Ohio Campaign Finance Report

			Prescribed by Secreta	-				
ll Name of Committee		1.1: D	1 1 1			Registration 1	Number, if P	AC
Lucas Count	у Кери	blican Party C	Seneral Fund					
eet Address					Office Sought	10 17 00 00 00	District	i
323 N. Huro	n	10-20				St. 7:	2.1.	
y Toledo						State Zip	Code 42	8604
Torcus				T T			T	Annual Ye
se of Report	<u> </u>	Pre-Primary	Post-Primary		-General	Post-General		
or Aso the left of rope	*]	July Monthly	August Monthly		nthly	Termination	X	Semiannu 2013
ended Report?			ronically filed?	1010	пипу	M	D	2013 Y
Yes	✓ No		Yes 🗸 No	Date of Blee]	
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	1 Ame	oor brought forward flor			Þ	6,941.3	2	
	200000000				\$			
	2.71613	montay completion	(From Form No. 31-4)		0	22,727.5	0	
		other income (From Fo		· · · · · · · · · · · · · · · · · · ·	\$			
			ede		\$	20.440.0	\Box	
30	4 00820	funds available (sum of	(maes 1, 1, 5)		\$	29,668.8	4	
	5 Testal	montary expenditures	(Trons Form No. 11-8)		4	16,137.0	8	
DT10			e line St	* 6	\$	10 501 7	\Box	
PA		os en nano (mos 4 mm)	8 1106 %		\$	13,531.7	4	
الما حا	200		a secured (Prop. Form No. 1)					
31	3		a made (Prom Form No. 3) 3.	· · · · · · · · · · · · · · · · · · ·	\$			
8 J		ta massa commission	18 10540C 18 1510 C 15111 Page 11-11	t	\$		-	
BOARD C	9 −∂iitid		ominities (Fren Form No. 31)			2,000.0	0	
					\$		7	
	233,000,000	standing debts owed by	consider Fron Form No. 11	***************************************	\$		_	
	11. Gui	standing loans ewed to s	committee (From Form No. 31)	949:	Ψ			
					\$			
	200000000000000000000000000000000000000	ie Of indoperated expen Electronic Fring Helds	ulitures made (From Form No. us only	91-131	\$		\dashv	
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t Name and Title (Treas		outy Treasurer only)	Signature		/		m 1	Date
Contribution pages	б	Expendi	ages 9		other ages 2		Total pages	26

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Dage	7
Page	4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	1 77 1					
Lucas County Republican Party Gen	eral Fund					
Full Name of Contributor			Registra	ition Nur	nber, if Pa	AC
Citizens for Sarantou						
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
						check
City	State	Zip Code	м 0 3	D 2 5	$\begin{vmatrix} \mathbf{Y} \\ 1 & 3 \end{vmatrix}$	Amount 500.00
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC .
Dawn Roach						
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.) Check
City	State	Zip Code	м 0 4	D 1 9	1 3	Amount 187.50
Full Name of Contributor				The same of the same of	nber, if PA	And the second s
Pamela Rose						
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	[a] C 1	136	1 70	1 25	check
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix} 5$	D 2 9	$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix} 3$	Amount 250.00
Full Name of Contributor			Registra	tion Nur	ber, if PA	AC
Contributions from form No. 31-E						
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount 21 700 00
Full Name of Contributor			0 2		1 3 nber, if PA	21,790.00
1 an ivalic of Conditions			Registra	ition ivui	ioei, ii ra	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
	Zimpio) cir occi	space of David Congainment				offit (Casif, Check, ctc.)
City	State	Zip Code	М	D	Y	Amount
•						
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC
Street Address	Employer/Oog	pation/Labor Organization*				Form (Cash, Check, etc.)
Succi Addiss	Employer/Occi	ipation Labor Organization				roim (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .
Street Address	E1	matian (Labor O				F (0.1.01.1.1)
Bucci Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zíp Code	M	D	Y	Amount
	the same of the sa	The second secon	_			The second of th

* 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

Event Date	2/21/13
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	Secretary of State 3/05		
Name of Committee in Full				***
Lucas County Republican Pa	arty General Fund			
Full Name of Contributor			Registration Number, if PAC	
Mark Davis Street Address	In 1 to		1,4 1 2 1 1 1	
Street Address	Employer/Occ	upation/Labor Organization*		ount 750.00
City	State	Zip Code	0 2 1 3 1 3 Form(Cash, Check, etc)	750.00
City	State	Zip Code	Check	
Full Name of Contributor			Registration Number, if PAC	
Vaughn Brown			registration (united, if I re-	
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Am	ount
			0 2 1 3 1 3	150.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
			Check	
Full Name of Contributor			Registration Number, if PAC	W-1
Hans Schnapp				
Street Address	Employer/Occ	upation/Labor Organization*		ount
			0 2 1 3 1 3	200.00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
John Wasung			M D Y Amo	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*		ount
		Tax as i	0 2 1 3 1 3	200.00
City	State	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Judge Goulding Committee			Registration Number, if PAC	
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amo	ount
Dicet Nadicis	Employer	apation/Laoor Organization	0 2 1 3 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc)	375.00
		DAP GOOD	Check	
Full Name of Contributor			Registration Number, if PAC	
Greater Toledo Republican C	llub			
Street Address		apation/Labor Organization*		ount
	1000000 100000		0 2 1 3 1 3	375.00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Robert Reichert				
Street Address	Employer/Occu	upation/Labor Organization*	M D Y Amo	
			0 2 1 3 1 3	300.00
City	State	Zip Code	Form(Cash,Check,etc)	
		1	Check	

Fill	in	the	boxes	below	on	ly on	the	last	page	for	this	even	ıt

Total contributions this event	Total expenditures this event	
		Page Total \$ 2.350.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

