

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Lucas County Republican Party General Fund						Registration Number, if PAC	
Full Name of Candidate							
Street Address 323 N. Huron				Office Sought		District	
City Toledo				State O H		Zip Code 43604	
Type of Report (Print X to the left of report type(s))	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General			Annual Year
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> X		Semiannual 2013
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

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 JUL 31 PM 2 30

1. Amount brought forward from last report	\$ 6,941.32
2. Total monetary contributions (From Form No. 31-A-1)	\$ 22,727.50
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 29,668.82
5. Total monetary expenditures (From Form No. 31-B)	\$ 16,137.08
6. Balance on hand (line 4 minus line 5)	\$ 13,531.74
7. Value of in-kind contributions received (From Form No. 31-C-1)	\$
8. Value of in-kind contributions made (From Form No. 31-C-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-D)	\$ 2,000.00
10. Outstanding debts owed by committee (From Form No. 31-E)	\$
11. Outstanding loans owed to committee (From Form No. 31-F)	\$
12. Value of independent expenditures made (From Form No. 31-G)	\$
13. For Electronic Filing filers 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

Date

Contribution
pages **15**

Expenditure
pages **9**

Other
pages **2**

Total
pages **26**

7-31-13

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund							
Full Name of Contributor Citizens for Sarantou						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State	Zip Code	M	D	Y	Amount 500.00	
			0	3	2	5	1
Full Name of Contributor Dawn Roach						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State	Zip Code	M	D	Y	Amount 187.50	
			0	4	1	9	1
Full Name of Contributor Pamela Rose						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State	Zip Code	M	D	Y	Amount 250.00	
			0	5	2	9	1
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 21,790.00	
			0	2	2	1	1
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)]

Page Total \$ 22,727.50

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Mark Davis				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 750.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Vaughn Brown				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 150.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Hans Schnapp				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 200.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor John Wasung				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 200.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Judge Goulding Committee				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 375.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Greater Toledo Republican Club				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 375.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Robert Reichert				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 3 1 3	Amount 300.00
City	State	Zip Code	Form(Cash, Check, etc) Check		

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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 \$ 2,350.00

Event Date	<u>2/21/13</u>
Page	<u>4</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Allan Block				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
				0	2
City		State	Zip Code	1	3
				1	3
				Y	Amount
					3,000.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Friends of Hoecherl					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	50.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Gregory Arnold					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Karen Merrels					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	50.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Michael Wholehan					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Marvin Robon					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Hans Schnapp					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	2		
City		State	Zip Code	1	3
				1	3
				Y	175.00
Form(Cash, Check, etc) Check					

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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 \$ 3,575.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Gerald Peach				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Charles Gibson				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Donna Owens				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Bernard Bays				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Linda Stacy				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Lowell Yoder				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		
Full Name of Contributor Rex Decker				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	13
City	State	Zip Code	1	3	13
			Form(Cash, Check, etc) Check		

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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 \$ 725.00

Event Date	<u>2/21/13</u>
Page	<u>6</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor James Tuschman				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 600.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Stephen Swigart				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 3,000.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor James Jensen				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 150.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Thomas Waniewski				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 300.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Peter Petersen				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Theresa M. Gabriel				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 375.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Davis Klucas				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 2 1 9 1 3	Amount 300.00
City	State	Zip Code	Form(Cash, Check, etc) Check		

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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 \$ 4,775.00

Event Date	<u>2/21/13</u>
Page	<u>7</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor John Hadley				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 1 9 1 3	150.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Tiimothy Fouts				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 1 9 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Walter Churchill				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 1 9 1 3	300.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Thomas Tuschman				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 1 9 1 3	600.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Ernest McCarthy				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 1 9 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor David Wolf				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	175.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor John Crockler				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc) Check		

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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 \$ 1,750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Bob Latta				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	3	2
			5	1	3
City	State	Zip Code	Form(Cash, Check, etc) Check		
				Amount 375.00	
Full Name of Contributor Leslie Brinning					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	50.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Bill Connelly					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	100.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor William Sanford					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	50.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Mike Bell					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	100.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Bruce Saferin					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	300.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor David Lewandowski					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	2	300.00
		5	1	3	
City	State	Zip Code	Form(Cash, Check, etc) Check		

