to the left of report type)												
	☐	Pre-Primary	☐	Post-Primary	☐	Pre-General	☐	Post-General	■	Annual Year 2011
	☐	July Monthly	☐	August Monthly	☐	September Monthly	☐	Termination	☐	Semiannual

Amended Report? ☐ Yes ☒ No | Report Electronically Filed? ☐ Yes ☒ No | Date of Election: M [ ] D [ ] Y 8 9

For candidates only, during an election year: if total contributions and expenditures each total $500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	$	$3,352.95
2. Total monetary contributions (From Form No. 31-A)	$	$0.00
3. Total other income (From Form No. 31-A-2)	$	$0.00
4. Total funds available (sum of lines 1, 2, 3)	$	$3,352.95
5. Total monetary expenditures (From Form No. 31-B)	$	-$70.90
6. Balance on hand (line 4 minus line 5)	$	$3,282.05
7. Value of in-kind contributions received (From Form No. 31-J-1)	$	$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	$	$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	$	$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	$	$266,731.89
11. Outstanding loans owed to committee (From Form No. 31-K)	$	$0.00
12. Value of independent expenditures made (From Form No. 31-U)	$	$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Robert H. Kanner
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

01/12/2012
Date

Contribution pages	Expenditure pages	Other pages	Total pages
4	3	17	24

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31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: Friends of George Forbes

Full Name of Contributor				Registration Number, if PAC
No contributions recieved				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
				0
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor				Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			

* 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 $0.00

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R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Friends of George Forbes

Full Name	Registration Number, if PAC		
No other income received			
Address	Type*	M D Y	Amount
	RE		$0.00
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

Full Name	Registration Number, if PAC		
Address	Type*	M D Y	Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

* 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.

Page Total $ 0.00

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R.C. 3517.10

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends of George Forbes

To Whom Paid	Address	City	State	Zip Code	M	D	Y	Amount	Purpose	Check Number
PNC Bank	1900 Euclid Avenue	Cleveland	OH	44114				$70.90	Bank Fees	
			OH							
			OH							
			OH							
			OH							
			OH							
			OH							
			OH							
			OH							
			OH							

Page Total $70.90

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R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee
Friends of George Forbes

From Whom Received
None received

Address

City | State: OH | Zip Code

Prior Amount | Amt. Incurred this Period: $0.00 | Outstanding Balance

	Loans Received This Period Date (M D Y)	Loans Received This Period Amount	Payments This Period Date (M D Y)	Payments This Period Amount
Date Loan was originally Incurred		$		$
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

From Whom Received

Address

City | State: OH | Zip Code

Prior Amount | Amt. Incurred this Period | Outstanding Balance

	Loans Received This Period Date (M D Y)	Loans Received This Period Amount	Payments This Period Date (M D Y)	Payments This Period Amount
Date Loan was originally Incurred		$		$
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

From Whom Received

Address

City | State: OH | Zip Code

Prior Amount | Amt. Incurred this Period | Outstanding Balance

	Loans Received This Period Date (M D Y)	Loans Received This Period Amount	Payments This Period Date (M D Y)	Payments This Period Amount
Date Loan was originally Incurred		$		$
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

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

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

[1] Total prior amount $ $0.00

[2] Total received this period $ $0.00 (To Form No. 31-A-2)

[3] Total payments this period $ $0.00 (To Form No. 31-B)

[4] Total Outstanding Balance $ $0.00 (To Form No. 30-A)

31-E
R.C. 3517.10(B)

Event Date________________
Page 6

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

Prescribed by Secretary of State 03/05

Name of Committee in Full
Friends of George Forbes

Full Name of Contributor			Registration Number, if PAC	
No events held and no expenditures incurred				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount $0.00
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

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

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

Total contributions this event: $0.00

Total expenditures this event. $0.00

Page Total $ $0.00

31-F
R.C. 3517.10

Event Date ______________
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full: Freinds of George Forbes

To Whom Paid	M	D	Y	Amount	Address	Purpose	City	State	Zip Code	Check Number
No events held and no contributions received				$0.00				OH		
								OH		
								OH		
								OH		
								OH		
								OH		
								OH		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total $ $0.00

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R.C. 3517.10

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends of George Forbes

Full Name of Contributor
No contributions received and no employees

Street Address | M D Y | Amount $0.00

City | State OH | Zip Code | Form (Cash, Check, etc.)

