

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Fitzgerald						Registration Number, if PAC	
Full Name of Candidate Edward Fitzgerald							
Street Address 1269 Overlook Road				Office Sought Mayor		District Lakewood	
City Lakewood				State OH	Zip Code 44107		
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input 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 type="checkbox"/> No		Date of Election		11/06/07	

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	\$ 5,421	17	✓
2. Total monetary contributions (From Form No. 31-A)	\$ 13,645	00	✓
3. Total other income (From Form No. 31-A-2)	\$ -	-	
4. Total funds available (sum of lines 1, 2, 3)	\$ 19,066	17	✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 14,126	88	✓
6. Balance on hand (line 4 minus line 5)	\$ 4,939	29	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 2,350	00	✓
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 199	25	✓
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,465	14	✓
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.

Edward Fitzgerald
Print Name and Title (Treasurer and Deputy Treasurer only)

Edward Fitzgerald
Signature

5/28/08
Date

Contribution pages

Expenditure pages

Other pages

Pages

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Fitzgerald						
Full Name of Contributor James FitzGibbons					Registration Number, if PAC	
Street Address 1498 LAUREL			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESIDE		State OH	Zip Code 44107	M 09	D 27	Y 07
				Amount 75.00		
Full Name of Contributor Brian Powers						
Street Address 17855 LAKE					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 09	D 29	Y 07
				Amount 50.00		
Full Name of Contributor Michael Morgenstern						
Street Address 2199 CARABE					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 09	D 26	Y 07
				Amount 25.00		
Full Name of Contributor Robert Calsin						
Street Address BEST APT					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 10	D 01	Y 07
				Amount 50.00		
Full Name of Contributor Shawn Edwards						
Street Address 15500 MADISON					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 09	D 30	Y 07
				Amount 50.00		
Full Name of Contributor Patrick Lavelle						
Street Address 1321 ARUNDEL					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 10	D 01	Y 07
				Amount 75.00		
Full Name of Contributor Laura Polk						
Street Address 1245 OYERBROOK					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 10	D 01	Y 07
				Amount 25.00		
Full Name of Contributor Paul Feighan						
Street Address 14530 CANTON					Registration Number, if PAC	
City LAKESIDE			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
		State OH	Zip Code 44107	M 09	D 28	Y 07
				Amount 25.00		

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

Statement of Contributions Received

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Name of Committee in Full									
Full Name of Contributor Sharon Perotti						Registration Number, if PAC			
Street Address 1100 KENNETH			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor John Vrnak						Registration Number, if PAC			
Street Address 2064 Dowd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Lakewood		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor William Gaydos						Registration Number, if PAC			
Street Address BEST ATTEMPT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor Tim Rowell						Registration Number, if PAC			
Street Address BEST ATTEMPT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Jen Driscoll						Registration Number, if PAC			
Street Address 1582 WINCHESTER			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 3	Amount 25.00	
Full Name of Contributor Gayle Pilat						Registration Number, if PAC			
Street Address 2017 WATERBURY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 30.00	
Full Name of Contributor Mike Fischer						Registration Number, if PAC			
Street Address 11830 CRAFTON			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Ryan Nowlin						Registration Number, if PAC			
Street Address 1314 CHASE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City LAKEWOOD		State OH	Zip Code 44107		M 0	D 9	Y 2	Amount 50.00	

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Statement of Contributions Received