	WANTED TO THE PARTY OF THE PART
Event Date	2/21/13
Page	4

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 Registration Number, if PAC Allan Block Street Address Employer/Occupation/Labor Organization* D Amount 0 2 1 3 1 3 3,000.00 City Zip Code Form(Cash,Check,etc) Check Full Name of Contributor Registration Number, if PAC Friends of Hoecherl Street Address Employer/Occupation/Labor Organization* Amount 0 2 1 3 1 3 50.00 State Zip Code Form(Cash,Check,etc) Check Full Name of Contributor Registration Number, if PAC Gregory Arnold Street Address Employer/Occupation/Labor Organization* Amount 0 2 1 3 1 3 100.00 City Zip Code Form(Cash,Check,etc) State Check Full Name of Contributor Registration Number, if PAC Karen Merrels Street Address Employer/Occupation/Labor Organization* Amount 0 2 1 3 1 3 50.00 City Zip Code State Form(Cash,Check,etc) Check Full Name of Contributor Registration Number, if PAC Michael Wholehan Street Address Employer/Occupation/Labor Organization* 0 2 1 3 1 3 100.00 City Form(Cash,Check,etc) State Zip Code Check Full Name of Contributor Registration Number, if PAC Marvin Robon Street Address Employer/Occupation/Labor Organization* D 0 2 1 3 1 3 100.00

State

State

Zip Code

Employer/Occupation/Labor Organization*

Zip Code

Form(Cash,Check,etc)
Check

D

Form(Cash,Check,etc)
Check

0 2 1 3 1 3

Registration Number, if PAC

Amount

175.00

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LIII	III HIE	DOVES	DOTOM	OHLY	OIL	шіс	Idal	page	101	uns	CACII	ı.

Full Name of Contributor

Street Address

City

Hans Schnapp

Total contributions this event	Total expenditures this event	1.00
		Page Total \$ 3,575.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	1100011000 07 0	ecretary of state 5/05		
Name of Committee in Full Lucas County Republican F	Party General Fund			
Full Name of Contributor	urty General Lana		Registration Number, if PAC	
Gerald Peach	Registration Number, if FAC			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
		F	0 2 1 3 1 3	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
55738-0		The state of the s	Check	
Full Name of Contributor		A	Registration Number, if PAC	
Charles Gibson				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
		r	0 2 1 3 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Donna Owens			100 miles	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	****
			0 2 1 3 1 3	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Bernard Bays			Control Contro	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
			0 2 1 3 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
•		•	Check	
Full Name of Contributor			Registration Number, if PAC	
Linda Stacy			and the second s	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
			0 2 1 3 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc)	
·		•	Check	
Full Name of Contributor			Registration Number, if PAC	
Lowell Yoder				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
			0 2 1 3 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc)	
		- Capacacayas	Check	
Full Name of Contributor	•	<i>3</i> 1	Registration Number, if PAC	
Rex Decker			The state of the s	
Street Address	M D Y Amount			
The state of the s	************	pation/Labor Organization*	0 2 1 3 1 3	50.00
City	City State Zip Code			
- 3e00*			Form(Cash,Check,etc) Check	
			Crecar	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$725.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

3	1-	Ε	
R	C	3517	10/B

Event Date	2/21/13
Page	6

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

State

Zip Code

Form(Cash, Check, etc)

Check

E:11	in	the	hovee	below	only	on th	e lact	noge	for	thic	event	

City

Total contributions this event	Total expenditures this event	
		Page Total \$ 4.775.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	7

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	Secretary of State 3/05		
Name of Committee in Full	D . C 15 1			
Lucas County Republican	Party General Fund			
Full Name of Contributor			Registration Number, if PAC	
John Hadley	· Promoven			
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	4 = 0 00
			0 2 1 9 1 3	150.00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Tiimothy Fouts				
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	400.00
			0 2 1 9 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Walter Churchill	le i e			
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	200.00
		T	0 2 1 9 1 3	300.00
City	State	Zip Code	Form(Cash,Check,etc)	
7 1127			Check	
Full Name of Contributor			Registration Number, if PAC	
Thomas Tuschman			-	
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	600.00
		Tay a d	0 2 1 9 1 3	600.00
City	State	Zip Code	Form(Cash,Check,etc)	
F. 11. V			Check	100000
Full Name of Contributor			Registration Number, if PAC	
Ernest McCarthy Street Address	In 1 10			
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	50.00
Cit.	State	7: 0-1	0 2 1 9 1 3 Form(Cash,Check,etc)	50.00
City	State	Zip Code	Check	
Full Name of Contributor			Registration Number, if PAC	
David Wolf			Registration Number, if PAC	
Street Address	E-ralover/Com	pation/Labor Organization*	M D Y Amount	
Silver Address	Employer/Occi	ipation/Labor Organization	0 3 2 5 1 3 Amount	175.00
Cin.	State	Tria Cada	Form(Cash,Check,etc)	175.00
City	State	Zip Code	Check	
Full Name of Contributor			Registration Number, if PAC	
John Crockler			Registration Number, if PAC	
Street Address	Employer/Occ	pation/Labor Organization*	M D Y Amount	
Succe Address	Employer/Occc	ipation/Labor Organization	$\begin{bmatrix} 0 & 3 & 2 & 5 & 1 & 3 \end{bmatrix}$	375.00
City	State	Zip Code	U 3 2 5 1 3 Form(Cash, Check, etc)	3/3,00
City	State	2.th Code	Check	
		1	CHECK	

Fill	in th	e box	tes be	low or	aly on	the	last	page	for	this	even	t

Total contributions this event	Total expenditures this event	
		Page Total \$ <u>1.750.00</u>

^{*} 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)]