Full Name of Contributor

Street Address | M D Y | Amount

City | State OH | Zip Code | Form (Cash, Check, etc.)

Full Name of Contributor

Street Address | M D Y | Amount

City | State OH | Zip Code | Form (Cash, Check, etc.)

Full Name of Contributor

Street Address | M D Y | Amount

City | State OH | Zip Code | Form (Cash, Check, etc.)

Full Name of Contributor

Street Address | M D Y | Amount

City | State OH | Zip Code | Form (Cash, Check, etc.)

Full Name of Contributor

Street Address | M D Y | Amount

City | State OH | Zip Code | Form (Cash, Check, etc.)

The above are employees of a unit or department under the direct supervision and control of _____, who currently holds the public office of _____. I hereby affirm that each contribution was voluntarily made.

_____(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

$0.00
Page Total $

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R.C. 3517.10

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
APCOA	1111 Euclid Avenue	Cleveland	OH	44115	During Campaign (M: D: Y: 89)		1,250.00	0.	Parking Chgs	1,250.00		NONE
Art's Seafood	16404 Euclid Avenue	Cleveland	OH	44112	During Campaign (M: D: Y: 89)		500.00	0	Catering	500.00		NONE
Atrium Office Plaza	668 Euclid Avenue	Cleveland	OH	44114	During Campaign (M: D: Y: 89)		3,381.86	0	Rent & Utilities	3,381.86		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 5,131.86 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Prior Amount	Amt. Incurred this Period
Gerald J. Austin & Associates, Inc.	10,000.00	0
Address	**Item or Purpose of Debt**	**Outstanding Balance**
Huntington Center, Suite 3600	Consulting fee	10,000.00
City / **State** / **Zip Code**	**Payments This Period** Date	Amount
Columbus / OH / 43215		
Date Debt was originally Incurred M 10 D Y 89	M D Y	$ NONE
Registration Number, if PAC	M D Y	
[redacted]	M D Y	

To Whom Owed	Prior Amount	Amt. Incurred this Period
Gerald J. Austin & Associates, Inc.	1,062.55	0
Address	**Item or Purpose of Debt**	**Outstanding Balance**
Huntington Center, Suite 3600	Reimb. of Expens.	1,062.55
City / **State** / **Zip Code**	**Payments This Period** Date	Amount
Columbus / OH / 43215		
Date Debt was originally Incurred During Campaign M D Y 89	M D Y	$ None
Registration Number, if PAC	M D Y	
[redacted]	M D Y	

To Whom Owed	Prior Amount	Amt. Incurred this Period
Cleveland Convention Center	834.50	0
Address	**Item or Purpose of Debt**	**Outstanding Balance**
500 Lakeside Avenue	Services	834.50
City / **State** / **Zip Code**	**Payments This Period** Date	Amount
Cleveland / OH / 44114		
Date Debt was originally Incurred During Campaign M D Y 89	M D Y	$ NONE
Registration Number, if PAC	M D Y	
[redacted]	M D Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 11,897.05 (also record on cover page) THIS PAGE ONLY

31-N
R.C. 3517.10

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
Cleveland State University	1983 East 24th Street	Clevleand	OH	44115	M D Y: 8 9 During Campaign		261.00	0	Advertising	261.00		NONE
Corbin Elextronics	817 Sullivant Avenue	Columbus,	OH	43223	M D Y: 8 9 During Campaign		880.93	0	Equip Rental	880.93		NONE
Discount Office Furniture	2101 Superior Avenue	Cleveland	OH	44114	M D Y: 8 9 During Campaign		707.00	0	Equip Rental	707.00		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 1,848.93 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
East Ohio Gas Company	East Ohio Gas Building	Cleveland	OH	44114	During Campaign		43.70	0	Utilities	43.70		NONE
Gallagher Advertising Specialties	1044 Kenneth Drive	Cleveland,	OH	44107	During Campaign		2,314.04	0	Pens	2,314.04		None
GE Computer Service	2912 Pacific Drive	Norcross,	GA	30071	During Campaign		193.01	0	Equip. Rental	193.01		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 2,550.75 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period Date	Payments This Period Amount
Aillene Hamond	968 E. 105th Street	Cleveland	OH	44108	During Campaign		400.00	0	Leasehold Improvt	400.00		None
H & N Vending	1242 East 49th Street	Cleveland	OH	44114	During Campaign		500.00	0	Soft Drinks	500.00		NONE
Kanex Corporation	3121 Bridge Avenue	Cleveland	OH	44113	During Campaign		5,031.20	0	Equip Rental	5,031.20		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 5,931.20 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
Carl LaCava	4321 W. 49th Street	Clevleand	OH	44114	During Campaign		250.43	0	Unreimb. Expense	250.43		None
The Lancer's Resaurant	7707 Carnegie Avenue	Cleveland	OH	44103	During Campaign		230.50	0	Catering	230.50		NONE
Lezama & Lezama	2063 Marwell Blvd.	Hudson	OH	44236	During Campaign		350.00	0	sign framing	350.00		None

