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
Voters Engaged To Oppose 64 (VETO-64)	
Full Name of Candidate	
Street Address	**Office Sought** / **District**
1538 Northland Ave	
City / **State** / **Zip Code**	
Lakewood / OH / 44107	

Type of Report (place X to the left of report type)												
		Pre-Primary		Post-Primary		Pre-General	X	Post-General		Annual Year		
		July Monthly		August Monthly		September Monthly		Termination		Semiannual		
Amended Report?	X Yes	☐ No	Report Electronically Filed?	☐ Yes	☐ No	Date of Election	M 11	D 3	Y 15			

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	$ 2125	00 ✓
2. Total monetary contributions (From Form No. 31-A)	$ 50,550	00 ✓
3. Total other income (From Form No. 31-A-2)	$	.
4. Total funds available (sum of lines 1, 2, 3)	$ 52,675	00 ✓
5. Total monetary expenditures (From Form No. 31-B)	$ 52,623	11 ✓
6. Balance on hand (line 4 minus line 5)	$ 51	89 ✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	$	.
8. Value of in-kind contributions made (From Form No. 31-J-2)	$	.
9. Outstanding loans owed by committee (From Form No. 31-C)	$ 1,600	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.	$	.

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.

Ronald Petrie, Treasurer — Print Name and Title (Treasurer and Deputy Treasurer only)

Ronald Petrie — Signature

2/18/16 — Date

Contribution pages 2	Expenditure pages 1	Other pages 1	Total pages 4

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: Voters Engaged To Oppose 64 (VETO-64)

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
Pam Smith		1528 Elmwood Ave		Lakewood	OH	44107	10	15	15	check	$200.00
Maureen Dostal		1652 Chesterland Ave.		Lakewood	OH	44107	10	15	15	check	25.00
David Robar		1294 Ethel Ave		Lakewood	OH	44107	10	15	15	check	25.00
Lakewood Hospital Association		14519 Detroit Ave		Lakewood	OH	44107	10	16	15	check	35,000.00
Wynne Antonio		1509 Elmwood		Lakewood	OH	44107	10	16	15	check	50.00
Thomas Gable		2787 East Aspin Dr		Rocky River	OH	44116	10	16	15	check	100.00
Cindy Marx		1587 Grace Ave.		Lakewood	OH	44107	10	22	15	check	50.00
Raymond Cushing III		1238 Arlington Ave		Lakewood	OH	44107	10	22	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 also appear. [R.C. 3517.10(B)(4)]

Page Total $ 35,530.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: Voters Engaged To Oppose 64 (VETO-64)

Field	Value
Full Name of Contributor	Lakewood Hospital Association
Registration Number, if PAC	
Street Address	14519 Detroit Ave.
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	Check
City	Lakewood
State	OH
Zip Code	44107
M	10
D	29
Y	15
Amount	$15,000

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

* 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 $ 15,000.00

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Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full: Voters Engaged To Oppose 64 (VETO-64)

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
US Postal Service					postage	97	10	15	15	$1352.13
First Federal of Lakewood	14806 Detroit Ave.	Lakewood	OH	44107	check printing	electronic	10	21	15	20.00
Great Lakes Strategies	2100 E. Maple Rd #100	Birmingham	MI	48009		100	10	19	15	500.00
US Postal Service					postage	99	10	22	15	2576.82
US Postal Service					postage	98	10	27	15	2466.18
Mike Thomas & Associates	18431 Lynton Ave	Shaker Heights	OH	44122	campaign management	1001	10	29	15	40,668.59
Mike Thomas & Associates	18431 Lynton Ave.	Shaker Heights	OH	44122	campaign management	1003	11	30	15	5039.39

$52,623.11

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee: Voters Engaged To Oppose 64 (VETO-64)

From Whom Received: Tom Bullock For Lakewood
Address: 1256 Cook Ave.
City: Lakewood | St ate: OH | Zip Code: 44107
Date Loan was originally Incurred: M 10 D 13 Y 15
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Prior Amount: 1600.00 | Amt. Incurred this Period: 0 | Outstanding Balance: 1600.00
Loans Received This Period: Date M D Y | Amount $: 0
Payments This Period: Date M D Y | Amount $: 0

From Whom Received:
Address:
City: | St ate: | 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 M D Y | Amount $:
Payments This Period: Date M D Y | Amount $:

From Whom Received:
Address:
City: | St ate: | 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 M D Y | Amount $:
Payments This Period: Date M D Y | Amount $:

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

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

[1] Total prior amount $ 1600.00

[2] Total received this period $ 0 (To Form No. 31-A-2)

[3] Total payments this period $ 0 (To Form No. 31-B)

[4] Total Outstanding Balance $ 1600.00 (To Form No. 30-A)