

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Lucas County Republican Party General Fund</b>						Registration Number, if PAC					
Full Name of Candidate											
Street Address <b>323 N. Huron</b>						Office Sought			District		
City <b>Toledo</b>						State <b>O H</b>		Zip Code <b>43604</b>			
Type of Report (Place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X		Post-General		Annual Year
	July		August		September						Semiannual
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		M	D	Y			
						1	1	0	5	1	3

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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

BOARD OF ELECTIONS  
2013 DEC 13 PM 2:59  
LUCAS COUNTY

1. Amount brought forward from last report	\$	13,531.74
2. Total monetary contributions (From Form No. 31-A)	\$	5,716.01
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	19,247.75
5. Total monetary expenditures (From Form No. 31-B)	\$	13,585.85
6. Balance on hand (line 4 minus line 5)	\$	5,661.90
7. Value of in-kind contributions received (From Form No. 31-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-1A)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2,000.00
10. Outstanding debts owed by committee (From Form No. 31-3)	\$	
11. Outstanding loans owed to committee (From Form No. 31-3a)	\$	
12. Value of independent expenditures made (From Form No. 31-13)	\$	
13. For Electronic Filing Facilities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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

**Alfonso Narvaez - Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**12-13-13**

Date

Contribution  
pages 1

Expenditure  
pages 3

Other  
pages 2

Total  
pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Lucas County Republican Party General Fund</b>						
Full Name of Contributor <b>Jim Nowak</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City	State	Zip Code	M	D	Y	Amount <b>1,000.00</b>
			1	0	1	1
			1	1	1	3
Full Name of Contributor <b>Don Miller</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City	State	Zip Code	M	D	Y	Amount <b>3,116.01</b>
			1	0	2	4
			1	1	3	
Full Name of Contributor <b>Jim Nowak</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City	State	Zip Code	M	D	Y	Amount <b>1,600.00</b>
			1	0	2	4
			1	1	3	
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
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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Lucas County Republican Party General Fund</b>												
To Whom Paid <b>Lucas County Treasurer</b>						M	D	Y	Amount			
						0	7	0	3	1	3	45.00
Address <b>One Government Center</b>				Purpose <b>filing fee</b>								
City <b>Toledo</b>		State <b>O   H</b>		Zip Code <b>43604</b>		Check Number <b>1201</b>						
To Whom Paid <b>Lucas County Treasurer</b>						M	D	Y	Amount			
						0	7	0	5	1	3	45.00
Address <b>One Government Center</b>				Purpose <b>filing fee</b>								
City <b>Toledo</b>		State <b>O   H</b>		Zip Code <b>43604</b>		Check Number <b>1139</b>						
To Whom Paid <b>Lucas County Treasurer</b>						M	D	Y	Amount			
						0	8	0	7	1	3	30.00
Address <b>One Government Center</b>				Purpose <b>filing fee</b>								
City <b>Toledo</b>		State <b>O   H</b>		Zip Code <b>43604</b>		Check Number <b>1214</b>						
To Whom Paid <b>Verizon</b>						M	D	Y	Amount			
						0	7	2	5	1	3	180.81
Address <b>PO Box 25505</b>				Purpose <b>phone</b>								
City <b>Lehigh Valley</b>		State <b>P   A</b>		Zip Code <b>18002</b>		Check Number <b>debit</b>						
To Whom Paid <b>Verizon</b>						M	D	Y	Amount			
						0	7	3	1	1	3	170.79
Address <b>PO Box 25505</b>				Purpose <b>phone</b>								
City <b>Lehigh Valley</b>		State <b>P   A</b>		Zip Code <b>18002</b>		Check Number <b>debit</b>						
To Whom Paid <b>CAD Properties</b>						M	D	Y	Amount			
						0	8	1	5	1	3	1,500.00
Address <b>335 N Saint Clair St</b>				Purpose <b>rent</b>								
City <b>Toledo</b>		State <b>O   H</b>		Zip Code <b>43604</b>		Check Number <b>1217</b>						
To Whom Paid <b>FedEx Kinkos</b>						M	D	Y	Amount			
						0	8	3	0	1	3	59.10
Address <b>2306 S. Reynolds</b>				Purpose <b>printing</b>								
City <b>Toledo</b>		State <b>O   H</b>		Zip Code <b>43614</b>		Check Number <b>1218</b>						
To Whom Paid <b>U.S. Post Office</b>						M	D	Y	Amount			
						0	8	3	0	1	3	40.48
Address <b>1375 Ford</b>				Purpose <b>postage</b>								
City <b>Maumee</b>		State <b>O   H</b>		Zip Code <b>43537</b>		Check Number <b>1219</b>						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Lucas County Republican Party General Fund												
To Whom Paid						M	D	Y	Amount			
U.S. Post Office						0	9	0	5	1	3	330.00
Address				Purpose								
1375 Ford				postage								
City		State		Zip Code		Check Number						
Maumee		O   H		43537		1220						
To Whom Paid						M	D	Y	Amount			
FedEx Kinkos						0	9	2	4	1	3	81.57
Address				Purpose								
2306 S. Reynolds				printing								
City		State		Zip Code		Check Number						
Toledo		O   H		43614		1223						
To Whom Paid						M	D	Y	Amount			
FedEx Kinkos						0	9	2	4	1	3	9.56
Address				Purpose								
2306 S. Reynolds				printing								
City		State		Zip Code		Check Number						
Toledo		O   H		43614		1222						
To Whom Paid						M	D	Y	Amount			
Toledo Area Humane Society						0	9	2	1	1	3	250.00
Address				Purpose								
1920 Indianwood Cir.				event								
City		State		Zip Code		Check Number						
Maumee		O   H		43537		1221						
To Whom Paid						M	D	Y	Amount			
Dickinson Wright						0	9	2	4	1	3	2,500.00
Address				Purpose								
150 E. Gay Street				legal fees								
City		State		Zip Code		Check Number						
Columbus		O   H		43215		1224						
To Whom Paid						M	D	Y	Amount			
Verizon						1	0	0	4	1	3	183.92
Address				Purpose								
PO Box 25505				phone								
City		State		Zip Code		Check Number						
Lehigh Valley		P   A		18002		debit						
To Whom Paid						M	D	Y	Amount			
Keystone Printing						1	0	0	8	1	3	635.50
Address				Purpose								
1801 Broadway				printing								
City		State		Zip Code		Check Number						
Toledo		O   H		43609		1226						
To Whom Paid						M	D	Y	Amount			
Toledo Bar Association						1	0	0	9	1	3	300.00
Address				Purpose								
311 N. Superior				mailing list								
City		State		Zip Code		Check Number						
Toledo		O   H		43604		1225						