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 830.93 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
Marshall Ford	6200 Mayfield Road	Mayfield Hts	OH	44124	During Campaign (M D Y: 8 9)		340.77	0	rental vehicle	340.77		NONE
Marriott Airport Hotel	4277 W. 150th Street	Cleveland	OH	44125	During Campaign (M D Y: 8 9)		2,412.50	0	Banquet fees	2,412.50		NONE
Mirror Mirror Productions	3780 Lee Road	Cleveland	OH	44128	During Campaign (M D Y: 8 9)		5,403.55	0	Equip. Rental	5,403.55		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 8,156.82 (also record on cover page) THIS PAGE ONLY

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R.C. 3517.10

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: FRIENDS OF GEORGE FORBES

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period Date	Payments This Period Amount
Pitney Bowes	P.O. Box 85390	Louisville	KY	40285	During Campaign (M D Y 8 9)		59.39	0	Postage Meter	59.39		NONE
Penske Truck Lease	3930 Superior Avenue	Cleveland	OH	44114	During Campaign (M D Y 8 9)		398.00	0	Equip. Damage	398.00		NONE
R.M. News Service	1436 E. 93rd Street	Cleveland,	OH	44106	During Campaign (M D Y 8 9)		150.00	0	Photography	150.00		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 607.39 (also record on cover page) THIS PAGE ONLY

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period Date	Payments This Period Amount
Ross Salupo Advertising Promotions	1375 E. 40th Street	Cleveland,	OH	44114	During Campaign		200.00	0	Door Hangers	200.00		NONE
Scott's Hardware	8933 Cedar Avenue	Cleveland,	OH	44106	During Campaign		51.03	0	supplies	51.03		NONE
Stage Right, Inc.	P.O. Box 15028	Cleveland	OH	44115	During Campaign		595.00	0	Lost Equipt. Chgs	595.00		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 846.03 (also record on cover page) THIS PAGE ONLY

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R.C. 3517.10

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
Standard Office Systems	1300 West 54th Street	Cleveland	OH	44102	During Campaign	[redacted]	200.00	0	Copy Kit	200.00		NONE
William Silverman & Co .	1414 Statler Office Tower	Cleveland	OH	44115	During Campaign	[redacted]	220,353.91	0	Consulting & Exp	220,353.91		NONE
System Parking, Inc.	P.O. Box 5123	Cleveland	OH	44101	During Campaign	[redacted]	5,061.50	0	Parking Chgs.	5,061.50		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 225,615.41 (also record on cover page) THIS PAGE ONLY

31-N
R.C. 3517.10

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee: Friends of George Forbes

To Whom Owed	Address	City	State	Zip Code	Date Debt was originally Incurred	Registration Number, if PAC	Prior Amount	Amt. Incurred this Period	Item or Purpose of Debt	Outstanding Balance	Payments This Period: Date	Payments This Period: Amount
Prestige Management Co., Inc.	1127 Euclid AVenue	Cleveland	OH	44115	M 1 1 D Y 8 9 During Campaign		833.33	0	Rent	833.33		NONE
United Marketing Group, Inc.	6100 West Crek Road #100	Cleveland	OH	44131	M D Y 8 9 During Campaign		2,482.12	0	Telephone Chgs.	2,482.12		NONE

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0 (also record on Form 31-B) THIS PAGE ONLY

Total Outstanding Balance $ 266,731.82 (also record on cover page) PAGES 9 - 19 INCLUSIVE