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Name of Committee in Full Friends of Fitzgerald							
Full Name of Contributor Donna Kolis						Registration Number, if PAC	
Street Address BEST ATTEMPT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 26	Y 07
Amount 100.00							
Full Name of Contributor Julie Dewey							
Street Address 11725 CLIFTON						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 26	Y 07
Amount 100.00							
Full Name of Contributor Saleh Awadallah							
Street Address 17602 HILARI						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 27	Y 07
Amount 2,000							
Full Name of Contributor Joseph Dangelo #5							
Street Address 12002 LAKESWOOD RICHLAND						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 26	Y 07
Amount 40.00							
Full Name of Contributor James Fox							
Street Address 1499 ARTHUR						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 30	Y 07
Amount 100.00							
Full Name of Contributor Damon Troyan							
Street Address 2311 Wooster Rd.						Form (Cash, Check, etc.) check	
City Rocky River		State OH	Zip Code 44116		M 09	D 26	Y 07
Amount 100.00							
Full Name of Contributor Patricia Feighan							
Street Address 11820 BIDEN						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 10	D 01	Y 07
Amount 25.00							
Full Name of Contributor Thomas Condosta							
Street Address 17616 FRIS						Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107		M 09	D 25	Y 07
Amount 25.00							

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Statement of Contributions Received

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Name of Committee in Full Friends of Fitzgerald							
Full Name of Contributor Joseph Gibbons						Registration Number, if PAC	
Street Address 1415 CUMMINS				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107	M 0	D 9	Y 3007	Amount 100.00
Full Name of Contributor Kristin Karcutt						Registration Number, if PAC	
Street Address POST AVENUE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107	M 0	D 9	Y 2607	Amount 25.00
Full Name of Contributor James Wooley						Registration Number, if PAC	
Street Address 11910 LAKE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107	M 0	D 9	Y 2507	Amount 100.00
Full Name of Contributor Michael Stearns						Registration Number, if PAC	
Street Address POST AVENUE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107	M 0	D 9	Y 3007	Amount 50.00
Full Name of Contributor Harry Lieben						Registration Number, if PAC	
Street Address POST AVENUE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code 44107	M 0	D 9	Y 2607	Amount 50.00
Full Name of Contributor Awatef Assad						Registration Number, if PAC	
Street Address 955 West St. Clair, #1815				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Cleveland		State OH	Zip Code 44113	M 0	D 9	Y 2707	Amount 20.00
Full Name of Contributor Joseph Feighan						Registration Number, if PAC	
Street Address 11820 EDGEWOOD				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code	M 0	D 9	Y 2607	Amount 100.00
Full Name of Contributor Anthony Discenza						Registration Number, if PAC	
Street Address 1488 PARKWAY				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City LAKESWOOD		State OH	Zip Code	M 1	D 0	Y 0107	Amount 50.00

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Statement of Contributions Received

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Name of Committee in Full Friends of FitzGerald						
Full Name of Contributor Brendan McCarthy				Registration Number, if PAC		
Street Address 225 DIXON		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City LAKESIDE	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 100.00
Full Name of Contributor Marian Graham				Registration Number, if PAC		
Street Address 1295 ANNIEVIEW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City LAKESIDE	State OH	Zip Code 44107	M 10	D 01	Y 07	Amount 25.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	Zip Code	M	D	Y	Amount

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Name of Committee in Full							
FRIENDS OF FITZGERALD							
Full Name of Contributor						Registration Number, if PAC	
TOM KULURIS							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1244 W. CHIFTON						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	04	07	100.00	
Full Name of Contributor						Registration Number, if PAC	
Sheila Cooley							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1092 Kenneth						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	11	04	07	25.00	
Full Name of Contributor						Registration Number, if PAC	
John Jones							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
17816 Shaw						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	06	07	100.00	
Full Name of Contributor						Registration Number, if PAC	
Steve Basza							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
16615 Delaware						CASH	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	06	07	200.00	
Full Name of Contributor						Registration Number, if PAC	
Cynthia & Jake Mary							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1587 Grace						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	09	07	25.00	
Full Name of Contributor						Registration Number, if PAC	
Juliet Swearey							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
15305 Lanning						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	09	07	40.00	
Full Name of Contributor						Registration Number, if PAC	
Sean Riley							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1096 Homewood						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	09	07	100.00	
Full Name of Contributor						Registration Number, if PAC	
Dona Brady							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1272 W. Blvd.						CK	
City	State	Zip Code	M	D	Y	Amount	
Cleveland	OH	44102	10	16	07	100.00	