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Prescribed by Secretary of State 2/01

Name of Committee in Full												
Lucas County Republican Party General Fund												
To Whom Paid						M	D	Y	Amount			
Reid Reineke						1	0	1	1	3	100.00	
Address			Purpose									
136 Main St.			photography/slate card									
City		State	Zip Code	Check Number								
Toledo		O   H	43605	1227								
To Whom Paid						M	D	Y	Amount			
Ohio Ethics Commission						1	0	0	7	1	3	30.00
Address			Purpose									
30 West Spring St.			filing fee									
City		State	Zip Code	Check Number								
Columbus		O   H	43215	1185								
To Whom Paid						M	D	Y	Amount			
Reid Reineke						1	0	2	5	1	3	250.00
Address			Purpose									
136 Main St.			printing									
City		State	Zip Code	Check Number								
Toledo		O   H	43605	1228								
To Whom Paid						M	D	Y	Amount			
Ohio Rep. Party						1	0	2	4	1	3	6,037.00
Address			Purpose									
211 S. Fifth			mailer									
City		State	Zip Code	Check Number								
Columbus		O   H	43215	1229								
To Whom Paid						M	D	Y	Amount			
Alfonso Narvaez						1	0	2	6	1	3	150.00
Address			Purpose									
2019 N. Ontario			voter outreach services									
City		State	Zip Code	Check Number								
Toledo		O   H	43611	1230								
To Whom Paid						M	D	Y	Amount			
Verizon						1	1	0	4	1	3	357.12
Address			Purpose									
PO Box 25505			phone									
City		State	Zip Code	Check Number								
Lehigh Valley		P   A	18002	debit								
To Whom Paid						M	D	Y	Amount			
U.S. Post Office						1	0	3	0	1	3	200.00
Address			Purpose									
1375 Ford			postage									
City		State	Zip Code	Check Number								
Maumee		O   H	43537	1232								
To Whom Paid						M	D	Y	Amount			
Frank Harris						1	1	2	3	1	3	100.00
Address			Purpose									
1623 Ironwood			security									
City		State	Zip Code	Check Number								
Toledo		O   H	43605	1233								



## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Lucas County Republican Party General Fund</b>												
From Whom Received <b>Jim Brennan Jr.</b>								Prior Amount <b>2,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>648 Saint Annes Dr.</b>										Outstanding Balance <b>2,000.00</b>		
City <b>Holland</b>		State <b>OH</b>	Zip Code <b>43528</b>		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		1	2	0	1	1						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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

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

- 1 Total prior amount \$ 2,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,000.00 (To Form No. 30-A)