Event Date	2/21/13
Page	8

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 Pa	rty General Fund				
Full Name of Contributor			Registration :	Number, if PAC	
Bob Latta					
Street Address	Employer/Occ	supation/Labor Organization*	M D		
				5 1 3	375.00
City	State	Zip Code	Form(Cash,C		
			Ch		
Full Name of Contributor			Registration !	Number, if PAC	
Leslie Brinning					
Street Address	Employer/Occ	upation/Labor Organization*	MD		=0.00
			0 3 2	5 1 3	50.00
City	State	Zip Code	Form(Cash,C		
				eck	
Full Name of Contributor			Registration 1	Number, if PAC	
Bill Connelly					2000
Street Address	Employer/Occ	upation/Labor Organization*	M D		
				5 1 3	100.00
City	State	Zip Code	Form(Cash,C		
			Ch	0.000	
Full Name of Contributor			Registration 1	Number, if PAC	
William Sanford					
Street Address	Employer/Occ	M D			
				5 1 3	50.00
City	State	Zip Code	Form(Cash,C		
			Ch		
Full Name of Contributor			Registration 1	Number, if PAC	
Mike Bell					
Street Address	Employer/Occ	upation/Labor Organization*	M D		
			0 3 2	5 1 3	100.00
City	State	Zip Code	Form(Cash,C		
			Ch		
Full Name of Contributor			Registration l	Number, if PAC	
Bruce Saferin					
Street Address	Employer/Occ	upation/Labor Organization*	M D		
				5 1 3	300.00
City	State	Zip Code	Form(Cash,C		
			Che	eck	
Full Name of Contributor			Registration 1	Number, if PAC	
David Lewandowski					2
Street Address	Employer/Occ	upation/Labor Organization*	M D		
				5 1 3	300.00
City	State	Zip Code	Form(Cash,C	heck,etc)	TENER DE LA SECULIA DE LA SECU
			Che	eck	
			_ Cne	CLK	

Fill	in t	he.	boxes	below	only	on	the	last	nage	for t	his	event	
T. TIT	*** 1	410	DUAGS	DOTOM	OLLLY	OIT	MIC	Tast	Page	101	ans	CACITI	

Total contributions this event	Total expenditures this event	
		Page Total \$ 1,275.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	9

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

	21 02000	en secrement.	5 8000-00	100000	20022 89	errore of	SECTION OF STREET	
Fill:	in the	boxes	below	only o	n the	last page	for this event.	

Total contributions this event	Total expenditures this event	
		Page Total \$500.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
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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 Registration Number, if PAC Henry Thompson Street Address Employer/Occupation/Labor Organization* Amount 2|5 0 3 50.00 Form(Cash,Check,etc) City Zip Code Check Full Name of Contributor Registration Number, if PAC **James Rush** Street Address Employer/Occupation/Labor Organization* Amount 0 3 2 5 1 3 75.00 Form(Cash,Check,etc) State Zip Code Check Registration Number, if PAC Shelly Kennedy Street Address Employer/Occupation/Labor Organization* Amount 0 3 2 5 1 3 300.00 Zip Code State Form(Cash,Check,etc) Check Full Name of Contributor Registration Number, if PAC Kevin Servick Street Address Employer/Occupation/Labor Organization* 0 3 2 5 1 3 50.00 Zip Code City Form(Cash, Check, etc) Check Full Name of Contributor Registration Number, if PAC John Mayer Street Address Employer/Occupation/Labor Organization* 0 3 2 5 1 3 425.00 Zip Code Form(Cash,Check,etc) City State Check Full Name of Contributor Registration Number, if PAC Tamara Phillips Street Address Employer/Occupation/Labor Organization* D 0 3 2 5 1 3 375.00 Zip Code Form(Cash,Check,etc) Check Full Name of Contributor Registration Number, if PAC Donovan Oneil Street Address Employer/Occupation/Labor Organization* D Amount 0 3 2 5 1 3 50.00 City State Zip Code Form(Cash, Check, etc) Check

		only on		

Total contributions this event	Total expenditures this event	
		Page Total \$ 1.325.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

2/21/13
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by S	ecretary of State 3/05		
Name of Committee in Full Lucas County Republican F	Party Conoral Eund			
Full Name of Contributor	arry General Fund			
Neal Mahoney			Registration Number, if PAC	
Street Address	Employer/Occi	pation/Labor Organization*	M D Y Amount	
			0 3 2 5 1 3	150.00
City	State	Zip Code	Form(Cash,Check,etc)	ALCOHOL:
			Check	
Full Name of Contributor			Registration Number, if PAC	
Russell O'Brien				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
			0 3 2 5 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	and the latest the lat
**			Check	
Full Name of Contributor			Registration Number, if PAC	
Dan Ridi				
Street Address	Employer/Occu	pation/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	- Annual Control		Registration Number, if PAC	
Richard Carr				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
	1 1		0 3 2 5 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc)	
^		1	Check	
Full Name of Contributor			Registration Number, if PAC	
Judith Lanzinger				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	1 1007
			0 3 2 5 1 3	375.00
City	State	Zip Code	Form(Cash, Check, etc)	Contract of the last
10			Check	
Full Name of Contributor			Registration Number, if PAC	
Amy Berling				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
	200 400		0 3 2 5 1 3	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
**			Check	
Full Name of Contributor			Registration Number, if PAC	
Edwin Beczynski				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
		a 🥷 200	0 2 0 2 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
95.		(C)()	paypal	
			1	100000

Fill	in	the	boxes	below	only	on	the	last	page	for	this	even	ıt.

Total contributions this event	Total expenditures this event	
		Page Total \$ _1.350.00

^{*}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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	12