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Name of Committee in Full							
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	
FRIENDS OF FITZGERALD							
DAN BRADY							
1272 West Blvd.						CK	
CLEVELAND	OH	44102	10	16	07	\$100. ⁰⁰	
RALPH DEFRANCO							
1370 ONTARIO #1240						CK	
CLEVELAND	OH		10	16	07	100. ⁰⁰	
RALPH KLOPP							
1157 LEADER BLDG.						CK	
CLEVELAND	OH	44114	10	16	07	58. ⁰²	
ANGELO LONARDO							
75 Public Square #800						CK	
CLEVELAND	OH		10	16	07	100. ⁰²	
RON MOTT							
22525 Brook Park Rd.						CK	
PARMA	OH	44134	10	16	07	35.	
John Smerikho							
13918 Bagley Rd.						CK	
MIDDLEBURG HTS	OH	44130	10	16	07	50. ⁰⁰	
SAM ZINGALE							
17433 Clifton Blvd.						CK	
LAKWOOD	OH	44107	10	16	07	50. ⁰⁰	
Colleen Reali							
3201 W. 165 TH Street						CK	
Cleveland	OH	44135	10	16	07	100. ⁰⁰	

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Name of Committee in Full FRIENDS OF FITZGERALD						
Full Name of Contributor MARK SCHNEIDER				Registration Number, if PAC		
Street Address 8914 TRUTTER LANE		Employer/Occupation/Labor Organization* UNITD		Form (Cash, Check, etc.) CK		
City MENTOR	State OH	Zip Code 44060	M 10	D 16	Y 07	Amount 50.⁰⁰
Full Name of Contributor AMY DALTON				Registration Number, if PAC		
Street Address 32541 DETROIT RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City	State OH	Zip Code	M 10	D 16	Y 07	Amount 35.⁰⁰
Full Name of Contributor STUART FRIEDMAN				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City	State OH	Zip Code	M 14	D 16	Y 07	Amount 35.⁰⁰
Full Name of Contributor WILLIAM DAY				Registration Number, if PAC		
Street Address 8748 BRECKSVILLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City	State OH	Zip Code	M 10	D 16	Y 07	Amount 50.⁰⁰
Full Name of Contributor KRISTIN KARKUTT				Registration Number, if PAC		
Street Address 1644 WATERBURY #3		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City LAKWOOD	State OH	Zip Code 44107	M 10	D 16	Y 07	Amount 25.⁰⁰
Full Name of Contributor THOMAS HOSKIN				Registration Number, if PAC		
Street Address 1114 NICHOLSON		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City LAKWOOD	State OH	Zip Code 44107	M 10	D 16	Y 07	Amount 200.⁰⁰
Full Name of Contributor JOHN LEMIEUX				Registration Number, if PAC		
Street Address 1025 W. HILL DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City GATES MILLS	State OH	Zip Code 44040	M 10	D 16	Y 07	Amount 35.⁰⁰
Full Name of Contributor DAN ROMAINE				Registration Number, if PAC		
Street Address 528 OAKMOOR RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK		
City BAY VILLAGE	State OH	Zip Code 44140	M 10	D 16	Y 07	Amount 35.⁰⁰

