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 MAYOR SUMMERS	

Full Name of Candidate
MICHAEL SUMMERS

Street Address	Office Sought	District
15514 Detroit Avenue	Mayor	Lakewood

City	State	Zip Code
Lakewood	OH	44107

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

Amended Report?		Report Electronically Filed?		Date of Election:	M		D		Y	
☐ Yes	■ No	☐ Yes	■ No		1	1	0	3	1	5

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	$	$598.26
2. Total monetary contributions (From Form No. 31-A)	$	$12,681.00
3. Total other income (From Form No. 31-A-2)	$	$5,000.00
4. Total funds available (sum of lines 1, 2, 3)	$	$18,279.26
5. Total monetary expenditures (From Form No. 31-B)	$	$3,043.62
6. Balance on hand (line 4 minus line 5)	$	$15,235.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	$	$2,365.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	$	
9. Outstanding loans owed by committee (From Form No. 31-C)	$	$13,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	$	
11. Outstanding loans owed to committee (From Form No. 31-K)	$	
12. Value of independent expenditures made (From Form No. 31-U)	$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	$	

RECEIVED
2015 JUL 24 PM 3:53
SECRETARY OF STATE

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.

Timothy Laskey, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Timothy Laskey
Signature

07/24/2015
Date

Contribution pages	Expenditure pages	Other pages	Total pages
15	2	4	21

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
FRIENDS OF MAYOR SUMMERS

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Form (Cash, Check, etc.)	Amount
THOMAS C. BROWN		1052 EDGEWATER LANE		LAKEWOOD	OH	44107	0 4	2 7	1 5	CHECK	$200.00
LASKEY COSTELLO LLC		15514 DETROIT AVENUE		LAKEWOOD	OH	44107	0 4	2 7	1 5	CHECK	$500.00
CHERYL SULLIVAN		17400 LAKE AVENUE		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$50.00
WALLY MUELLER		11929 DETROIT AVE		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$100.00
PAMELA SMITH		1528 ELMWOOD AVE		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$100.00
DOUGLAS HOFFMAN		2355 RIVERSIDE DRIVE		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$100.00
NANCY LUKENS		15503 CLIFTON BLVD		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$100.00
MICHAEL KRIVOSH		17479 CLIFTON BLVD.		LAKEWOOD	OH	44107	0 5	1 2	1 5	CHECK	$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 Total $1,250.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Form (Cash, Check, etc.)	Amount
MARGARET KUECHLE		25 KENSINGTON OVAL		ROCKY RIVER	OH	44107	05	12	15	CHECK	100.00
NORMA COLLIN		12550 LAKE AVE., #1105		LAKEWOOD	OH	44107	05	12	15	CHECK	100.00
SUSAN WAGNER		1354 WESTLAKE AVENUE		LAKEWOOD	OH	44107	05	12	15	CHECK	100.00
MARY WARREN		12500 EDGEWATER DRIVE, #1604		LAKEWOOD	OH	44107	05	12	15	CHECK	100.00
ROBERT RILEY		17205 LAKE AVENUE		LAKEWOOD	OH	44107	05	12	15	CHECK	150.00
MARGARET STINER		17437 CLIFTON BLVD.		LAKEWOOD	OH	44107	05	12	15	CHECK	500.00
SHELLIE SEDLAK		1069 SUMMIT AVE		LAKEWOOD	OH	44107	05	13	15	CHECK	25.00
LINDA BEEBE		1490 MARS AVENUE		LAKEWOOD	OH	44107	05	13	15	CHECK	25.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,100.00

31-A
R.C. 3517.10

Page 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
MARION CARROLL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1020 HOMEWOOD DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	13	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
WARREN COLEMAN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
18136 CLIFTON ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	13	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
KENNETH LAINO								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1048 HOMEWOOD DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	13	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
JANE DIEMER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1059 MAPLE CLIFF DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	14	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
CURTIS BROSKY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12900 LAKE AVE., #923							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	14	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
CAROLYN HUFFORD								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17452 NORTON AVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	14	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
JAMES RAMBASEK								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
13455 CLIFF DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	14	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
LUCINDA EINHOUSE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1064 SYLVAN AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	19	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 600.00

