

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Councilman Michael Dever						Registration Number, if PAC	
Full Name of Candidate Michael Dever							
Street Address 14015 LAKE AVE.				Office Sought Council-at-Large		District	
City LAKewood				State OH	Zip Code 44107		
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		11 08 05	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	5061.62
2. Total monetary contributions (From Form No. 31-A)	\$	225.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	5286.62
5. Total monetary expenditures (From Form No. 31-B)	\$	2769.47
6. Balance on hand (line 4 minus line 5)	\$	2517.15
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only 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.

Michael Dever
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Dever
Signature

5-1-07
MAY08'07 AM11:44 CUS

Contribution pages 0

Expenditure pages 0

Other pages 1

Total page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF COUNCILMAN MICHAEL DEVER									
Full Name of Contributor MARIE + PAUL COREY						Registration Number, if PAC			
Street Address 7755 CANDLEWOOD LN			Employer/Occupation/Labor Organization*				Form (Cash, Check , etc.) 2634		
City COLUMBUS		State OH	Zip Code 43235-1625		M 1	D 0	Y 405	Amount 100.⁰⁰	
Full Name of Contributor FRANCIS D. MURTAUGH, JR.						Registration Number, if PAC			
Street Address 1065 LAKELAND AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check , etc.) 2535		
City LAKEWOOD		State OH	Zip Code 44107		M 1	D 1	Y 0705	Amount 100.⁰⁰	
Full Name of Contributor JACK SIMON						Registration Number, if PAC			
Street Address 1372 LAKELAND AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check , etc.) 1671		
City LAKEWOOD		State OH	Zip Code 44107		M 1	D 0	Y 2605	Amount 25.⁰⁰	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
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)]

\$ 225.⁰⁰
Page Total \$ ~~0.00~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
FRIENDS OF COUNCILMAN MICHAEL DEVER									
To Whom Paid						M	D	Y	Amount
LAKEWOOD BOARD OF EDUCATION						10	20	05	100. ⁰⁰
Address			Purpose						
14100 FRANKLIN BLVD.			DONATION - HIGH SCHOOL ORCHESTRA						
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1232					
To Whom Paid						M	D	Y	Amount
MIDWEST PRE-SORT MAILING SERVICE						10	31	05	1,767. ³³
Address			Purpose						
2222 WEST 110 th STREET			MAILING						
City		State	Zip Code	Check Number					
CLEVELAND		OH	44102	1235					
To Whom Paid						M	D	Y	Amount
U.S. POSTAL SERVICE						11	04	05	90. ⁰⁰
Address			Purpose						
1475 WARREN ROAD			STAMPS						
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1227					
To Whom Paid						M	D	Y	Amount
THE PARTY STATION						11	08	05	13. ⁵⁵
Address			Purpose						
15008 DETROIT AVE			DECORATIONS - VICTORY PARTY						
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1238					
To Whom Paid						M	D	Y	Amount
CATHERINE CHAMBERS Photography						11	11	05	180. ⁰⁰
Address			Purpose						
2244 WOOSTER ROAD			CAMPAIGN PHOTOGRAPHY						
City		State	Zip Code	Check Number					
ROCKY RIVER		OH	44116	1237					
To Whom Paid						M	D	Y	Amount
STAPLES BUSINESS SUPPLIES						11	13	05	22. ⁸⁴
Address			Purpose						
2150 WEST 117 th STREET			COPIES - INK						
City		State	Zip Code	Check Number					
CLEVELAND		OH	44111	1241					
To Whom Paid						M	D	Y	Amount
AROUND THE CORNER TAVERN						12	20	05	585. ⁰⁰
Address			Purpose						
18616 DETROIT AVE.			VICTORY PARTY						
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1242					
To Whom Paid						M	D	Y	Amount
KEY BANK						11	30	05	10. ⁷⁵
Address			Purpose						
P.O. BOX 22114			SERVICE CHARGE						
City		State	Zip Code	Check Number					
ALBANY		NY	12201-2114						