Statement of Contributions Received at a Social or Fundraising Event

Name of Contributor Card Cooper		Prescribed by S	ecretary of State 3/05				
Full Name of Contributor Carry Cooper	Name of Committee in Full Lucas County Republican P	arty General Fund			-		
Cary Cooper Street Address Employer/Occupation/Labor Organization*		arty General Lana		Registrati	ion Number if P	AC .	
Employer/Occupation/Labor Organization				Trogistian.	.011(011001, 1111		
State		Employer/Occi	mation/Labor Organization*	MI	DV	Amount	
State	The Control of the Co	Employer Cook	pation bacor Organization			Fillough	300.00
Paypal Registration Number, if PAC Registration Number, if PAC PAC	City	State	Tin Code				300.00
Full Name of Contributor	City	State					
Employer/Occupation/Labor Organization*	E 1131 - CC + 11 +				100000		
Street Address				Registrati	ion Number, if PA	AC	
City		F -		—			
State	Street Address	Employer/Occu	pation/Labor Organization*			Amount	100.00
Paypal Registration Number, if PAC State Zip Code Form(Cash, Check, etc) Paypal							100.00
Full Name of Contributor Georgia Kovco State Zip Code Form(Cash, Check, etc) pavpal	City	State	Zip Code			EE EE	
Street Address Employer/Occupation/Labor Organization*			p	aypal			
Employer/Occupation/Labor Organization*	The state of the s			Registrati	on Number, if Pa	AC	
State					545		
State	Street Address	Employer/Occu	pation/Labor Organization*	0.755		Amount	
				0 2	0 4 1 3		100.00
Full Name of Contributor Carol Mohler Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Street Address Employer/Occupation/Labor Organization* O O O O O O O O O O O O O O O O O O O	City	State	Zip Code	Form(Cas	sh,Check,etc)		
Full Name of Contributor Carol Mohler Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Street Address Employer/Occupation/Labor Organization* O O O O O O O O O O O O O O O O O O O	2	1		p	avpal		
Carol Mohler Street Address Employer/Occupation/Labor Organization*	Full Name of Contributor					AC	
Employer/Occupation/Labor Organization*	Carol Mohler						
City		Employer/Occu	mation/Labor Organization*	M	D Y	Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							100.00
Full Name of Contributor Eric Warnock Street Address Employer/Occupation/Labor Organization** State Zip Code Form(Cash,Check,etc) pavpal Full Name of Contributor James Slattery Street Address Employer/Occupation/Labor Organization** Street Address Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Street Address Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Street Address Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Street Address Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Registration Number, if PAC Amount Old PAC Amoun	City	State	Zin Code				100.00
Full Name of Contributor Eric Warnock Street Address Employer/Occupation/Labor Organization** State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor James Slattery Street Address Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** Employer/Occupation/Labor Organization** State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) Paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) Paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) Paypal Paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) Paypal Paypal Paypal Full Name of Contributor State Zip Code Form(Cash,Check,etc) Paypal Payp			Dip cour				
	Full Name of Contributor					AC.	
Street Address				Registrati	on rumber, if i r	10	
State Zip Code Form(Cash, Check, etc) pay pal		Employar/Ocea	matian (I ahar Organization)	MI	D V	Amount	
State	Succe Address	Employer/Occi	ipation/Lauor Organization			Allount	275.00
	C.4	C4-4-	7:- 0-1-				373.00
Registration Number, if PAC	City	State	Zip Code				
	T 1137 CG 4 11 4						
Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registrati	on Number, if PA	AC.	
City State Zip Code Form(Cash, Check, etc) paypal		In the second					
State Zip Code Form(Cash, Check, etc) paypal	Street Address	Employer/Occu	pation/Labor Organization*			Amount	
paypal							375.00
Registration Number, if PAC	City	State	Zip Code			EST VILL	
Daniel Helvey Street Address Employer/Occupation/Labor Organization* M D Y Amount O 2 0 7 1 3 100.00							
Employer/Occupation/Labor Organization* M D Y Amount O 2 0 7 1 3 100.00				Registrati	on Number, if PA	AC	
O 2 0 7 1 3 100.00 City State Zip Code Form(Cash, Check, etc)	Daniel Helvey					No. Copie	
City State Zip Code Form(Cash,Check,etc)	Street Address	Employer/Occu	pation/Labor Organization*			Amount	
City State Zip Code Form(Cash,Check,etc)		and the second s		0 2	0 7 1 3		100.00
AND	City	State	Zip Code	Form(Cas	h,Check,etc)	E STATE	NAME OF TAXABLE
			research of the thickness		and the company of the property of the	100000	
			See Manufacture Materials and Company of the Compan	Triangle	- South		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ _1.450.00

^{**} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	13

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 I	Party General Fund			
Full Name of Contributor		on a continue of	Registration Number, if PAC	
Xiaoyu Zhu			Andrew Andrew	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 0 2 0 7 1 3	50.00
City	State	Zip Code	Form(Cash,Check,etc) paypal	
Full Name of Contributor			Registration Number, if PAC	
James Hartley			3887 NS 03 W CT (NOON 1900)	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 0 2 0 9 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	- Charles Control
1999		70	paypal	
Full Name of Contributor	Full Name of Contributor			
Toni Zammit			Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 0 2 0 9 1 3	100.00
City	State	Zip Code	Form(Cash, Check, etc)	
	A D		paypal	
Full Name of Contributor	the same of the sa		Registration Number, if PAC	
Jeffrey Darah				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 0 2 1 2 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc) paypal	
Full Name of Contributor Margaret Adams		***************************************	Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount 0 2 1 2 1 3	50.00
City	State	Zip Code	Form(Cash, Check, etc)	50100
			paypal	
Full Name of Contributor			Registration Number, if PAC	
David Haase				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		100.00
City	State	Zip Code	0 2 1 3 1 3 Form(Cash,Check,etc)	200.00
		0000	paypal	
Full Name of Contributor Kenneth Lovejoy			Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
	1	™	0 2 1 4 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
A500	1 1	1,005.72 M	paypal	
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77:11	1 41 -	1	1 - 1	1	41 - 1 - 4		C 41	
FIII	in the	boxes	perow	only on	the last	page	for this	event.

Total contributions this event	Total expenditures this event	
		Page Total \$600.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	14

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

Eill in	the	hover	helow	only	n the	lost more	for this	arrant
rillin	une	DOXES	perow	only c	on the	iasi page	for this	event.