31-A
R.C. 3517.10

Page 5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

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
JUDITH SZENTKIRALYI		1229 FRENCH AVE		CHECK	LAKEWOOD	OH	44107	05	19	15	25.00
SUZANNE METELKO		2174 ARTHUR AVENUE		CHECK	LAKEWOOD	OH	44107	05	19	15	250.00
RICHARD FOOTE		1576 ARTHUR AVENUE		CHECK	LAKEWOOD	OH	44107	05	19	15	10.00
BARBARA PAYNTER		17438 CLIFTON BLVD.		CHECK	LAKEWOOD	OH	44107	05	19	15	50.00
JANE LESCHNIK		1063 WILBERT ROAD		CHECK	LAKEWOOD	OH	44107	05	19	15	1,000.00
RICHARD REED		1208 MANOR PARK AVENUE		CHECK	LAKEWOOD	OH	44107	05	19	15	50.00
JACOB PALOMAKI		13956 ESTILL DRIVE		CHECK	LAKEWOOD	OH	44107	05	19	15	100.00
LINDA NINTCHEFF		17897 CAPTAINS COVE		CHECK	LAKEWOOD	OH	44107	05	19	15	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,535.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Form (Cash, Check, etc.)	Amount
BRITTANY O'CONNOR		2173 MARS AVE		LAKEWOOD	OH	44107	05	20	15	CHECK	25.00
MARGARET JOHNSON		1037 WILBERT ROAD		LAKEWOOD	OH	44107	05	20	15	CHECK	25.00
JULIE FORTE		1036 WILBERT ROAD		LAKEWOOD	OH	44107	05	20	15	CHECK	30.00
PHILIP HALL		1127 FOREST ROAD		LAKEWOOD	OH	44107	05	20	15	CHECK	100.00
JOE STEWART		13855 EDGEWATER DRIVE		LAKEWOOD	OH	44107	05	20	15	CHECK	200.00
PETER KUHN		1132 FOREST ROAD		LAKEWOOD	OH	44107	05	20	15	CHECK	100.00
ROBERT KAPLAN		1121 WILBERT ROAD		LAKEWOOD	OH	44107	05	20	15	CHECK	100.00
JOHN PYKE, JR.		17808 LAKE AVE		LAKEWOOD	OH	44107	05	20	15	CHECK	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 680.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF MAYOR SUMMERS							
Full Name of Contributor						Registration Number, if PAC	
PETER RANNEY							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
13881 LAKE AVENUE						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	25.00	
Full Name of Contributor						Registration Number, if PAC	
PAUL IRWIN							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
17456 LAKE AVENUE						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	60.00	
Full Name of Contributor						Registration Number, if PAC	
LAURA KERMODE							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1088 KENNETH						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	25.00	
Full Name of Contributor						Registration Number, if PAC	
DICK CLOUGH							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
12505 EDGEWATER, #105						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	40.00	
Full Name of Contributor						Registration Number, if PAC	
MARK THOMAS							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
12700 LAKE AVENUE, #1601						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	50.00	
Full Name of Contributor						Registration Number, if PAC	
BETH ANTHONY							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2100 LAKELAND						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	50.00	
Full Name of Contributor						Registration Number, if PAC	
RUTH ANNE GILLETT							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1517 CLARENCE						CHECK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	25.00	
Full Name of Contributor						Registration Number, if PAC	
DRU SILEY							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
14773 ATHENS AVE						CHECK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	05	21	15	25.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 300.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
BARBARA SANDERSON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
11917 DETROIT AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
WILLIAM SANDERSON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
11917 DETROIT AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
THOMAS BROWN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1052 EDGEWATER LANE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
BEVERLY BURTZLAFF								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1029 PARKSIDE DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
JAMES CRAWFORD								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12700 LAKE AVE., #1914							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
GALEN SCHUERLEIN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10506 LAKE AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
CLEVELAND	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
SCOTT KERMODE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1088 KENNETH DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
DAVID KERMODE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1088 KENNETH DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		25.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 200.00

