OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Citizens for Meghan George	Mayor of Lakewood	LKWD

Street Address	City	State	Zip
1620 Rosewood Ave.	Lakewood	OH	44107

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Meghan F. George	Timothy J. George	11/05/2019

Type of Report (choose one):

☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	3216.92
2. Total monetary contributions (From Forms 31-A and 31-E)	12,420.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	15,636.92
5. Total monetary expenditures (From Forms 31-B and 31-F)	13,865.72
6. Balance on hand (line 4 minus line 5)	1771.20
7. Value of in-kind contributions received (From Form 31-J-1)	1479.38
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	1200.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Meghan F. George
Signature of Treasurer or Deputy Treasurer

7/29/19
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
24	12	4	40

Last Updated 09/2017

19 JUL 29 PM 11:06

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Terrence Novak				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5402 Sleepy Hollow Rd.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Valley City	OH	44280	02/08/2019	100.00

Full Name of Contributor	Registration Number, if PAC			
Michael George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
329 Beacon St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02116	03/12/2019	100.00

Full Name of Contributor	Registration Number, if PAC			
Trevor Elkins				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3888 E. 43rd St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Newburgh Heights	OH	44105	03/13/2019	500.00

Full Name of Contributor	Registration Number, if PAC			
Camilo Villa				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
7402 Franklin Blvd.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44102	03/14/2019	25.00

Full Name of Contributor	Registration Number, if PAC			
Jane George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4777 Donald Ave.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Richmond Heights	OH	44143	03/15/2019	1500.00

*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 2225.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Nora Kelley				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3410 W. 148th St.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44111	03/23/2019	50.00
Full Name of Contributor	**Registration Number, if PAC**			
George Alex				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
481 Beacon St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02115	03/29/2019	25.00
Full Name of Contributor	**Registration Number, if PAC**			
Michael George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
329 Beacon St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02116	03/30/2019	25.00
Full Name of Contributor	**Registration Number, if PAC**			
Nicole Parke				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1091 Erie Cliff Dr.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	03/30/2019	15.00
Full Name of Contributor	**Registration Number, if PAC**			
Joshua Lange				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
19458 Lytle Rd.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Royalton	OH	44133	04/01/2019	50.00

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

Page Total 165.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Michael George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
329 Beacon St.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02116	03/26/2019	100.00
Full Name of Contributor	**Registration Number, if PAC**			
John Giangregorio				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
152 Millburty St.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Worchester	MA	01610	03/26/2019	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Michael George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
329 Beacon St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02116	04/02/2019	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Michael George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
329 Beacon St.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Boston	MA	02116	04/03/2019	35.00
Full Name of Contributor	**Registration Number, if PAC**			
Timothy Heinrich				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1660 Chesterland Ave.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	4/4/2019	75.00

*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 410.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Martha Burns				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
580 Indian Crest Dr.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Indian Springs	AL	35124	04/12/2019	100.00

Full Name of Contributor	Registration Number, if PAC			
Terrence Novak				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5402 Sleepy Hollow Rd.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Valley City	OH	44280	04/15/2019	250.00

Full Name of Contributor	Registration Number, if PAC			
Terrilynn Bornino-Elwell				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
301 Lexington Circle				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Broadview Heights	OH	44147	04/07/2019	100.00

Full Name of Contributor	Registration Number, if PAC			
Nancy Vaughan				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
14909 Clifton Blvd.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	05/10/2019	25.00

Full Name of Contributor	Registration Number, if PAC			
Lois Finlin				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3659 Cinnamon Way				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Westlake	OH	44145	05/06/2019	300.00

*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 775.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Kevin Young				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1598 Elbur				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	04/11/2019	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Noreen Hahn				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3151 W. 159th				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44111	04/13/2019	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Thomas Monahan				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1487 Waterbury				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	04/12/2019	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Local 38 PAC - Dennis Meaney				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1590 East 23rd St.				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44114	04/11/2019	250.00
Full Name of Contributor	**Registration Number, if PAC**			
Timothy Heinrich				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1660 Chesterland				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	05/4/2019	75.00

