

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|                                                                                     |              |                                                                                                  |                   |                    |                           |                             |  |
|-------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------|-------------------|--------------------|---------------------------|-----------------------------|--|
| Full Name of Committee<br><b>Lakewood Voters For Progress</b>                       |              |                                                                                                  |                   |                    |                           | Registration Number, if PAC |  |
| Full Name of Candidate<br><b>(Formerly Voters Engaged To Oppose 64, VETO-64)</b>    |              |                                                                                                  |                   |                    |                           |                             |  |
| Street Address<br><b>1538 Northland Ave.</b>                                        |              |                                                                                                  |                   | Office Sought      |                           | District                    |  |
| City<br><b>Lakewood</b>                                                             |              |                                                                                                  |                   | State<br><b>OH</b> |                           | Zip Code<br><b>44107</b>    |  |
| Type of Report<br>(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<br><b>2016</b> |                             |  |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   | Date of Election   |                           | <b>11/08/16</b>             |  |

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                                                                     | \$ | <b>51.89</b>   | ✓                |
| 2. Total monetary contributions (From Form No. 31-A)                                                           | \$ | <b>6445.00</b> | ✓                |
| 3. Total other income (From Form No. 31-A-2)                                                                   | \$ | <b>0</b>       |                  |
| 4. Total funds available (sum of lines 1, 2, 3)                                                                | \$ | <b>6496.89</b> | ✓                |
| 5. Total monetary expenditures (From Form No. 31-B)                                                            | \$ | <b>5073.38</b> | ✓                |
| 6. Balance on hand (line 4 minus line 5)                                                                       | \$ | <b>1423.51</b> | ✓ <b>1423.51</b> |
| 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)                                                    | \$ | <b>1600.00</b> | ✓                |
| 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<br>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 Petric, Treasurer**  
Print Name and Title (Treasurer and Deputy Treasurer only)

**Ronald Petric**  
Signature

**July 22, 2016**  
Date

JUL 27 16 AM 11:40

Contribution pages **10**

Expenditure pages **2**

Other pages **1**

Total pages **13**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>Pamela Smith</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1528 Elmwood Ave.</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>03</b> | D<br><b>21</b> | Y<br><b>16</b> | Amount<br><b>\$200.00</b>                |  |
| Full Name of Contributor<br><b>Lucinda Einhouse</b>              |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1064 Sylvan Ave.</b>                        |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>03</b> | D<br><b>20</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Mary Ellen Brzytwa</b>            |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1025 Nicholson Ave.</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>03</b> | D<br><b>29</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Michael Wightman</b>              |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>16906 Hilliard Rd</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>04</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Curtis Brosky</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>12900 Leek Ave #923</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>04</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Robin Suttell</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1220 Bell Ave</b>                           |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Vicki Smigelski</b>               |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1604 Cohasset Ave</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Mary Osburn</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1655 Elmwood Ave</b>                        |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |

\* 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 \$ **725.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                                          |                |                 |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|------------------------------------------|----------------|-----------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                                          |                |                 |  |
| Full Name of Contributor<br><b>Jim Koumy</b>                     |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>1554 Elbur Ave</b>                          |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$50.00</b>  |  |
| Full Name of Contributor<br><b>Chuck Shaughnessy</b>             |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>1268 Andrews Ave</b>                        |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$100.00</b> |  |
| Full Name of Contributor<br><b>Carl Orban</b>                    |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>11852 Lake Ave.</b>                         |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$25.00</b>  |  |
| Full Name of Contributor<br><b>Kathy Haber</b>                   |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>17897 Lake Road</b>                         |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$200.00</b> |  |
| Full Name of Contributor<br><b>Lynn Foran</b>                    |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>17612 Edgewater Dr</b>                      |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$150.00</b> |  |
| Full Name of Contributor<br><b>Ray Cushing</b>                   |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>1238 Arlington Ave.</b>                     |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$100.00</b> |  |
| Full Name of Contributor<br><b>Rob Barcelona</b>                 |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>1085 Abbie Shore</b>                        |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$100.00</b> |  |
| Full Name of Contributor<br><b>Shannon Strachan</b>              |                    |                                         |                | Registration Number, if PAC              |                |                 |  |
| Street Address<br><b>16712 Edgewater Dr</b>                      |                    | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><b>check</b> |                | Amount          |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b>                           | Y<br><b>16</b> | <b>\$100.00</b> |  |