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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 \$ 1,275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Citizens for Stough				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Geoffrey Waggoner					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Mary Westphal					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Joseph Kidd					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	150.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Orville Fowler					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Kathleen Chirdon					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Linda Jennings					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) Check		

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Total contributions this event

Total expenditures this event

Page Total \$ 500.00

Event Date	<u>2/21/13</u>
Page	<u>10</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Henry Thompson				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor James Rush				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	75.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Shelly Kennedy				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	300.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Kevin Servick				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor John Mayer				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	425.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Tamara Phillips				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc) Check		
Full Name of Contributor Donovan Oneil				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc) Check		

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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 \$ 1,325.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Neal Mahoney				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	150.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Russell O'Brien				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	100.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Dan Ridi				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	475.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Richard Carr				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	100.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Judith Lanzinger				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	375.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Amy Berling				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 3 2 5 1 3	50.00
City	State	Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Edwin Beczynski				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
				0 2 0 2 1 3	100.00
City	State	Zip Code		Form(Cash, Check, etc) paypal	

* 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)]

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 \$ 1,350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Cary Cooper				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 4 1 3	300.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor Edwin Beczynski				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 4 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor Georgia Kovco				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 4 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor Carol Mohler				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 4 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor Eric Warnock				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 6 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor James Slattery				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 7 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		
Full Name of Contributor Daniel Helvey				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 2 0 7 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc) paypal		

* 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)]

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 \$ 1,450.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Xiaoyu Zhu				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	0
			7	1	3
City	State	Zip Code	Amount 50.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor James Hartley				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	0
			9	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Toni Zammit				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	0
			9	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Jeffrey Darah				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			2	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Margaret Adams				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			2	1	3
City	State	Zip Code	Amount 50.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor David Haase				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			3	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Kenneth Lovejoy				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		

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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 \$ 600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Isaac Losh			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Scott Scarborough			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor James Slattery			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Caol Vansickle			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 50.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Paul Havel			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			4	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Jeffrey Traudt			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			5	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Sherina Ohanian			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
			5	1	3
City	State	Zip Code	Amount 100.00		
			Form(Cash, Check, etc) paypal		

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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 \$ 650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund					
Full Name of Contributor Jennifer Best				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City	State	Zip Code	7	1	3
			Amount 50.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Jason Bissell				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City	State	Zip Code	8	1	3
			Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor James Nowak				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City	State	Zip Code	8	1	3
			Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor John Swemba				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City	State	Zip Code	9	1	3
			Amount 100.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Hollis Merrick				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	1
City	State	Zip Code	9	1	3
			Amount 200.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Samir Moawad				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	2
City	State	Zip Code	0	1	3
			Amount 50.00		
			Form(Cash, Check, etc) paypal		
Full Name of Contributor Craig Fankhauser				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	2	2
City	State	Zip Code	1	1	3
			Amount 200.00		
			Form(Cash, Check, etc) paypal		

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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 \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Lucas County Republican Party General Fund							
Full Name of Contributor Cynthia Kasperek				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2	40.00
City		State	Zip Code	Form(Cash, Check, etc)			
				paypal			
Full Name of Contributor Isaac Losh				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2	100.00
City		State	Zip Code	Form(Cash, Check, etc)			
				paypal			
Full Name of Contributor Craig Fankhauser				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
				paypal			
Full Name of Contributor Ben Roberts				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	375.00
City		State	Zip Code	Form(Cash, Check, etc)			
				check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash, Check, etc)			

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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