*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 525.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Jim Irwin				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1270 Electric Ave. Apt. 418				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lincoln Park	MI	48146	04/24/2019	40.00

Full Name of Contributor	Registration Number, if PAC			
Emil George				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
12061 Callado Rd.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
San Diego	CA	92128	05/14/2019	100.00

Full Name of Contributor	Registration Number, if PAC			
Charles Milsaps				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1462 Rosewood				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	05/16/2019	300.00

Full Name of Contributor	Registration Number, if PAC			
Justin Smith				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5 NE, 3635 Perkins Ave.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44114	05/22/2019	25.00

Full Name of Contributor	Registration Number, if PAC			
Mark Carbone				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1322 Edanola				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	05/25/2019	150.00

*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 615.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Debra Sweeney				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1587 Woodward Ave.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	06/24/2019	25.00

Full Name of Contributor	Registration Number, if PAC			
Gregory Murray				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1587 Woodward Ave.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	06/24/2019	25.00

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

Full Name of Contributor	Registration Number, if PAC			
Timothy Heinrich				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1660 Chesterland Ave.				ActBlue
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Lakewood	OH	44107	06/04/2019	75.00

*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 125.00

OFFICE OF THE
Ohio Secretary of State

Page ___

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens for Meghan George					
Full Name of Contributor: Contributions from Form 31-E				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State:	Zip Code:	Date (MM/DD/YYYY): 4/10/2019	Amount: 7,580.00	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State:	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State:	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State:	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State:	Zip Code:	Date (MM/DD/YYYY):	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 7,580.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 1

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC		
Dino Vianos			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
2082 E. 4th Apt 201		03/02/2019	150.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Cleveland	OH	44115	cash

Full Name of Contributor	Registration Number, if PAC		
Jean Finlin			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
24121 E. Oakland Rd.		03/04/2019	500.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Bay Village	OH	44140	check

Full Name of Contributor	Registration Number, if PAC		
Jane George			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
4777 Donald Ave.		03/15/2019	150.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Richmond Heights	OH	44143	check

Full Name of Contributor	Registration Number, if PAC		
Emily Christescu			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
2017 Waterbury		03/10/2019	150.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Lakewood	OH	44107	PayPal

Full Name of Contributor	Registration Number, if PAC		
Marguerite Harkness			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
16903 Fisher Road #1		03/10/2019	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Lakewood	OH	44107	cash

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

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

Total Contributions This Event
7580.00

Total Expenditures This Event
254.04

Page Total $ 1050.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 2

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	Registration Number, if PAC	Date (MM/DD/YYYY)	Amount	Form (Cash, Check, Etc
Michael George	329 Beacon St.		Boston	MA	02116		03/11/2019	150.00	ActBlue
Linda Gibbons	13925 Indian Creek Dr.		Cleveland	OH	44130		03/26/2019	100.00	check
Michael Jurchenko	1286 Manor Park		Lakewood	OH	44107		03/26/2019	100.00	check
Eric DePhillips	1610 Wyandotte		Lakewood	OH	44107		3/26/2019	150.00	check
Jill Hayes	3996 Story Rd.		Fairview Park	OH	44126		04/01/2019	25.00	ActBlue

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

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

Total Contributions This Event
7580.00

Total Expenditures This Event
254.04

Page Total $ 525.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 3

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Catherine Mc Carthy				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1216 Edwards Ave.			04/08/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	ActBlue	

Full Name of Contributor			Registration Number, if PAC	
Teresa Schleicher				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
17312 Franklin			04/08/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	ActBlue	

Full Name of Contributor			Registration Number, if PAC	
Gerald Austin				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
356 Perry Rd.			04/10/2019	500.00
City	State	Zip Code	Form (Cash, Check, Etc	
Tallmadge	OH	44278	ActBlue	

Full Name of Contributor			Registration Number, if PAC	
DL Meckes				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1596 Onondaga			04/09/2019	500.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	ActBlue	