31-A
R.C. 3517.10

Page 9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF MAYOR SUMMERS							
Full Name of Contributor						**Registration Number, if PAC**	
CYNTHIA MARX							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1587 GRACE AVENUE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
CAROL MONTLACK							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2749 NORTH PARK BLVD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
CLEVELAND HEIGHTS	OH	44107	05	21	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
JEAN YOUSEFI							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1528 WESTWOOD AVENUE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
KEVIN MEEHAN							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1208 SUMMIT AVENUE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
MARY ELIZABETH MCKEE							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1042 FOREST CLIFF DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
DAVID SENGER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1065 ERIE CLIFF DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
KATHLEEN MCGORRAY							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1077 MAPLE CLIFF DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
BONNIE CARROLL							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
13909 EDGEWATER DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
LAKEWOOD	OH	44107	05	21	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 350.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

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
RICHARD ULDRICKS		2124 WYANDOTTE AVE		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
MATTHEW BEVERSTOCK		17806 LAKE ROAD		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
LYNN MCMAHON		16121 LAKE AVENUE		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
T. WARD COLLINS		13475 LAKE AVE.		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
JAMES HARRIS		13955 ESTILL DRIVE		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
DALE BROGAN		1079 KIRTLAND LANE		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
TERRY VINCENT		2165 LAKELAND		CHECK	LAKEWOOD	OH	44107	05	21	15	50.00
DANIEL BRENNAN		2175 LAKELAND		CHECK	LAKEWOOD	OH	44107	05	21	15	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 400.00

31-A
R.C. 3517.10

Page 11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
ROBERT POTTS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
13817 CLIFTON BLVD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
WENDY LACERVA								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1077 WILBERT ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
SHANNON STRACHAN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
16712 EDGEWATER DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
LION AND BLUE DOLASEK CORPORATION								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
15106 DETROIT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
RYAN NOWLIN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
18177 CLIFTON ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
~~KRISTIN ADAMS~~								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1086 FOREST CLIFF DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
MICHAEL ARTBAUER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1073 WILBERT ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
SAMUEL O'LEARY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1517 CLARENCE AVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		65.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 415.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

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
JOSEPH B. JEROME AND ASSOCIATES (Joseph Jerome)		55 PUBLIC SQUARE, SUITE 1950		CHECK	CLEVELAND	OH	44113	05	21	15	75.00
THOMAS BULLOCK, III		1508 ROSEWOOD AVE		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
NATHAN KELLY		1551 RIVERSIDE DRIVE		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
CHARLES GARVEN		1592 LAKE AVENUE		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
ARTHUR STEHLIK		15555 HILLIARD RD., STE PHS		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
~~ARTHUR GOLD~~		1098 FOREST CLIFF DR		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
JEFFREY WORRON		13814 LAKE AVE		CHECK	LAKEWOOD	OH	44107	05	21	15	100.00
PAUL BJORN		1084 LAKE POINT DRIVE		CHECK	LAKEWOOD	OH	44107	05	21	15	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 775.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
JOSEPH GIBBONS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1475 WEST CLIFTON BLVD.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
CELIA DORSCH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1536 CHESTERLAND AVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
LYNN FORAN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17612 EDGEWATER DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
MARY LYNN SLIFE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1308 MANOR PARK							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		200.00	
Full Name of Contributor							Registration Number, if PAC	
LISA KNALL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
28211 OSBORN ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
BAY VILLAGE	OH	44140	05	21	15		200.00	
Full Name of Contributor							Registration Number, if PAC	
MICHAEL KNALL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
28211 OSBORN ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
BAY VILLAGE	OH	44140	05	21	15		200.00	
Full Name of Contributor							Registration Number, if PAC	
SHYAM RAJADHYAKSHA								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6121 HUNTLEY ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	OH	43229	05	21	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
KEVIN BUTLER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17517 LAKEWOOD HTS. BLVD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,400.00

31-A
R.C. 3517.10

Page 14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
GORDON GEIGER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17894 CAPTAINS COVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
CHARLES GEIGER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17866 LAKE ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
JAMES WOOLEY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
16910 LAKE AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	21	15		300.00	
Full Name of Contributor							Registration Number, if PAC	
THOMAS C. WAGNER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1483 LEWIS DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	26	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
STEVEN CLARK								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12907 LAKE AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	26	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
ELEANOR DETKE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12543 LAKE AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	27	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
DAVID STEIN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1495 CLIFTON PLACE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	27	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
BENJAMIN VAN LEAR								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1469 WOODWARD AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	27	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,000.00