\* 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 \$ **775.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>Paula Reed</b>                    |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1208 Manor Park Ave.</b>                    |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Anne Pakomaki</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>13956 Estil Dr.</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Maureen Dostal</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1652 Chesterland</b>                        |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Mike Summers</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1046 Wilbert Rd</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$500.00</b>                |  |
| Full Name of Contributor<br><b>Dave Robber</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1294 Ethel Ave.</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Sam O'Leary</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>14719 Clifton Blvd #3</b>                   |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Dennis Roche</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>15315 Edgewood Dr</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>David Drickhauer</b>              |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1082 Wilbert Rd</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |

\* 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 \$ **1100.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>Bill Gorton</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1180 Stonewood Ct</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Westlake</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44145</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$40.00</b>                 |  |
| Full Name of Contributor<br><b>Laura Denn</b>                    |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1053 Abbicshire</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>James Woolley</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>16910 Lake Ave</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$250.00</b>                |  |
| Full Name of Contributor<br><b>Nancy Lukens</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>15503 Clifton Blvd</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>David McKee</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1042 Forest Circle</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Georgianne Vantorella</b>         |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>844 Hamilton Ave</b>                        |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Westlake</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44145</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Darren Toms</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1357 Lakeland Ave</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Tom Cable</b>                     |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>2707 Asplin Dr</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Rocky River</b>                                       | State<br><b>OH</b> | Zip Code<br><b>44116</b>                | M<br><b>04</b> | D<br><b>05</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |

\* 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 \$

**690.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |               |               |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|---------------|---------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |               |               |                |                                          |  |
| Full Name of Contributor<br><b>Kevin Butler</b>                  |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>17517 Lakewood Hts Blvd</b>                 |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>05</b> | Amount<br><b>\$150.00</b>                |  |
| Full Name of Contributor<br><b>Phyllis Dykes</b>                 |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>16711 Lake Ave</b>                          |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>05</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Colleen de Boer</b>               |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>2149 Richland Ave.</b>                      |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>06</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Larry Faulhaber</b>               |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>3167 Linden Rd #605</b>                     |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Rocky River</b>                                       | State<br><b>OH</b> | Zip Code<br><b>44116</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>06</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Jon Fraucher</b>                  |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>19737 Battersen</b>                         |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Rocky River</b>                                       | State<br><b>OH</b> | Zip Code<br><b>44116</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>06</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Chitra Walker</b>                 |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>12020 Lake Ave #502</b>                     |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>09</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Norma Collin</b>                  |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>12500 Lake Ave #1105</b>                    |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>10</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Carolyn Whitford</b>              |                    |                                         |               |               |                | Registration Number, if PAC              |  |
| Street Address<br><b>17452 Norton Ave</b>                        |                    | Employer/Occupation/Labor Organization* |               |               |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>11</b> | Amount<br><b>\$25.00</b>                 |  |

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Page Total \$ **525.00**

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>Thomas Wagner</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1483 Lewis Dr</b>                           |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>11</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Steven Fesko</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1228 Chase Ave.</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>12</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Diane Coury</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>2407 Wingedfoot Dr.</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Westlake</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44145</b>                | M<br><b>04</b> | D<br><b>12</b> | Y<br><b>16</b> | Amount<br><b>\$250.00</b>                |  |
| Full Name of Contributor<br><b>Cynthia Marx</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1587 Grace Ave.</b>                         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>04</b> | D<br><b>26</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Jacqueline Nowlin</b>             |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>17613 Lakewood Hts Blvd</b>                 |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Valerie Mechenbier</b>            |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1209 Virginia Ave.</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Paula Reed</b>                    |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1208 Manor Park Ave</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Charles Shaughnessy</b>           |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1268 Andrews Ave.</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |

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Page Total \$ **600.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |  |                    |                                         |                          |  |                                          |  |                          |  |
|------------------------------------------------------------------|--|--------------------|-----------------------------------------|--------------------------|--|------------------------------------------|--|--------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |  |                    |                                         |                          |  |                                          |  |                          |  |
| Full Name of Contributor<br><b>Shannon Stachan</b>               |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>16712 Edgewater Dr</b>                      |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Katherine Shaughnessy</b>         |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>1152 Edwards Ave</b>                        |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Joanne Gergel</b>                 |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>13930 Lakelue</b>                           |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Jacob Palomaki</b>                |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>13956 Estil Dr</b>                          |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Carl O'Brien</b>                  |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>11852 Lake Ave</b>                          |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Vicki Smigelski</b>               |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>1604 Colassott Ave</b>                      |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Charles Garven</b>                |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>15921 Lake Ave.</b>                         |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Lakewood</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44107</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |
| Full Name of Contributor<br><b>Georgann Kortnerella</b>          |  |                    |                                         |                          |  | Registration Number, if PAC              |  |                          |  |
| Street Address<br><b>844 Hamlet A-1</b>                          |  |                    | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                          |  |
| City<br><b>Westlake</b>                                          |  | State<br><b>OH</b> |                                         | Zip Code<br><b>44145</b> |  | M<br><b>06</b>                           |  | D<br><b>14</b>           |  |
|                                                                  |  |                    |                                         |                          |  | Y<br><b>16</b>                           |  | Amount<br><b>\$25.00</b> |  |

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Page Total \$ **200.00**



# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>Norma Collin</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>12570 Lakewood Ave #1105</b>                |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Thomas Bullock</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1508 Rosewood Ave</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Maureen Dostal</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1652 Chestnutland</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Jay Foran</b>                     |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>17612 Edgewood Dr</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Linda Beebe</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1490 Mars Ave.</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$30.00</b>                 |  |
| Full Name of Contributor<br><b>Mary Osburn</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1655 Elmwood Ave.</b>                       |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>William Gaydos</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>14714 Detroit Ave #202</b>                  |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |
| Full Name of Contributor<br><b>Mary Louise Madigan</b>           |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>12900 Lakewood #127</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |

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Page Total \$ **280.00**

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                          |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                          |  |
| Full Name of Contributor<br><b>John Litten</b>                   |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1520 Chokeland</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Joel Egerton</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>12900 Lake Ave #1923</b>                    |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Joseph Gibbons</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1111 Superior East #1000</b>                |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Cleveland</b>                                         | State<br><b>OH</b> | Zip Code<br><b>44114</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$100.00</b>                |  |
| Full Name of Contributor<br><b>Daniel Shepard</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>11613 Edgewater Dr</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$200.00</b>                |  |
| Full Name of Contributor<br><b>Kevin Butler</b>                  |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>1751 <del>W</del> Lakewood Blvd</b>         |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$250.00</b>                |  |
| Full Name of Contributor<br><b>Collin Development</b>            |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>10800 Edgewater Dr</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$500.00</b>                |  |
| Full Name of Contributor<br><b>Jeff Sadlowski</b>                |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>13405 Cliff Dr</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b>  |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                 |  |
| Full Name of Contributor<br><b>Steve Bennett</b>                 |                    |                                         |                |                |                | Registration Number, if PAC              |  |
| Street Address<br><b>12598 Clifton Blvd</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b>  |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                 |  |