Full Name of Contributor			Registration Number, if PAC	
Katie Wilson				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4186 W. 220th			04/09/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Fairview Park	OH	44123	ActBlue	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 1120.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 4

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC		
Catherine McCarthy			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
1216 Edwards Ave.		04/10/2019	35.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Lakewood	OH / 44107	ActBlue	

Full Name of Contributor	Registration Number, if PAC		
Tristan Rader			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
1348 St. Charles Ave.		04/10/2019	200.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Lakewood	OH / 44107	ActBlue	

Full Name of Contributor	Registration Number, if PAC		
Scott Fritz			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
3170 Orrs Orch		04/10/2019	50.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Avon	OH / 44011	ActBlue	

Full Name of Contributor	Registration Number, if PAC		
Corey DOhar			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
1491 Orchard Grove		04/10/2019	50.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Lakewood	OH / 44107	ActBlue	

Full Name of Contributor	Registration Number, if PAC		
Laura Rodriguez-Carbone			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
2069 McKinley Ave.		04/10/2019	50.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Lakewood	OH / 44107	ActBlue	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 385.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 5

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Megan Huber				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2241 Arthur			04/10/2019	20.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	ActBlue	
Full Name of Contributor			Registration Number, if PAC	
Mark Buckley				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1437 Grace Ave.			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	ActBlue	
Full Name of Contributor			Registration Number, if PAC	
Paula Griswold				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
41 Bowdoin St. Apt 25			03/27/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cambridge	MA	02138	check	
Full Name of Contributor			Registration Number, if PAC	
Michael George				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
329 Beacon St.			03/27/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Boston	MA	02116	check	
Full Name of Contributor			Registration Number, if PAC	
Margaret Ziegenruecker				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
14914 Lake Ave.			03/30/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 320.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 6

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Donna Taylor-Kolis				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
12900 Lake PH 30			03/29/2019	125.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Gail Irwin				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1804 Cumberland Crest			04/01/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Heath	OH	43056	check	

Full Name of Contributor			Registration Number, if PAC	
Mary Horning				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4674 St. Route 43			04/03/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Kent	OH	44240	check	

Full Name of Contributor			Registration Number, if PAC	
Friends of Dale Miller				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
19750 Ridgeland Ave.			04/03/2019	250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cleveland	OH	44135	check	

Full Name of Contributor			Registration Number, if PAC	
Timothy Gauntner				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1215 Bunts Rd.			04/08/2019	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 550.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 7

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor				Registration Number, if PAC	
Laura Austin					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
5824 Bradford Way				03/30/2019	100.00
City	State	Zip Code		Form (Cash, Check, Etc	
Hudson	OH	44236		check	
Full Name of Contributor				Registration Number, if PAC	
Charles Canepa					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
20024 Detroit				04/10/2019	200.00
City	State	Zip Code		Form (Cash, Check, Etc	
Rocky River	OH	44116		check	
Full Name of Contributor				Registration Number, if PAC	
Brian Corrigan					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
17510 Archdale				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		check	
Full Name of Contributor				Registration Number, if PAC	
Brian Essi					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
15306 Edgewater Dr.				04/10/2019	100.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		check	
Full Name of Contributor				Registration Number, if PAC	
Jennifer Scott					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1229 Manor Park				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 500.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 8

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC			
Gayle Wilgren				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2738 Wyndgate Ct.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Westlake	OH	44145	check	

Full Name of Contributor	Registration Number, if PAC			
Patricia Bunch				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4629 South Hills			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cleveland	OH	44109	check	

Full Name of Contributor	Registration Number, if PAC			
Andrew Santoli				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
15102 Camden Cir			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Strongsville	OH	44136	check	

Full Name of Contributor	Registration Number, if PAC			
John Simon				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
7295 Waterfowl Way			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Concord Twp	OH	44077	check	

Full Name of Contributor	Registration Number, if PAC			
Janice Santoli				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3545 Ptarmigan Trail			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Brunswick	OH	44212	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 435.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 9

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Maureen Harriman				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
27370 Pineview Dr.			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Westlake	OH	44145	check	