31-A
R.C. 3517.10

Page 15

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF MAYOR SUMMERS								
Full Name of Contributor							Registration Number, if PAC	
CATHY WALLENSTEIN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
210 JACKSON DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
CHAGRIN FALLS	OH	44022-1556	05	27	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
RUSTOM KHOURI								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
31601 SCHWARTZ ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
AVON	OH	44011-2559	05	27	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
JOHN MCMILLAN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1104 WEST FOREST ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	27	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
STEPHEN PETRAS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
29622 WOLF ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
BAY VILLAGE	OH	44140	05	27	15		500.00	
Full Name of Contributor							Registration Number, if PAC	
KAMALA NEFF								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
17850 Northwood Avenue							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	28	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
CYNTHIA COSTELLO								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1114 NICHOLSON AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	05	28	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
MARY ELLEN BRZYTWA								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1025 NICHOLSON AVENUE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	06	02	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
ALICE MCGINTY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1039 KIRTLAND LANE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
LAKEWOOD	OH	44107	06	02	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,225.00

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

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
MICHAEL MURMAN		1102 NICHOLSON AVENUE		CHECK	LAKEWOOD	OH	44107	06	03	15	250.00
JO ANN M. ROSS		13875 LAKE ROAD		CHECK	LAKEWOOD	OH	44107	06	03	15	250.00
DENNIS BUTLER		18113 CLIFTON ROAD		CHECK	LAKEWOOD	OH	44107	06	26	15	150.00
KATHLEEN GARRETT		1295 ARLINGTON ROAD		CHECK	LAKEWOOD	OH	44107	06	26	15	500.00
CAROLYN SEELBACH		1109 WEST FOREST ROAD		CHECK	LAKEWOOD	OH	44107	05	19	15	100.00
MARY ANNE CRAMPTON		17895 CAPTAINS COVE		PAYPAL	LAKEWOOD	OH	44107	05	28	15	100.00
COLIN MCEWEN		1272 RAMONA		PAYPAL	LAKEWOOD	OH	44107	05	01	15	1.00
STEVEN FOUGHT		3853 SECKINGER DRIVE		PAYPAL	TOLEDO	OH	44107	05	25	15	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,451.00

31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

Full Name	Address	City	Type*	State	Zip Code	Registration Number, if PAC	M D Y	Form (Cash, Check, etc.)	Amount
MICHAEL SUMMERS	1046 WILBERT ROAD	LAKEWOOD	LN	OH	44107		04 27 15	CHECK	$5,000.00
			RE	OH					
			RE	OH					
			RE	OH					
			RE	OH					
			RE	OH					
			RE	OH					
			RE	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 $ 5,000.00

31-B
R.C. 3517.10

Statement of Expenditures

Page 17

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRIENDS OF MAYOR SUMMERS

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	Date (M D Y)	Amount
CURRY COPY	14528 DETROIT AVENUE	LAKEWOOD	OH	44107	PRINTING	511	05 04 15	$172.80
LYNN FORAN	17612 EDGEWATER DRIVE	LAKEWOOD	OH	44107	STAMPS & MAILING LABELS	512	05 04 15	$188.01
LION AND BLUE DOLASEK CORP	15106 DETROIT AVENUE	LAKEWOOD	OH	44107	RETURN OF CORP DONATION	513	06 10 15	$50.00
THE LAKEWOOD OBSERVER	14900 DETROIT AVE, #205	LAKEWOOD	OH	44107	ADVERTISING	514	06 22 15	$310.00
LASKEY COSTELLO LLC	15514 DETROIT AVENUE	LAKEWOOD	OH	44107	REIMB. 2 PLANNING MEETINGS	515	06 22 15	$137.48
CITY OF LAKEWOOD	12650 DETROIT AVENUE	LAKEWOOD	OH	44107	RENTAL PAVILION AREA	516	06 24 15	$100.00
CLEVELAND PRINTWEAR INC	13300 MADISON AVENUE	LAKEWOOD	OH	44107	PRINT BANNER	517	06 24 15	$226.80
CLEVELAND PRINTWEAR INC	13300 MADISON AVENUE	LAKEWOOD	OH	44107	PRINT T-SHIRTS	518	06 25 15	$901.80