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

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |                |                |                |                                         |  |
|------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|----------------|-----------------------------------------|--|
| Name of Committee in Full<br><b>Lakewood Voters For Progress</b> |                    |                                         |                |                |                |                                         |  |
| Full Name of Contributor<br><b>Charlotte Pettie</b>              |                    |                                         |                |                |                | Registration Number, if PAC             |  |
| Street Address<br><b>1562 Larchmont Ave</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$25.00</b>                |  |
| Full Name of Contributor<br><b>Scott Saluga</b>                  |                    |                                         |                |                |                | Registration Number, if PAC             |  |
| Street Address<br><b>1270 St Charles #2</b>                      |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                |  |
| Full Name of Contributor<br><b>Larry Faulhaber</b>               |                    |                                         |                |                |                | Registration Number, if PAC             |  |
| Street Address<br><b>3167 Linden Pl #605</b>                     |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b> |  |
| City<br><b>Rocky River</b>                                       | State<br><b>OH</b> | Zip Code<br><b>44116</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                |  |
| Full Name of Contributor<br><b>Rob Barcellona</b>                |                    |                                         |                |                |                | Registration Number, if PAC             |  |
| Street Address<br><b>1085 Ashbleshire Ave</b>                    |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                |  |
| Full Name of Contributor<br><b>Tim Kunny</b>                     |                    |                                         |                |                |                | Registration Number, if PAC             |  |
| Street Address<br><b>1554 Elbur Ave</b>                          |                    | Employer/Occupation/Labor Organization* |                |                |                | Form (Cash, Check, etc.)<br><b>cash</b> |  |
| City<br><b>Lakewood</b>                                          | State<br><b>OH</b> | Zip Code<br><b>44107</b>                | M<br><b>06</b> | D<br><b>14</b> | Y<br><b>16</b> | Amount<br><b>\$50.00</b>                |  |
| 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                                  |  |
| 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                                  |  |
| 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 \$ **225.00**

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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| Name of Committee in Full    |                           |          |                               |          |   |           |        |
|------------------------------|---------------------------|----------|-------------------------------|----------|---|-----------|--------|
| Lakewood Voters For Progress |                           |          |                               |          |   |           |        |
| To Whom Paid                 | Lakewood Grant Eagle      |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 04/05/16 |   | \$79.90   |        |
| 14100 Detroit Ave.           |                           |          | Food For Fundraiser           |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1005                          |          |   |           |        |
| To Whom Paid                 | First Federal of Lakewood |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 12/30/15 |   | \$30.00   |        |
| 14806 Detroit Ave.           |                           |          | bank fee                      |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | electronic                    |          |   |           |        |
| To Whom Paid                 | Miko Thomas & Associates  |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 04/08/16 |   | \$3000.00 |        |
| 18431 Lynton Rd              |                           |          | campaign management services  |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Shaker Heights               | OH                        | 44122    | 1004                          |          |   |           |        |
| To Whom Paid                 | Corinne Petrie            |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 04/07/16 |   | \$82.36   |        |
| 1538 Northland Ave.          |                           |          | reimburse food for fundraiser |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1006                          |          |   |           |        |
| To Whom Paid                 | UPS Store - Lakewood      |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 04/30/16 |   | \$3.90    |        |
| 14837 Detroit Ave            |                           |          | print post cards              |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1007                          |          |   |           |        |
| To Whom Paid                 | Ron Petrie                |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 04/30/16 |   | \$34.00   |        |
| 1345 Brocklyne.              |                           |          | reimburse stamps              |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1008                          |          |   |           |        |
| To Whom Paid                 | City of Lakewood          |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 06/06/16 |   | \$120.00  |        |
| 12650 Detroit Ave            |                           |          | rent park pavilion            |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1009                          |          |   |           |        |
| To Whom Paid                 | UPS Store - Lakewood      |          |                               | M        | D | Y         | Amount |
| Address                      |                           |          | Purpose                       | 06/17/16 |   | \$2.02    |        |
| 14837 Detroit Ave.           |                           |          | print post cards              |          |   |           |        |
| City                         | State                     | Zip Code | Check Number                  |          |   |           |        |
| Lakewood                     | OH                        | 44107    | 1010                          |          |   |           |        |