Full Name of Contributor			Registration Number, if PAC	
James Gibbons				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3965 W. 214th St.			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Fairview Park	OH	44126	check	

Full Name of Contributor			Registration Number, if PAC	
Wendy Gottermeyer				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
582 Brennans Ct.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Avon Lake	OH	44012	check	

Full Name of Contributor			Registration Number, if PAC	
Linda O'Malley				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
12047 Lake Ave. Apt 102			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Ian Hoke				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1494 Amboy Dr.			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Hudson	OH	44236	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 300.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 10

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Registration Number, if PAC		
Jason Schachner			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
1341 Cook Ave.		04/10/2019	35.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Lakewood	OH	44107	check

Full Name of Contributor	Registration Number, if PAC		
Jeanne Mackay			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
13428 Lake Ave.		04/10/2019	75.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Lakewood	OH	44107	check

Full Name of Contributor	Registration Number, if PAC		
Brian Gallagher			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
21779 NorthPark Dr.		04/10/2019	50.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Fairview Park	OH	44126	check

Full Name of Contributor	Registration Number, if PAC		
Timothy Hudson			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
6601 Lear Nagle Rd.		04/10/2019	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
North Ridgeville	OH	44039	check

Full Name of Contributor	Registration Number, if PAC		
Terry Vincent			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
600 Superior Ave. E.		04/10/2019	50.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Cleveland	OH	44114	check

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 310.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 11

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Michael Satink				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
9266 Glenwood Trl			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Brecksville	OH	44141	check	
Full Name of Contributor			Registration Number, if PAC	
David Nader				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
11407 Clifton Blvd.			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cleveland	OH	44102	check	
Full Name of Contributor			Registration Number, if PAC	
Julie Sabre				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
24119 E. Oakland Rd.			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Bay Village	OH	44140	check	
Full Name of Contributor			Registration Number, if PAC	
Laura Lennerth				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
23922 Russell Rd.			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Bay Village	OH	44140	check	
Full Name of Contributor			Registration Number, if PAC	
Bonnie Sikes				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1673 Arthur Ave.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 255.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 12

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor				Registration Number, if PAC	
Bernardine Brooks					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
1541 Harding Dr.				04/10/2019	100.00
City	State	Zip Code		Form (Cash, Check, Etc	
Wickliffe	OH	44092		check	
Full Name of Contributor				Registration Number, if PAC	
Daniel McNea					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
15829 Normandy Ave.				04/10/2019	100.00
City	State	Zip Code		Form (Cash, Check, Etc	
Cleveland	OH	44111		check	
Full Name of Contributor				Registration Number, if PAC	
Cynthia Weiskittel					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
27840 Southbridge Cir.				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Westlake	OH	44145		check	
Full Name of Contributor				Registration Number, if PAC	
Joseph Gale					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
1621 Westwood Ave.				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		check	
Full Name of Contributor				Registration Number, if PAC	
Christina Presutto					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
2178 Carabel Ave.				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 350.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 13

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Andrew Meyer				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1582 Westwood Ave.			04/10/2019	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	
Full Name of Contributor			Registration Number, if PAC	
Kenneth Laino				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1048 Homewood			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	
Full Name of Contributor			Registration Number, if PAC	
Thomas Jordan				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
15830 Edgecliff Ave.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cleveland	OH	44111	check	
Full Name of Contributor			Registration Number, if PAC	
Stanley Austin				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
17508 Riverway Dr.			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	
Full Name of Contributor			Registration Number, if PAC	
Jeffrey Kullman				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
5706 Trystin Tree Dr.			04/10/2019	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Medina	OH	44256	check	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 385.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 14

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Lain Pierce				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1355 Fry			04/10/2019	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Douglas Laino				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1227 Giel			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Benjamin Strick				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
12505 Edgewater Dr. Apt B1			04/10/2019	35.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Dennis Roche				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
15315 Edgewater Dr.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Michael O'Shea				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
700 W. St. Claire Suite 110			04/10/2019	200.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cleveland	OH	44113	check	

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

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

Total Contributions This Event	Total Expenditures This Event	Page Total $
7580.00	254.04	410.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 15