Page Total $2,086.89

31-B
R.C. 3517.10

Statement of Expenditures

Page 18

Prescribed by Secretary of State 2/01

Name of Committee in Full
FRIENDS OF MAYOR SUMMERS

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	Date (M D Y)	Amount
ITALIAN CREATIONS	16104 HILLIARD ROAD	LAKEWOOD	OH	44107	KICK-OFF PICNIC	519	06 30 15	$950.00
PAYPAL	2211 N. FIRST STREET	SAN JOSE	CA	95131	PAYPAL FEES		05 04 15	$0.33
PAYPAL	2211 N. FIRST STREET	SAN JOSE	CA	95131	PAYPAL FEES		05 28 15	$3.20
PAYPAL	2211 N. FIRST STREET	SAN JOSE	CA	95131	PAYPAL FEES		06 25 15	$3.20

Page Total $956.73

31-J-1
R.C. 3517.10

Page 21

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
FRIENDS OF MAYOR SUMMERS

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH AVENUE	LABOR	05 20 15 / $750.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) YES ( ) NO
Full Name of Contributor	**Employer, Occupation, Labor Organization***	**Registration Number, if PAC**
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH AVENUE	WINE	05 20 15 / $260.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) YES ( ) NO
Full Name of Contributor	**Employer, Occupation, Labor Organization***	**Registration Number, if PAC**
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH AVENUE	BEER	05 20 15 / $210.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) YES ( ) NO
Full Name of Contributor	**Employer, Occupation, Labor Organization***	**Registration Number, if PAC**
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH	FOOD	05 20 15 / $745.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) YES ( ) NO
Full Name of Contributor	**Employer, Occupation, Labor Organization***	**Registration Number, if PAC**
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH AVENUE	SERVERS	05 20 15 / $150.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) YES ( ) NO
Full Name of Contributor	**Employer, Occupation, Labor Organization***	**Registration Number, if PAC**
GARY & CAROL ROSSEN	MERCHANT	
Street Address	**Description of Item or Service**	**M D Y / Fair Market Value**
1253 FRENCH AVENUE	SETUP/TAKE DOWN	05 20 15 / $250.00
City	**State / Zip Code**	**Received at Fundraising Event?**
LAKEWOOD	OH / 44107	(●) 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 / Zip Code**	**Received at Fundraising Event?**
	OH /	( ) 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 / Zip Code**	**Received at Fundraising Event?**
	OH /	( ) 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 $2,365.00

31-C
R.C. 3517.10

Page 20

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee
FRIENDS OF MAYOR SUMMERS

From Whom Received: MICHAEL SUMMERS
Address: 1046 WILBERT ROAD
City: LAKEWOOD | State: OH | Zip Code:
Date Loan was originally Incurred: M 08 D 13 Y 07
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:

Prior Amount: 8,000.00
Amt. Incurred this Period: 5,000.00
Outstanding Balance: 13,000.00

Loans Received This Period Date			Amount	Payments This Period Date			Amount
M 04	D 27	Y 15	$ 5,000	M	D	Y	$
M	D	Y		M	D	Y	
M	D	Y		M	D	Y	

From Whom Received
Address
City | State | Zip Code
Date Loan was originally Incurred: M D Y
Registration Number, if PAC
Employer/Occupation/Labor Organization*

Prior Amount
Amt. Incurred this Period
Outstanding Balance

Loans Received This Period Date			Amount	Payments This Period Date			Amount
M	D	Y	$	M	D	Y	$
M	D	Y		M	D	Y	
M	D	Y		M	D	Y	

From Whom Received
Address
City | State | Zip Code
Date Loan was originally Incurred: M D Y
Registration Number, if PAC
Employer/Occupation/Labor Organization*

Prior Amount
Amt. Incurred this Period
Outstanding Balance

Loans Received This Period Date			Amount	Payments This Period Date			Amount
M	D	Y	$	M	D	Y	$
M	D	Y		M	D	Y	
M	D	Y		M	D	Y	

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount $ 8,000.00

2 Total received this period $ 5,000.00 (To Form No. 31-A-2)

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

4 Total Outstanding Balance $ 13,000.00 (To Form No. 30-A)