Total contributions this event	Total expenditures this event	
		Page Total \$650.00

^{*}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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
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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 Registration Number, if PAC **Jennifer Best** Street Address Employer/Occupation/Labor Organization* Amount 1 | 7 50.00 City Zip Code State Form(Cash,Check,etc) paypal Full Name of Contributor Registration Number, if PAC **Jason Bissell** Street Address Employer/Occupation/Labor Organization* Amount 100.00 0 2 1 8 1 3 Zip Code State Form(Cash, Check, etc) paypal Full Name of Contributor Registration Number, if PAC James Nowak Street Address Employer/Occupation/Labor Organization* 100.00 0 2 1 8 1 3 Zip Code State Form(Cash, Check, etc) paypal Full Name of Contributor Registration Number, if PAC John Swemba Street Address Employer/Occupation/Labor Organization* 0 2 1 9 1 3 100.00 City Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor Registration Number, if PAC Hollis Merrick Street Address Employer/Occupation/Labor Organization* 0 2 1 9 1 3 200.00 State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor Registration Number, if PAC Samir Moawad Street Address Employer/Occupation/Labor Organization* D Amount 0 2 2 0 1 3 50.00 State Zip Code Form(Cash,Check,etc) paypal Full Name of Contributor Registration Number, if PAC Craig Fankhauser Street Address Employer/Occupation/Labor Organization* Amount 0 | 2 | 2 | 1 | 1 | 3 200.00 City State Zip Code Form(Cash,Check,etc) paypal

Fill i	in the	boxes	below	only	on the	e last	page	for	this	event.
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Total contributions this event	Total expenditures this event	
		Page Total \$800.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Event Date	2/21/13
Page	16

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by Se	cretary of State 3/05				CONTROL STATE OF THE PARTY OF T
Name of Committee in Full Lucas County Republican F	Party General Fund					
Full Name of Contributor	urty General Lana		Registration Nu	mbor if D	A.C.	VALUE OF THE PARTY
Cynthia Kasperek			Registration Nu	moei, n r	AC	
Street Address	Employer/Occur	oation/Labor Organization*	M D	Y	Amount	
	1		0 2 2 1	1 3		40.00
City	State	Zip Code	Form(Cash,Che	ck,etc)	The state of the s	The same of the sa
			paypal			
Full Name of Contributor			Registration Nu		AC	
Isaac Losh						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	
	10/C C/V4 VAD		0 2 2 1	1 3		100.00
City	State	Zip Code	Form(Cash,Che		and the same	ALCOHOL STATE
			payp	al		
Full Name of Contributor			Registration Nu	mber, if P	AC	
Craig Fankhauser						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	
			0 2 2 1	1 3		150.00
City	State	Zip Code	Form(Cash,Che	ck,etc)		
			payp	al		
Full Name of Contributor		***	Registration Nur	mber, if P	AC	
Ben Roberts						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y	Amount	,
			0 3 2 5	1 3		375.00
City	State	Zip Code	Form(Cash,Che			
			chec	k		
Full Name of Contributor		100	Registration Nu	mber, if Pa	AC	
Street Address	Employer/Occup	ation/Labor Organization*	M D	ΙΥ	Amount	
	amproj on occup	onor soon organization		1	2 milosaji	
City	State	Zip Code	Form(Cash,Chec	ck_etc)		Contract of the last
		^				
Full Name of Contributor			Registration Nu	nber, if PA	AC	
Street Address	Employer/Occup	ation/Labor Organization*	M D	ΙΥ	Amount	
City	State	Zip Code	Form(Cash,Chec	k_etc)		THE PERSON NAMED IN
*		1 *		2 0.6	in a loss	
Full Name of Contributor			Registration Nu	nber, if P	AC	
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y	Amount	
City	State	Zip Code	Form(Cash,Chec	k,etc)	9	and the same
			0 000 00 000000			
		*	- to			

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.

in the date column.		
Total contributions this event	Total expenditures this event	

21,790.00

5,031.46

Page Total \$ 665.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Lucas County Republican Party	y General Fund		
To Whom Paid		M D Y Amount	
U.S. Post Office		1 2 1 2 1 2	128.00
Address	Purpose		
1375 Ford	postage		
City	State Zip Code	Check Number	THE CONTRACTOR
Maumee	O H 43537	1188	
To Whom Paid	10 11 45557	M D Y Amount	
Kelly King		1 2 1 7 1 2	100.00
Address	Purpose	1 2 1 7 1 2	100.00
10882 Kramer	sound for meeting		
City	State Zip Code	Check Number	
The state of the s		Production and the contract of	
Bowling Green	O H 43402	1190	
To Whom Paid		M D Y Amount	= 0.00
Frank Harris	γ	1 2 1 7 1 2	70.00
Address	Purpose		
1623 Ironwood	security		
City	State Zip Code	Check Number	
Toledo	O H 43605	1192	
To Whom Paid		M D Y Amount	
Melrose Missile		1 2 1 7 1 2	120.00
Address	Purpose		
2567 W. Bancroft	room rental		
City	State Zip Code	Check Number	
Toledo	O H 43607	1191	
To Whom Paid	0 11 10007	M D Y Amount	
The Original Gino's Pizza		1 2 1 7 1 2	96.00
Address	Purpose		70.00
3981 Monroe	pizza for volunteers		
City	State Zip Code	Check Number	
Toledo	O H 43606	1189	
To Whom Paid	0 11 43000	The second secon	
			02.02
Office Max	In .	0 1 0 8 1 3	93.93
	Purpose		
6520 Centers	office supplies		
City	State Zip Code	Check Number	
Holland	O H 43528	1193	
To Whom Paid		M D Y Amount	
Buckeye Telesystem		1 2 1 7 1 2	38.25
Address	Purpose		
4818 Angola	phone		
City	State Zip Code	Check Number	
Toledo	O H 43615	debit	
To Whom Paid	2 2 20 20	M D Y Amount	
Toledo Edison			1,530.44
Address	Purpose	10 1 0 7 1 1 0	1,000.11
P.O. Box 3638	electric		
City	State Zip Code	Check Number	
Akron	O H 44309		
AKIUII		debit	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Lucas County Republican Party Gener	al Fund						
To Whom Paid			M	D		Amount	
Verizon			0 1	0 6	1 3		481.30
Address	Purpose						
1530 E Wooster St	phone	Tax s s					
City	State	Zip Code	Check N				
Bowling Green To Whom Paid	OH	43402	.,	1194			CONTRACTOR OF THE
Dept. of Public Utlities			M	D	00 W 00	Amount	1 0/1 50
Address	Purpose	H-HE-H	0 1	2 3	1 3		1,961.53
420 Madison	water/s	OMOT					
City	State State	Zip Code	Check N	umber			
Toledo	OH	43604	Check 14	1198	- 1		
To Whom Paid	0 11	15001	М	D D	Y	Amount	
Verizon			0 1		1 3		290.52
Address	Purpose		Uji	2.101	1 0		270,02
PO Box 25505	phone						
City	State	Zip Code	Check N	umber		-	STREET, SQUARE
Lehigh Valley	PIA	18002		debit			
To Whom Paid			M	D	Y	Amount	
Jon Stainbrook			0 2	0 6	1 3		101.20
Address	Purpose						
3067 Muirfield	Reimbu	rsement					
City	State	Zip Code	Check N				
Toledo	OH	43614		1199			
To Whom Paid			М	D		Amount	
Lucas County Republican Party Restricted			0 2	1 5	1 3		3,035.90
Address	Purpose	(D					
10 S. Superior		s for Recovery	01 1 1 1		_		
City	State	Zip Code	Check N		- 1		
Toledo To Whom Paid	O H	43604	1/()	1208	37	A	To be desired
Committee to Elect Norm Witzler			M	1 7	ү 1 3	Amount	450.00
Address	Purpose		0 4	1 / 1	1 3		430.00
28 Mattatuck Way	contribu	tion					
City	State	Zip Code	Check Nu	ımher			
Waterville	OH	43566	CHOOK IV	1171			
To Whom Paid		10000	M	D	Y	Amount	
Jon Stainbrook			0 5		1 3	MIIOMIL	228.50
Address	Purpose		0 3	2 0	1 0		220.00
3067 Muirfield	Reimbu	rsement					
City	State	Zip Code	Check Nu	umber		-	
Toledo	OIH	43614		1197	- 1		
To Whom Paid			M	D	Y .	Amount	
Hans Schnapp			0 5	3 0	1 3		89.07
Address	Purpose						
301 Broadway	Reimbu	rsement					
City	State	Zip Code	Check N				
Toledo	OH	43604		1180			