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor			Registration Number, if PAC	
Dean Dilzell				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1276 French			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	check	

Full Name of Contributor			Registration Number, if PAC	
Steven Dever				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2126 Wooster Rd.			04/10/2019	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Rocky River	OH	44116	check	

Full Name of Contributor			Registration Number, if PAC	
Brian Taubman				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1253 Bunts			04/10/2019	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	cash	

Full Name of Contributor			Registration Number, if PAC	
Barbara Bingle				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
12550 Lake Ave.			04/10/2019	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Lakewood	OH	44107	cash	

Full Name of Contributor			Registration Number, if PAC	
Michael Marks				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
608 Crestview Dr.			04/10/2019	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Bay Village	OH	44140	cash	

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

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

Total Contributions This Event	Total Expenditures This Event	Page Total $
7580.00	254.04	265.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 16

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor				Registration Number, if PAC	
Daniel Finlin					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
36646 Haverford Place				04/10/2019	40.00
City	State	Zip Code		Form (Cash, Check, Etc	
Avon	OH	44011		cash	
Full Name of Contributor				Registration Number, if PAC	
Daniel Sabo					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
4205 River Ridge Dr.				04/10/2019	50.00
City	State	Zip Code		Form (Cash, Check, Etc	
Cleveland	OH	44109		cash	
Full Name of Contributor				Registration Number, if PAC	
Grant MacKay					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
1535 Woodward				04/10/2019	60.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		cash	
Full Name of Contributor				Registration Number, if PAC	
Michael Jurchenko					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
1286 Manor Park				04/10/2019	200.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		cash	
Full Name of Contributor				Registration Number, if PAC	
Matt Gaydos					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
1366 Manor Park				04/10/2019	20.00
City	State	Zip Code		Form (Cash, Check, Etc	
Lakewood	OH	44107		cash	

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 370.00

OFFICE OF THE
Ohio Secretary of State

Event Date 04/10/2019 Page 17

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Citizens for Meghan George					
Full Name of Contributor Patricia Vecchio			Registration Number, if PAC		
Street Address 12900 Lake PH39	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/10/2019	Amount 50.00	
City Lakewood	State	Zip Code 44107	Form (Cash, Check, Etc cash		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc		

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

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

Total Contributions This Event 7580.00

Total Expenditures This Event 254.04

Page Total $ 50.00

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
DSCC Membership	01/09/2019	6.00

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActionNetwork	02/11/2019	10.00

Street Address	Purpose
190 1 st nw, Suite 900	set up account

City	State	Zip Code	Check Number
Washington	DC	20036	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
QwestCom Graphics	02/27/2019	302.40

Street Address	Purpose
5572 Brecksville Rd. Suite A	campaign materials

City	State	Zip Code	Check Number
Independence	OH	44131	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Twilio	03/06/2019	20.00

Street Address	Purpose
375 Beale St. Suite 300	text voters

City	State	Zip Code	Check Number
San Francisco	CA	94105	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActionNetwork	03/11/2019	10.00

Street Address	Purpose
190 1 st nw, Suite 900	

City	State	Zip Code	Check Number
Washington	DC	20036	debit

Page Total $ 348.40

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Data Genomix	03/11/2019	200.00

Street Address	Purpose
1215 W. 10th St.	digital marketing

City	State	Zip Code	Check Number
Cleveland	OH	44113	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Twilio	03/11/2019	20.00

Street Address	Purpose
375 Beale St. suite 300	text marketing

City	State	Zip Code	Check Number
San Francisco	~~OH~~CA	94105	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Twilio	03/12/2019	10.02

Street Address	Purpose
375 Beale St. suite 300	text marketing

City	State	Zip Code	Check Number
San Francisco	~~OH~~CA	94105	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Twilio	03/12/2019	10.01

Street Address	Purpose
	text marketing

City	State	Zip Code	Check Number
	OH		debit

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		debit

Page Total $ 240.03

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	03/13/2019	421.20

Street Address	Purpose		
1600 East 23rd St.	literature		
City	**State**	**Zip Code**	**Check Number**
Cleveland	OH	44114	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Diane Morgan	03/15/2019	500.00