21,790.00

Total expenditures this event

5,031.46

Page Total \$ 665.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Lucas County Republican Party General Fund									
To Whom Paid U.S. Post Office						M 1	D 2	Y 1	Amount 128.00
Address 1375 Ford		Purpose postage							
City Maumee		State O	H H	Zip Code 43537	Check Number 1188				
To Whom Paid Kelly King						M 1	D 7	Y 1	Amount 100.00
Address 10882 Kramer		Purpose sound for meeting							
City Bowling Green		State O	H H	Zip Code 43402	Check Number 1190				
To Whom Paid Frank Harris						M 1	D 7	Y 1	Amount 70.00
Address 1623 Ironwood		Purpose security							
City Toledo		State O	H H	Zip Code 43605	Check Number 1192				
To Whom Paid Melrose Missile						M 1	D 7	Y 1	Amount 120.00
Address 2567 W. Bancroft		Purpose room rental							
City Toledo		State O	H H	Zip Code 43607	Check Number 1191				
To Whom Paid The Original Gino's Pizza						M 1	D 7	Y 1	Amount 96.00
Address 3981 Monroe		Purpose pizza for volunteers							
City Toledo		State O	H H	Zip Code 43606	Check Number 1189				
To Whom Paid Office Max						M 0	D 1	Y 0	Amount 93.93
Address 6520 Centers		Purpose office supplies							
City Holland		State O	H H	Zip Code 43528	Check Number 1193				
To Whom Paid Buckeye Telesystem						M 1	D 7	Y 1	Amount 38.25
Address 4818 Angola		Purpose phone							
City Toledo		State O	H H	Zip Code 43615	Check Number debit				
To Whom Paid Toledo Edison						M 0	D 1	Y 0	Amount 1,530.44
Address P.O. Box 3638		Purpose electric							
City Akron		State O	H H	Zip Code 44309	Check Number debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Lucas County Republican Party General Fund									
To Whom Paid Verizon						M 0 1	D 0 6	Y 1 3	Amount 481.30
Address 1530 E Wooster St			Purpose phone						
City Bowling Green		State O H	Zip Code 43402		Check Number 1194				
To Whom Paid Dept. of Public Utilities						M 0 1	D 2 3	Y 1 3	Amount 1,961.53
Address 420 Madison			Purpose water/sewer						
City Toledo		State O H	Zip Code 43604		Check Number 1198				
To Whom Paid Verizon						M 0 1	D 2 5	Y 1 3	Amount 290.52
Address PO Box 25505			Purpose phone						
City Lehigh Valley		State P A	Zip Code 18002		Check Number debit				
To Whom Paid Jon Stainbrook						M 0 2	D 0 6	Y 1 3	Amount 101.20
Address 3067 Muirfield			Purpose Reimbursement						
City Toledo		State O H	Zip Code 43614		Check Number 1199				
To Whom Paid Lucas County Republican Party Restricted Fund						M 0 2	D 1 5	Y 1 3	Amount 3,035.90
Address 10 S. Superior			Purpose Findings for Recovery						
City Toledo		State O H	Zip Code 43604		Check Number 1208				
To Whom Paid Committee to Elect Norm Witzler						M 0 4	D 1 7	Y 1 3	Amount 450.00
Address 28 Mattatuck Way			Purpose contribution						
City Waterville		State O H	Zip Code 43566		Check Number 1171				
To Whom Paid Jon Stainbrook						M 0 5	D 2 8	Y 1 3	Amount 228.50
Address 3067 Muirfield			Purpose Reimbursement						
City Toledo		State O H	Zip Code 43614		Check Number 1197				
To Whom Paid Hans Schnapp						M 0 5	D 3 0	Y 1 3	Amount 89.07
Address 301 Broadway			Purpose Reimbursement						
City Toledo		State O H	Zip Code 43604		Check Number 1180				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Lucas County Republican Party General Fund									
To Whom Paid Lucas County Treasurer						M 0 6	D 1 2	Y 1 3	Amount 80.00
Address One Government Center			Purpose filing fee						
City Toledo			State O H	Zip Code 43604	Check Number 1200				
To Whom Paid Greater Toledo Republican Club						M 0 6	D 2 0	Y 1 3	Amount 250.00
Address 5068 Douglas			Purpose annual dinner						
City Toledo			State O H	Zip Code 43613	Check Number 1141				
To Whom Paid Verizon						M 0 3	D 2 5	Y 1 3	Amount 387.55
Address PO Box 25505			Purpose phone						
City Lehigh Valley			State P A	Zip Code 18002	Check Number debit				
To Whom Paid Verizon						M 0 4	D 2 9	Y 1 3	Amount 253.57
Address PO Box 25505			Purpose phone						
City Lehigh Valley			State P A	Zip Code 18002	Check Number debit				
To Whom Paid Verizon						M 0 6	D 0 3	Y 1 3	Amount 281.61
Address PO Box 25505			Purpose phone						
City Lehigh Valley			State P A	Zip Code 18002	Check Number debit				
To Whom Paid Buckeye Telesystem						M 0 6	D 1 4	Y 1 3	Amount 38.25
Address 4818 Angola			Purpose phone						
City Toledo			State O H	Zip Code 43615	Check Number debit				
To Whom Paid Loan Payments Made This Period (see Form 31-C)						M 	D 	Y 	Amount 1,000.00
Address			Purpose						
City			State 	Zip Code	Check Number				
To Whom Paid Expenditures from Form 31-F						M 0 2	D 2 1	Y 1 3	Amount 5,031.46
Address			Purpose						
City			State 	Zip Code	Check Number				