Page Total \$ 6,638.02

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full	1.77			-		
Lucas County Republican Party Gener	al Fund		137	Inlv	TA	
Lucas County Treasurer			0 M	$\begin{bmatrix} D & Y \\ 1 & 2 & 1 & 3 \end{bmatrix}$	Amount	80.00
Address	Purpose			0 1 2 1 3) [80.00
One Government Center	filing fee	2				
City	State	Zip Code	Chec	k Number	District Control	
Toledo	OIH	43604		1200	-	
To Whom Paid			M	D Y	Amount	
Greater Toledo Republican Club			0	6 2 0 1 3	3	250.00
Address	Purpose					
5068 Douglas	annual					
City	State	Zip Code	Check	k Number		
Toledo	OH	43613		1141	THE REAL PROPERTY.	Children British
To Whom Paid			M	D Y	Amount	207.55
Verizon Address	Ip.		0	3 2 5 1 3	5	387.55
PO Box 25505	Purpose					
City	phone State	Zip Code	Charl	k Number		
Lehigh Valley	PA	18002	Chec	debit	186 F	
To Whom Paid	I A	10002	М	D Y	Amount	
Verizon			0	and the second second second		253.57
Address	Purpose		101	1 2 7 1 0		200.07
PO Box 25505	phone					
City	State	Zip Code	Check	Number .		
Lehigh Valley	PA	18002		debit		
To Whom Paid			М	D Y	Amount	
Verizon			0	6 0 3 1 3	3	281.61
Address	Purpose					***************************************
PO Box 25505	phone					
City	State	Zip Code	Check	Number		
Lehigh Valley	P A	18002		debit		or to be the little
To Whom Paid			M	D Y	Amount	00.05
Buckeye Telesystem Address	Purpose		101	6 1 4 1 3		38.25
4818 Angola	phone					
City 4010 Aligota	State	Zip Code	Check	Number		
Toledo	OH	43615	Choch	debit		
To Whom Paid	0 11	10010	М	D Y	Amount	
Loan Payments Made This Period (see For	m 31-C)					1,000.00
Address	Purpose					1,000.00
City	State	Zip Code	Check	Number		State Street
	1	(5)				
To Whom Paid			M	D Y	Amount	
Expenditures from Form 31-F			0	2 2 1 1 3		5,031.46
Address	Purpose				4884	
		T			Colonia Colonia	
City	State	Zip Code	Check	Number	No. of the last	

Event Date	2/21/2013
Page	20

Prescribed by Secretary of State 02/01

		-				1278 Million	
Name of Committee in Full							
Lucas County Republican Party Gene	eral Fund						
To Whom Paid				M	D	Y Amoun	t
Office Max				0 1	1 5	1 3	332.52
Address	Purpose				-		
555 Airport Highway	suppli	es					
City	State		Zip Code	Check N	umber	1000	
Holland	0	Н	43528		1195		
To Whom Paid		3 - 1938		M	D	Y Amoun	t
Fed Ex Office				0 2	0 5	1 3	28.18
Address	Purpose				5 -		
2306 S. Reynolds	printir	ıσ					
City	State		Zip Code	Check N	umber	100	
Toledo	0	Н	43614		1206	100	
To Whom Paid			10011	M	D	Y Amount	:
U.S. Post Office				0 2		1 3	138.00
Address	Purpose			0 2	0 1	1 0	130.00
1375 Ford	postag	ρ					
City	State		Zip Code	Check N	umber		and the same of the same
Maumee	1 10000 1	Н	43537		1205		
To Whom Paid		11	10007	M	D	Y Amount	
James Warren				0 2	100	1 3	250.00
Address	Purpose			0 4	2 2	1 3	250.00
513 Adams	LDD P	roa	ram				
City	State		Zip Code	Check N	umber		
Toledo		Н	43604		1212		
To Whom Paid		11	43004	M	D	Y Amount	1000
Premier Catering				0 2	100	1 3	3,214.00
Address	Purpose			0 2	2 2	1 3	3,214.00
25601 Fort Meigs	hall/fo	boo					
City	State		Zip Code	Check N	umber		
Perrysburg		Н	43551		1203		
To Whom Paid		11	43031	M	D D	Y Amount	
Fed Ex Office				0 3	201	1 3	477.17
Address	Purpose			0 3	0 3	1 3	4//.1/
	8	~					
2306 S. Reynolds	printin State	-	7in Code	Check N		-	
(A)			Zip Code	1			
Toledo To Whom Paid	0	H	43614	-	1204	37	
				M	D	Y Amount	
Allan Detrich	- In			0 2	2 2	1 3	150.00
	Purpose		1 (
619 Hayes			hy for event	Tax 1 44			
City	State		Zip Code	Check N			
Fremont	0	Н	43420		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.