Street Address	Purpose		
3413 W. 63rd	consulting		
City	**State**	**Zip Code**	**Check Number**
Cleveland	OH	44102	519

To Whom Paid	Date (MM/DD/YYYY)	Amount
Madison Graphics	03/12/2019	1039.50

Street Address	Purpose		
13130 Detroit Rd.	yard signs		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	518

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	03/22/2019	141.29

Street Address	Purpose		
1600 East 23rd St.	business cards/banner		
City	**State**	**Zip Code**	**Check Number**
Cleveland	OH	44114	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Lakewood Board of Education	03/29/2019	1325.00

Street Address	Purpose		
1456 Warren Rd.	tshirts/advertising		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	520

Page Total $ 3426.99

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActBlue	04/03/2019	12.62

Street Address	Purpose
Po Box 441146	fees

City	State	Zip Code	Check Number
Somerville	MA	02144	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Diane Morgan	04/04/2019	1000.00

Street Address	Purpose
3413 W. 63rd	consulting

City	State	Zip Code	Check Number
Cleveland	OH	44102	522

To Whom Paid	Date (MM/DD/YYYY)	Amount
Twilio	04/08/2019	10.26

Street Address	Purpose
375 Beale st, Suite 300	text marketing

City	State	Zip Code	Check Number
San Francisco	CA	94105	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose
	graphic design/campaign consulting

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount
US Post Office	04/09/2019	27.50

Street Address	Purpose
1475 Warren Rd.	stamps

City	State	Zip Code	Check Number
Lakewood	OH	44107	debit

Page Total $ 1050.38

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Vantiv / ActBlue	04/09/2019	11.75

Street Address	Purpose		
PO Box 441146	fees		
City	**State**	**Zip Code**	**Check Number**
Somerville	MA	02144	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActionNetwork	04/10/2019	10.00

Street Address	Purpose		
190 1 st. nw, suite 900	fees		
City	**State**	**Zip Code**	**Check Number**
Washington	DC	20036	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission	04/11/2019	35.00

Street Address	Purpose		
30 West Spring St.	Financial disclosure statement		
City	**State**	**Zip Code**	**Check Number**
Columbus	OH	43215	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Modern Alchemy	04/02/2019	920.00

Street Address	Purpose		
17305 Madison Ave. Apt. 1	graphic design/campaign consulting		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	521

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	04/15/2019	536.98

Street Address	Purpose		
1600 East 23rd St.	literature		
City	**State**	**Zip Code**	**Check Number**
Cleveland	OH	44114	debit

Page Total $ 1513.73

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Data Genomix	04/26/2019	200.00

Street Address	Purpose
1215 W. 10th St.	advertising

City	State	Zip Code	Check Number
Cleveland	OH	44113	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Madison Graphics	04/29/2019	886.68

Street Address	Purpose
13130 Detroit Rd.	tshirts

City	State	Zip Code	Check Number
Lakewood	OH	44107	525

To Whom Paid	Date (MM/DD/YYYY)	Amount
Board of Elections	05/03/2019	45.00

Street Address	Purpose
2925 Euclid Ave.	filing fee

City	State	Zip Code	Check Number
Cleveland	OH	44115	524

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActBlue	05/03/2019	30.03

Street Address	Purpose
PO Box 441146	fees

City	State	Zip Code	Check Number
Somerville	MA	02144	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
US Post Office	05/08/2019	22.00

Street Address	Purpose
1475 Warren Rd.	stamps

City	State	Zip Code	Check Number
Lakewood	OH	44107	debit

Page Total $ 1183.71

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	05/09/2019	207.01 ✓

Street Address	Purpose
1600 East 23rd St.	summer literature

City	State	Zip Code	Check Number
Cleveland	OH	44114	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Vantiv / Act Blue	05/09/2019	44.16 ✓