Page Total \$ 7,322.44

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Office Max				M	D	Y	Amount
				0	1	1513	332.52
Address 555 Airport Highway		Purpose supplies					
City Holland	State O H	Zip Code 43528	Check Number 1195				
To Whom Paid Fed Ex Office				M	D	Y	Amount
				0	2	0513	28.18
Address 2306 S. Reynolds		Purpose printing					
City Toledo	State O H	Zip Code 43614	Check Number 1206				
To Whom Paid U.S. Post Office				M	D	Y	Amount
				0	2	0413	138.00
Address 1375 Ford		Purpose postage					
City Maumee	State O H	Zip Code 43537	Check Number 1205				
To Whom Paid James Warren				M	D	Y	Amount
				0	2	2213	250.00
Address 513 Adams		Purpose LDD Program					
City Toledo	State O H	Zip Code 43604	Check Number 1212				
To Whom Paid Premier Catering				M	D	Y	Amount
				0	2	2213	3,214.00
Address 25601 Fort Meigs		Purpose hall/ food					
City Perrysburg	State O H	Zip Code 43551	Check Number 1203				
To Whom Paid Fed Ex Office				M	D	Y	Amount
				0	3	0313	477.17
Address 2306 S. Reynolds		Purpose printing					
City Toledo	State O H	Zip Code 43614	Check Number 1204				
To Whom Paid Allan Detrich				M	D	Y	Amount
				0	2	2213	150.00
Address 619 Hayes		Purpose photography for event					
City Fremont	State O H	Zip Code 43420	Check Number 1213				

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Returned Deposit Item				M	D	Y	Amount
				0	3	2	300.00
Address 41 S.High Street		Purpose Returned Deposit Item					
City Columbus	State O H	Zip Code 43215	Check Number debit				
To Whom Paid Huntington Fee				M	D	Y	Amount
				0	4	1	13.00
Address 41 S.High Street		Purpose Returned Deposit Item					
City Columbus	State O H	Zip Code 43215	Check Number debit				
To Whom Paid Huntington Fee				M	D	Y	Amount
				0	4	1	7.00
Address 41 S.High Street		Purpose Returned Deposit Item					
City Columbus	State O H	Zip Code 43215	Check Number debit				
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N E	Zip Code 68145	Check Number electronic				
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	9.00
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N E	Zip Code 68145	Check Number electronic				
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N E	Zip Code 68145	Check Number electronic				
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N E	Zip Code 68145	Check Number electronic				

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	11.18
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	11.18
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	1.75
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	0	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	1.75
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.75
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			

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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lucas County Republican Party General Fund							
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	3.20
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	1	6.10
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	2	1.75
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	2	5.40
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	2	1.08
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	2	2.70
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			
To Whom Paid Paypal				M	D	Y	Amount
				0	2	2	5.40
Address P.O. Box 45950		Purpose Fee					
City Omaha	State N	E	Zip Code 68145	Check Number electronic			

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.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Lucas County Republican Party General Fund												
From Whom Received Jim Brennan Jr.								Prior Amount 10,000.00		Amt. Incurred this Period 0.00		
Address 648 Saint Annes Dr.										Outstanding Balance 2,000.00		
City Holland		State O H	Zip Code 43528		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally incurred		M	D	Y	M		D		Y		\$	
0		1	2	0	1	1			0		1	3
Registration Number, if PAC					M		D		Y			
					0		4		2		0	3
Employer/Occupation/Labor Organization*					M		D		Y			
					0		2		1		5	3
											(\$3000 forgiven)	
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		\$	
Registration Number, if PAC					M		D		Y			
Employer/Occupation/Labor Organization*					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		\$	
Registration Number, if PAC					M		D		Y			
Employer/Occupation/Labor Organization*					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).

- Total prior amount \$ 6,000.00
- Total received this period \$ _____ (To Form No. 31-A-2)
- Total Payments this Period \$ \$1000 and (\$3000 forgiven) (also record on Form 31-B)
- Total Outstanding Balance \$ 2,000.00 (To Form No. 30-A)