Page Total \$ 4,589.87

Event Date	2/21/2013
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Prescribed by Secretary of State 02/01

DI CO IN THE				
Name of Committee in Full	C 1 F 1			
Lucas County Republican Party	General Fund			
To Whom Paid			M D Y Amount	
Returned Deposit Item			0 3 2 8 1 3	300.00
Address	Purpose			
41 S.High Street	Returned	l Deposit Item		
City	State	Zip Code	Check Number	
Columbus	0 H	43215	debit	
To Whom Paid			M D Y Amount	
Huntington Fee			0 4 1 5 1 3	13.00
Address	Purpose	188210		
41 S.High Street	Returned	Deposit Item		
City	State	Zip Code	Check Number	
Columbus	OH	43215	debit	
To Whom Paid			M D Y Amount	
Huntington Fee			0 4 1 5 1 3	7.00
Address	Purpose		0 1 1 0 1 0	7.00
41 S.High Street	Returned	Deposit Item		
City	State	Zip Code	Check Number	ALTERNATION NO.
Columbus	ОН	43215	debit	
To Whom Paid	101.	10210	M D Y Amount	
Paypal			0 2 0 2 1 3	3.20
Address	Purpose		0 2 0 2 1 3	0.20
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid	IN L	00140	M D Y Amount	
Paypal			0 2 0 4 1 3	9.00
Address	Purpose		0 2 0 4 1 3	9.00
P.O. Box 45950	Fee			
1:0. BOX 43930 City	State	Zip Code	Check Number	
Omaha	N E	68145		
To Whom Paid	IN E	00143	electronic	
26/20			M D Y Amount	2.20
Paypal Address	ID.		0 2 0 4 1 3	3.20
o vo - kora - area - ar	Purpose			
P.O. Box 45950	Fee	Te: a t	les to	
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 0 4 1 3	3.20
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	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.

Page Total \$ 338.60

Event Date	2/21/2013
Page	22

Prescribed by Secretary of State 02/01

Name of Committee in Full				
Lucas County Republican F	Party General Fund			
To Whom Paid			M D Y Amount	
Paypal			0 2 0 4 1 3	3.20
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 0 6 1 3	11.18
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	NE	68145	electronic	
To Whom Paid		00.22	M D Y Amount	
Paypal			0 2 0 7 1 3	11.18
Address	Purpose		0 2 0 7 1 0	11.10
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	THE PERSON NAMED IN
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 0 7 1 3	3.20
Address	Purpose		0 2 0 7 1 0	0.20
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	-
Omaha	NIE	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 0 7 1 3	1.75
Address	Purpose	33 3		
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 0 9 1 3	3.20
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	Designation of the last
Omaha	N E	68145	electronic	
To Whom Paid		00110	M D Y Amount	
Paypal			0 2 0 9 1 3	3.20
Address	Purpose			0.20
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	Name of the last
Omaha	N E	68145	electronic	
		20220		

Page Total \$	36.91
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Event Date	2/21/2013
Page	23

Prescribed by Secretary of State 02/01

Name of Committee in Full			and the state of the		
Lucas County Republican Party Gener	ral Fund				
To Whom Paid			M D Y	Amount	e weeks
Paypal			0 2 1 2 1 3	3	3.20
Address	Purpose			***	
P.O. Box 45950	Fee				
City	State	Zip Code	Check Number		1390
Omaha	NIE	68145	electronic		
To Whom Paid			The second secon	Amount	
Paypal			0 2 1 2 1 3	1	1.75
Address	Purpose			-	
P.O. Box 45950	Fee				
City	State	Zip Code	Check Number		No.
Omaha	N E	68145	electronic		
To Whom Paid			The state of the s	Amount	
Paypal			0 2 1 3 1 3		3.20
Address	Purpose		0 2 1 3 1 3		7.20
P.O. Box 45950	Fee				
City	State	Zip Code	Check Number		
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Paypal			0 2 1 4 1 3		3.20
Address	Purpose	X* 13%	0 2 1 4 1 3		7.20
P.O. Box 45950	Fee				
City	State	Zip Code	Check Number		
Omaha	N E	68145	electronic		
To Whom Paid	INL	00140		Amount	
Paypal			0 2 1 4 1 3		3.20
Address	Purpose		0 2 1 4 1 3		0.20
P.O. Box 45950	Fee				
1 .O. DOX 43930	State	Zip Code	Check Number		
Omaha	N E	68145	electronic		
To Whom Paid	IV L	00140	The second secon	Amount	
Paypal			0 2 1 4 1 3		3.20
Address	Purpose		0 2 1 4 1 3		0.20
P.O. Box 45950	Fee				
1 .O. BOX 43950	State	Zip Code	Check Number		
Omaha	N E	68145			
To Whom Paid	IN E	00140	electronic	Amount	
Paypal					20
Address	Purpose		0 2 1 4 1 3	3	3.20
	and the second s				
P.O. Box 45950	Fee	Tin Codo	Choole Niverb		
City	State	Zip Code	Check Number		
Omaha	N E	68145	electronic		