Street Address	Purpose
PO Box 441146	fees

City	State	Zip Code	Check Number
Somerville	MA	02144	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Action Network	05/10/2019	10.00 ✓

Street Address	Purpose
190 I st. nw, suite 900	fees

City	State	Zip Code	Check Number
Washington	DC	20036	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
US Post Office	05/16/2019	22.00 ✓

Street Address	Purpose
1475 Warren Rd.	stamps

City	State	Zip Code	Check Number
Lakewood	OH	44107	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Madison Graphics	05/16/2019	518.40

Street Address	Purpose
13130 Detroit Rd.	emery boards

City	State	Zip Code	Check Number
Lakewood	OH	44107	526

Page Total $ 801.57

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Diane Morgan	05/22/2019	129.51

Street Address	Purpose
3413 W. 63rd	refund for supplies

City	State	Zip Code	Check Number
Cleveland	OH	44102	527

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	05/23/2019	202.61

Street Address	Purpose
1600 East 23rd ST.	Literature

City	State	Zip Code	Check Number
Cleveland	OH	44102	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Constant Contact	05/25/2019	495.72

Street Address	Purpose
1601 Trapelo Rd, Suite 329	constant contact page

City	State	Zip Code	Check Number
Waltham	MA	02451	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Diane Morgan	06/05/2019	500.00

Street Address	Purpose
3413 W. 63rd	consulting

City	State	Zip Code	Check Number
Cleveland	OH	44102	528

To Whom Paid	Date (MM/DD/YYYY)	Amount
ActBlue	06/05/2019	3.01

Street Address	Purpose
PO Box 441146	fees

City	State	Zip Code	Check Number
Somerville	~~OH~~ MA	02144	debit

Page Total $ 1330.85

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Executive Targeting	06/07/2019	1000.00

Street Address	Purpose
3888 East 43rd St.	advertising

City	State	Zip Code	Check Number
Newburgh Heights	OH	44105	530

To Whom Paid	Date (MM/DD/YYYY)	Amount
Action Network	06/10/2019	10.00

Street Address	Purpose
190 1st nw, suite 900	fees

City	State	Zip Code	Check Number
Washington	DC	20036	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	06/10/2019	202.61

Street Address	Purpose
1600 East 23rd St.	literature

City	State	Zip Code	Check Number
Cleveland	OH	44114	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Vantiv / ActBlue	06/11/2019	6.84

Street Address	Purpose
PO Box 441146	fees

City	State	Zip Code	Check Number
Somerville	MA	02144	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	06/12/2019	93.64

Street Address	Purpose
1600 East 23rd St.	literature

City	State	Zip Code	Check Number
Cleveland	OH	44114	debit

Page Total $ 1313.09

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Friends of Nickie Antonio	06/24/2019	50.00

Street Address	Purpose		
1305 Belle	donation		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	533

To Whom Paid	Date (MM/DD/YYYY)	Amount
ZippityPrint	06/25/2019	47.52

Street Address	Purpose		
1600 East 23rd	literature/invites		
City	**State**	**Zip Code**	**Check Number**
Cleveland	OH	44114	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Executive Targeting	06/27/2019	1000.00

Street Address	Purpose		
3888 East 43rd St.	advertising		
City	**State**	**Zip Code**	**Check Number**
Newburgh Heights	OH	44105	535

To Whom Paid	Date (MM/DD/YYYY)	Amount
Lakewood Democratic Club	06/28/2019	100.00

Street Address	Purpose		
PO Box 77263	advertising		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	paypal

To Whom Paid	Date (MM/DD/YYYY)	Amount
PayPal	3/10/19	4.65

Street Address	Purpose		
	PayPal fees		
City	**State**	**Zip Code**	**Check Number**
	OH		

Page Total $ 1202.17

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Executive Targeting	06/13/2019	500.00

Street Address	Purpose		
3888 East 43rd St.	advertising		
City	**State**	**Zip Code**	**Check Number**
Newburgh Heights	OH	44105	531

To Whom Paid	Date (MM/DD/YYYY)	Amount
Executive Targeting	6/14/2019	500.00

Street Address	Purpose		
3888 East 43rd St.	advertising		
City	**State**	**Zip Code**	**Check Number**
Newburgh Heights	OH	44105	532