31-J-1
R.C. 3517.10

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: Friends of George Forbes

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
None received		
Street Address	Description of Item or Service	M D Y / Fair Market Value: $0.00
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / 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	M D Y / Fair Market Value
City	State: OH / Zip Code	Received at Fundraising Event? ○ YES ○ NO

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

Page Total $0.00

31-J-2
R.C. 3517.10

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends of George Forbes

Recipient Committee	Address	Description of Item or Service	City	State	Zip Code	M	D	Y	Fair Market Value
None made				OH					$0.00
				OH					
				OH					
				OH					
				OH					
				OH					
				OH					
				OH					

$0.00
Page Total $

31-K
R.C. 3517.10

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee
Friends of George Forbes

To Whom Made	Prior Amount	Amt. Loaned this Period
None made		
Address		Outstanding Balance
City / State / Zip Code	Payments Received This Period — Date / Amount	
Date Loan was Originally Made		

To Whom Made	Prior Amount	Amt. Loaned this Period
Address		Outstanding Balance
City / State / Zip Code	Payments Received This Period — Date / Amount	
Date Loan was Originally Made		

To Whom Made	Prior Amount	Amt. Loaned this Period
Address		Outstanding Balance
City / State / Zip Code	Payments Received This Period — Date / Amount	
Date Loan was Originally Made		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period $ $0.00 (also record on Form 31-B)

Total Outstanding Balance $ $0.00 (also record on cover page)

Total Payments Received this Period $ $0.00 (also record on Forms 31-A-2)

31-U
R.C. 3517.105

Independent Expenditures Made by a Campaign Committee, PAC, Political Contributing Entity, Political Party or Legislative Campaign Fund

Prescribed by Secretary of State 07/05

Name of Committee in Full: Friends of George Forbes

Candidate or Ballot Issue	Support / Oppose	If Candidate, Office Sought				
George Forbes	☐ Support ☐ Oppose	Mayor of Cleveland				
To Whom Paid						
None paid						
Address	**Purpose**		**M**	**D**	**Y**	**Amount**
						$0.00
City	**State**	**Zip Code**				
	OH					

Candidate or Ballot Issue	Support / Oppose	If Candidate, Office Sought				
	☐ Support ☐ Oppose					
To Whom Paid						
Address	**Purpose**		**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**				
	OH					

Candidate or Ballot Issue	Support / Oppose	If Candidate, Office Sought				
	☐ Support ☐ Oppose					
To Whom Paid						
Address	**Purpose**		**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**				
	OH					

Candidate or Ballot Issue	Support / Oppose	If Candidate, Office Sought				
	☐ Support ☐ Oppose					
To Whom Paid						
Address	**Purpose**		**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**				
	OH					

Candidate or Ballot Issue	Support / Oppose	If Candidate, Office Sought				
	☐ Support ☐ Oppose					
To Whom Paid						
Address	**Purpose**		**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**				
	OH					

Page Total $0.00

30-E
R.C. 3517.105

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Independent Expenditures Made by Individuals, Partnerships or Other Entities*

Prescribed by Secretary of State 07/05

Name of Individual, Partnership or Other Entity											
Friends of George Forbes											
Street Address											
No expenditures made											
City			State	Zip Code							
			OH								
Type of Report (Place X to the left of report type)	☐	Pre-Primary	☐	Post-Primary	☐	Pre-General	☐	Post-General	■	Annual 2011	
Date of Election	M	D	Y		☐	Pre-Special	☐	Post-Special	☐	Semiannual	
			8	9							

Candidate or Ballot Issue		If Candidate, Office Sought				
Not applicable	☐ Support ☐ Oppose	Mayor of Cleveland				
To Whom Paid						
Address	Purpose		M	D	Y	Amount
City	State	Zip Code				
	OH					
Candidate or Ballot Issue	☐ Support ☐ Oppose	If Candidate, Office Sought				
To Whom Paid						
Address	Purpose		M	D	Y	Amount
City	State	Zip Code				
	OH					
Candidate or Ballot Issue	☐ Support ☐ Oppose	If Candidate, Office Sought				
To Whom Paid						
Address	Purpose		M	D	Y	Amount
City	State	Zip Code				
	OH					

*Other Entities do **not** include corporations, labor organizations, campaign committees, legislative campaign funds, PACs, political contributing entities (PCEs) or political parties.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature _____ Date _____

Print Name (and Title, if applicable) _____

Page Total $ $0.00