20.95

Event Date	2/21/2013
Page	24

Prescribed by Secretary of State 02/01

Lucas County Republican Party General Fund					100000000000000000000000000000000000000	
To Whome Paul	Name of Committee in Full	1 10aa				
Paypal		al Fund				
Purpose P.O. Box 45950 Fee Clay	To Whom Paid				Amount	
P.O. Box 45950 Fee	Paypal			0 2 1 4 1 3		1.75
State Application Company Co	Address	Purpose	109 to 0 10 10 10 10 10 10 10		***************************************	
State N E Check Number Ch	P.O. Box 45950	Fee				
Te Whom Paid	City	State	Zip Code	Check Number		
To Whom Paid	Omaha	N E	68145	electronic		
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Purpose Purp	Paypal			0 2 1 4 1 3		3.20
P.O. Box 45950		Purpose				
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Omaha			Zip Code	Check Number	The state of the state of	
To Whom Paid	Omaha	NIE		electronic		
Paypal		11 12	00110		Amount	
Purpose	- Carlotte Annual Annua					3.20
P.O. Box 45950 Fee		Purpose		0 2 1 5 1 5	<u> </u>	J.200
City State Paypal Zip Code Real 45 Check Number Selectronic Amount Pay Paypal Amount Paypal N E 68145 Check Number Selectronic Amount Paypal 3,20 Address P.O. Box 45950 Purpose Fee Fee Check Number Selectronic N E 68145 Check Number Selectronic N E 68145 Check Number Selectronic N E 68145 N E 68		1000				
Omaha N E 68145 electrosis Mode of the part of the pa	1.0. DOX 43730	100 0000	7 in Code	Check Number		
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Paypal		IN L	00143		Amount	
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P.O. Box 45950 Fee City Omaha State N E State St		ID:umana		0 2 1 3 1 3		3.20
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Paypal 0 2 1 7 1 3 1.75 Address P.O. Box 45950 Fee City Paypal State Paypal Zip Code Paypal Check Number State Purpose Process State Purpose Purpose Process Purpose Purpose Process Purpose Process<		NE	68145			
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				0 2 1 7 1 3		1.75
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	The state of the s	7.000				
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		NE	68145		A REPORT	S. C. September
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	arrange and a second a second and a second a				Amount	
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		Fee				
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Address Purpose P.O. Box 45950 Fee City State Zip Code Check Number	To Whom Paid			M D Y	Amount	
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City State Zip Code Check Number		Purpose	All and a second a			
City State Zip Code Check Number	P.O. Box 45950	Fee				
Omaha N E 68145 electronic			Zip Code	Check Number	Charles	
	Omaha	N E	68145	electronic		

Page Total \$	19.50
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Event Date	2/21/2013
Page	25

Prescribed by Secretary of State 02/01

Name of Committee in Full				
Lucas County Republican Party Ge	noral Eurad			
To Whom Paid	nerai runu		M D Y Amount	
Paypal			0 2 1 9 1 3	2.20
Address	Purpose		0 2 1 9 1 3	3.20
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P.O. Box 45950 City		Tri- C- I-	Check Number	No.
Omaha	State N E	Zip Code	1700 00 00	
To Whom Paid	IN E	68145	electronic M D Y Amount	
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Address	Purpose		0 2 1 9 1 3	6.10
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P.O. Box 45950 City	Fee	7: 0.1	[0] 137 1	
	State	Zip Code	Check Number	
Omaha To Whom Paid	N E	68145	electronic	
1			M D Y Amount	
Paypal Address	T _n		0 2 2 0 1 3	1.75
	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 2 1 1 3	5.40
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	NE	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 2 1 1 3	1.08
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	NE	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 2 1 1 3	2.70
Address	Purpose			
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
To Whom Paid			M D Y Amount	
Paypal			0 2 2 1 1 3	5.40
Address	Purpose			0.10
P.O. Box 45950	Fee			
City	State	Zip Code	Check Number	
Omaha	N E	68145	electronic	
	1 - 1 - 2	00110	CICCIOINC	

Page Total \$	25.63	
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	26
Page	20
1 050	

Statement of Loans Received

				Ι	Prescribed	by Secre	etary of St	ate3/05						
Full Name of Committee Lucas County Republ	ican	Party	Gene	ral Fu	ınd				e entitle a contra					Diana
From Whom Received	icui.	1 arry	CCITC	iui i c	ara				Prior A	mount		Amt Inc	curred this Period	
Jim Brennan Jr.									1110111		00.00	1 1110. 1110		0.00
Address					-					10,0	00.00	Outstand	ling Balance	0.00
648 Saint Annes Dr.												Outstand		00.00
^{City} Holland	State O F			Lo	Loans Received This Period Date Amount					Da		nents This	Period Amount	
Date Loan was originally incurred	м 0 1	1 2 ($\begin{array}{c c} & Y \\ 1 & 1 \end{array}$	M	D	Y	S		0 1	D 1 5	5 1 3	S		500
Registration Number, if PAC				М	D	Y			м 0 4	D 2) 1 3			500
Employer/Occupation/Labor Organization*				М	D	Y			M 0 2	D 1 5	Y		3000 forg	
From Whom Received									Prior A	NAME AND ADDRESS OF THE OWNER, WHEN		and the same of th	curred this Period	
Address											4000	Outstand	ling Balance	
City	State	Zip Co	de	Lo	ans Recei Date	ved Thi	s Period	Amount	Payments This Period Date Amount				Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		M	D	Y	\$		
Registration Number, if PAC			-	М	D	Y	\top		М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y			
From Whom Received									Prior Ar	nount		Amt. Inc	urred this Period	
Address												Outstand	ling Balance	
City	State	Zip Coo	ie	Lo	ans Recei	ved This	s Period	Tan 200			-	nents This		
		-			Date	1	-	Amount		Da			Amount	
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$		M	D	Y	S		
Registration Number, if PAC				M	D	Y			M	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y			
* Required for contributions over \$100 to star if any, rather than employer should be listed the employees are members, if any, must app	If two o ear. R.C Outstan	rmore emp 2. 3517.10(ding Balan	bloyees dor B)(4)	nate via pa Transfer t	ayroll dedu otal of all l	ction and	d exceed t	he aggregate of \$100	, the labor o	organizatio	on of which (Form No.	31-A-2)		
rraining total of an payments made in this pe	1100 10 1	are praceill	one or reality	mattures ((1 OIIII 190.	J1-1J, 1	rightstet I	orat Onstanding Date	ance to tile	cover pag	c (roim ive), 30-A).		

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