To Whom Paid	Date (MM/DD/YYYY)	Amount
Vantiv / ActBlue	4/9/19	.76

Street Address	Purpose		
PO Box 441146	fees		
City	**State**	**Zip Code**	**Check Number**
Somerville	MA	02144	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Lakewood Arts Festival (through PayPal)	06/14/2019	150.00

Street Address	Purpose		
PO Box 771288	advertising/donation		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	paypal

To Whom Paid	Date (MM/DD/YYYY)	Amount
O'Malley for Lakewood Committee	06/17/2019	50.00

Street Address	Purpose		
PO Box 771491	donation		
City	**State**	**Zip Code**	**Check Number**
Lakewood	OH	44107	529

Page Total $ 1200.76

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
Expenditures from Form 31-F	4/10/2019	254.04

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

Page Total $ 254.04

OFFICE OF THE
Ohio Secretary of State

Date 4/10/2019 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

To Whom Paid	Date (MM/DD/YYYY)	Amount
QwestCom Graphics, Inc.	03/21/2019	68.04

Street Address	Purpose
5572 Brecksville Rd. Suite A	Invitations

City	State	Zip Code	Check Number
Independence	OH	44131	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Around the Corner	04/10/2019	120.00

Street Address	Purpose
18616 Detroit Rd.	fundraiser

City	State	Zip Code	Check Number
Lakewood	OH	44107	523

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	02/28/2019	66.00

Street Address	Purpose
1475 Warren Rd.	stamps

City	State	Zip Code	Check Number
Lakewood	OH	44107	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

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

Page Total $ 254.04

OFFICE OF THE
Ohio Secretary of State

Page ____

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

From Whom Received	Prior Amount	Amt. Incurred this Period
Meghan George	1200.00	0
Street Address		**Outstanding Balance**
1567 Wyandotte		1200.00

City	State	Zip Code
Lakewood	OH	44107

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
12/14/2017				
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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).

Total Prior Amount $ 1200.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

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

Total Outstanding Balance $ 1200.00 (also record on Form 30-A)

OFFICE OF THE
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
George Kubas		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
PO Box 770914	photography	05/21/2019	60.00

City	State	Zip Code	Received at Fundraising Event?
Lakewood	OH	44107	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jane George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
4777 Donald Ave.	stamps	03/23/2019	35.00

City	State	Zip Code	Received at Fundraising Event?
Richmond Heights	OH	44143	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jane George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
4777 Donald Ave.	parade supplies	06/22/2019	340.00

City	State	Zip Code	Received at Fundraising Event?
Richmond Heights	OH	44143	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Mike George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
329 Beacon St.	stamps	06/20/2019	20.00

City	State	Zip Code	Received at Fundraising Event?
Boston	MA	02116	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
	website		

City	State	Zip Code	Received at Fundraising Event?
	OH		☐ Yes ☒ No

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

Page Total $ 455.00

OFFICE OF THE
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Citizens for Meghan George

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jean Finlin	24121	

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
1567 24121 E. Oakland Rd.	stamps	03/25/2019	30.00

City	State	Zip Code	Received at Fundraising Event?
Bay Village	OH	44140	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jane George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
4777 Donald Ave.	food and beverage for event	03/23/2019	35.98

City	State	Zip Code	Received at Fundraising Event?
Richmond Heights	OH	44143	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Ryan Krivosh		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
20193 Lake Rd.	fundraiser site	04/10/2019	840.00

City	State	Zip Code	Received at Fundraising Event?
Rocky River	OH	44116	☒ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jane George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
4777 Donald Ave.	stamps	05/15/2019	22.40

City	State	Zip Code	Received at Fundraising Event?
Richmond Heights	OH	44143	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Meghan George		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
1567 Wyandotte	website	05/23/2019	96.00

City	State	Zip Code	Received at Fundraising Event?
Lakewood	OH	44107	☐ Yes ☒ No

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

Page Total $ 1024.38