Page Total \$ 3352.26

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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| Name of Committee in Full    |  |                            |  |          |  |              |  |           |  |
|------------------------------|--|----------------------------|--|----------|--|--------------|--|-----------|--|
| Lakewood Voters For Progress |  |                            |  |          |  |              |  |           |  |
| To Whom Paid                 |  | U.S. Postal Service        |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  | 1475 Warren Rd             |  |          |  | 06/07/16     |  | \$17.00   |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
| Lakewood                     |  | OH                         |  | 44107    |  | 1011         |  |           |  |
| To Whom Paid                 |  | Party City - North Olmsted |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  | 24800 Brookpark Rd         |  |          |  | 06/11/16     |  | \$30.16   |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
| North Olmsted                |  | OH                         |  | 44070    |  | 1013         |  |           |  |
| To Whom Paid                 |  | Ron Petric                 |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  | 1345 Brockley Dr.          |  |          |  | 06/12/16     |  | \$136.81  |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
| Lakewood                     |  | OH                         |  | 44107    |  | 1014         |  |           |  |
| To Whom Paid                 |  | Drug Mart - Lakewood West  |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  | 15412 Detroit Ave          |  |          |  | 06/13/16     |  | \$37.15   |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
| Lakewood                     |  | OH                         |  | 44107    |  | 1015         |  |           |  |
| To Whom Paid                 |  | Miko Thomas & Associates   |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  | 18431 Lynton Rd            |  |          |  | 06/15/16     |  | \$1500.00 |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
| Shaker Heights               |  | OH                         |  | 44122    |  | 1016         |  |           |  |
| To Whom Paid                 |  |                            |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  |                            |  |          |  |              |  |           |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
|                              |  |                            |  |          |  |              |  |           |  |
| To Whom Paid                 |  |                            |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  |                            |  |          |  |              |  |           |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
|                              |  |                            |  |          |  |              |  |           |  |
| To Whom Paid                 |  |                            |  |          |  | M D Y        |  | Amount    |  |
| Address                      |  |                            |  |          |  |              |  |           |  |
| City                         |  | State                      |  | Zip Code |  | Check Number |  |           |  |
|                              |  |                            |  |          |  |              |  |           |  |

Page Total \$1771.12

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|                                                               |  |                    |  |                          |                                            |                      |   |                                       |    |
|---------------------------------------------------------------|--|--------------------|--|--------------------------|--------------------------------------------|----------------------|---|---------------------------------------|----|
| Full Name of Committee<br><u>Lakewood Voters For Progress</u> |  |                    |  |                          |                                            |                      |   |                                       |    |
| To Whom Owed<br><u>Tom Bullock For Lakewood</u>               |  |                    |  |                          | Prior Amount<br><u>\$1600</u>              |                      |   | Amt. Incurred this Period<br><u>0</u> |    |
| Address<br><u>1256 Cook Ave.</u>                              |  |                    |  |                          | Item or Purpose of Debt<br><u>indebted</u> |                      |   | Outstanding Balance<br><u>1600.00</u> |    |
| City<br><u>Lakewood OH</u>                                    |  | State<br><u>OH</u> |  | Zip Code<br><u>44107</u> |                                            | Payments This Period |   |                                       |    |
|                                                               |  |                    |  |                          |                                            | Date                 |   | Amount                                |    |
|                                                               |  |                    |  |                          |                                            | M                    | D | Y                                     | \$ |
| Date Debt was originally Incurred                             |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
| Registration Number, if PAC                                   |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
| To Whom Owed                                                  |  |                    |  |                          | Prior Amount                               |                      |   | Amt. Incurred this Period             |    |
| Address                                                       |  |                    |  |                          | Item or Purpose of Debt                    |                      |   | Outstanding Balance                   |    |
| City                                                          |  | State              |  | Zip Code                 |                                            | Payments This Period |   |                                       |    |
|                                                               |  |                    |  |                          |                                            | Date                 |   | Amount                                |    |
|                                                               |  |                    |  |                          |                                            | M                    | D | Y                                     | \$ |
| Date Debt was originally Incurred                             |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
| Registration Number, if PAC                                   |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
| To Whom Owed                                                  |  |                    |  |                          | Prior Amount                               |                      |   | Amt. Incurred this Period             |    |
| Address                                                       |  |                    |  |                          | Item or Purpose of Debt                    |                      |   | Outstanding Balance                   |    |
| City                                                          |  | State              |  | Zip Code                 |                                            | Payments This Period |   |                                       |    |
|                                                               |  |                    |  |                          |                                            | Date                 |   | Amount                                |    |
|                                                               |  |                    |  |                          |                                            | M                    | D | Y                                     | \$ |
| Date Debt was originally Incurred                             |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
| Registration Number, if PAC                                   |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | M | D                                     | Y  |
|                                                               |  |                    |  |                          |                                            |                      | 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)

Total Outstanding Balance \$ 1600.00 (also record on cover page)