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Name of Committee in Full						
FRIENDS OF FITZGERALD						Registration Number, if PAC
Full Name of Contributor Michael GRAHAM						Registration Number, if PAC
Street Address 1380 W. 73rd. Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Cleveland	State OH	Zip Code 44102	M 10	D 16	Y 07	Amount 35. ⁰⁰
Full Name of Contributor BRYAN BYRNE						Registration Number, if PAC
Street Address 8324 Chesterfield		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Parma	State OH	Zip Code 44129	M 10	D 16	Y 07	Amount 25. ⁰⁰
Full Name of Contributor BRIAN MOONEY						Registration Number, if PAC
Street Address 59986 Glenway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Brook Park	State OH	Zip Code 44142	M 10	D 16	Y 07	Amount 35. ⁰⁰
Full Name of Contributor LARRY ZUKERMAN						Registration Number, if PAC
Street Address 3912 Prospect		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City CLEVELAND	State OH	Zip Code 44115	M 10	D 16	Y 07	Amount 100. ⁰⁰
Full Name of Contributor David BARTOS						Registration Number, if PAC
Street Address 13363 MADISON AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 16	Y 07	Amount 100. ⁰⁰
Full Name of Contributor WILLIAM DOYLE						Registration Number, if PAC
Street Address 2100 STANDARD BLDG.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City 1370 ONTARIO CLEVELAND	State OH	Zip Code 44113	M 10	D 16	Y 07	Amount 70. ⁰⁰
Full Name of Contributor MAUREEN CHANCEY						Registration Number, if PAC
Street Address 1180 Charter Oak Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Westlake	State OH	Zip Code 44145	M 10	D 16	Y 07	Amount 35. ⁰⁰
Full Name of Contributor James Lowe						Registration Number, if PAC
Street Address 12910 Lake Ave. #2125		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 16	Y 07	Amount 50. ⁰⁰

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Name of Committee in Full FRIENDS OF FITZGERAHD						
Full Name of Contributor Rich Neff				Registration Number, if PAC		
Street Address 17620 NARRANGANSETT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 16	Y 07	Amount 200.⁰⁰
Full Name of Contributor Daniel Mirras				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City	State OH	Zip Code	M 10	D 16	Y 07	Amount \$1,000.⁰⁰
Full Name of Contributor FRIENDS of Kevin Butler				Registration Number, if PAC		
Street Address 17517 LAKEWOOD Hts. BLVD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 150.⁰⁰
Full Name of Contributor Brian Powers				Registration Number, if PAC		
Street Address 17855 LAKE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 80.⁰⁰
Full Name of Contributor GAYNEI Mellino				Registration Number, if PAC		
Street Address 13908 EDGEWATER		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 50.⁰⁰
Full Name of Contributor Jeanine Gerbel				Registration Number, if PAC		
Street Address 13930 LAKE AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100.⁰⁰
Full Name of Contributor BUCKINGHAM Doolittle PAC				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City	State OH	Zip Code	M 10	D 23	Y 07	Amount 75.⁰⁰
Full Name of Contributor MARK BUDZAR				Registration Number, if PAC		
Street Address 1301 ARLINGTON		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰

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

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							Registration Number, if PAC
Full Name of Contributor MYRIAM AHRENDT							Form (Cash, Check, etc.) CK
Street Address 30530 Timberland		Employer/Occupation/Labor Organization*			Amount		
City Bay Village	State OH	Zip Code 44140	M 10	D 23	Y 07	100. ⁰⁰	
Full Name of Contributor MARK REINTHOW							Registration Number, if PAC
Street Address 1120 Forest							Form (Cash, Check, etc.) CK
Street Address 1120 Forest		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	40. ⁰⁰	
Full Name of Contributor MICHAEL KENNY							Registration Number, if PAC
Street Address 17622 Merry Oaks Trail							Form (Cash, Check, etc.) CK
Street Address 17622 Merry Oaks Trail		Employer/Occupation/Labor Organization*			Amount		
City Chagrin Falls	State OH	Zip Code 44023	M 10	D 23	Y 07	150. ⁰⁰	
Full Name of Contributor ED PATTON							Registration Number, if PAC
Street Address 1114 Homewood							Form (Cash, Check, etc.) CK
Street Address 1114 Homewood		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	75. ⁰⁰	
Full Name of Contributor JOHN GALLAGHER							Registration Number, if PAC
Street Address 11864 Clifton Blvd #11							Form (Cash, Check, etc.) CK
Street Address 11864 Clifton Blvd #11		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	100. ⁰⁰	
Full Name of Contributor JILL SARACINA							Registration Number, if PAC
Street Address 1577 Arthur							Form (Cash, Check, etc.) CK
Street Address 1577 Arthur		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	80. ⁰⁰	
Full Name of Contributor ELLEN SNIDER							Registration Number, if PAC
Street Address 1061 Rosalie							Form (Cash, Check, etc.) CK
Street Address 1061 Rosalie		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	100. ⁰⁰	
Full Name of Contributor MAUREEN JAMIESON							Registration Number, if PAC
Street Address 1616 Arthur							Form (Cash, Check, etc.) CK
Street Address 1616 Arthur		Employer/Occupation/Labor Organization*			Amount		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	100. ⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERAUD							Registration Number, if PAC
Full Name of Contributor Chuck DAHILL							Registration Number, if PAC
Street Address 17801 Lake		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰	
Full Name of Contributor Joe GIBBONS							Registration Number, if PAC
Street Address 1475 W. CLIFTON		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 50. ⁰⁰	
Full Name of Contributor John Smerillo							Registration Number, if PAC
Street Address 13918 Bagley Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Middleburg Hts.	State OH	Zip Code 44130	M 10	D 23	Y 07	Amount 40. ⁰⁰	
Full Name of Contributor Jeff SADOWSKI							Registration Number, if PAC
Street Address 13405 Cliff Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 50. ⁰⁰	
Full Name of Contributor Krustin Karkutt							Registration Number, if PAC
Street Address 1557 Winchester		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 25. ⁰⁰	
Full Name of Contributor Jen Driscoll							Registration Number, if PAC
Street Address 1447 NAYNE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰	
Full Name of Contributor Jay MADIGAN							Registration Number, if PAC
Street Address 12900 LAKE AVE. #416		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 150. ⁰⁰	
Full Name of Contributor Kelly STANDISH							Registration Number, if PAC
Street Address 1582 Arthur		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 75. ⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							
Full Name of Contributor						Registration Number, if PAC	
OSCAR RODRIGUEZ							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1489 Westwood						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	23	07	40. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
ANDREW MEYER							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
11119 LAKE #103						CK	
City	State	Zip Code	M	D	Y	Amount	
CLEVELAND	OH	44102	10	23	07	40. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
LOU McMAHON							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
16121 LAKE AVE.						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	23	07	58. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
KEVIN SPELLACY							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
18144 CLIFTON						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	23	07	100. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
JOE FERAME							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
15610 EDGEWATER						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	23	07	100. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
STACY DEUER							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
14015 LAKE AVE.						CK.	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	21	07	35.00	
Full Name of Contributor						Registration Number, if PAC	
PETER CORRIGAN							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1825 HAMPTON RD.						CK	
City	State	Zip Code	M	D	Y	Amount	
CLEVELAND	OH	44116	10	23	07	75. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
LAURA CRONIGER							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
15502 LAKE AVE.						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKEWOOD	OH	44107	10	23	07	100. ⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							Registration Number, if PAC
Full Name of Contributor BRIAN SEITZ							Registration Number, if PAC
Street Address 2320 OGONTZ			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰	
Full Name of Contributor DAN FLANNERY							Registration Number, if PAC
Street Address 18148 CLIFTON BLVD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰	
Full Name of Contributor CHRISTINE GORDIILLO							Registration Number, if PAC
Street Address 17819 NARRAGANSETT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰	
Full Name of Contributor TIM KLOOS							Registration Number, if PAC
Street Address 17878 LAKE RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰	
Full Name of Contributor CAROL LAUELLE							Registration Number, if PAC
Street Address 18101 CLIFTON RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰	
Full Name of Contributor PAMELA MORITZ							Registration Number, if PAC
Street Address 1040 WILBERT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰	
Full Name of Contributor KEVIN REYNOLDS							Registration Number, if PAC
Street Address 14820 ALGER RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City CLEVELAND	State OH	Zip Code 44111	M 10	D 23	Y 07	Amount 75. ⁰⁰	
Full Name of Contributor FRANK MINNELLI							Registration Number, if PAC
Street Address 1374 PARK ROW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰	

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Page Total **595.**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF FITZGERALD							
Full Name of Contributor PATRICK LAUELE						Registration Number, if PAC	
Street Address 1321 ARLINGTON			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	
Full Name of Contributor JAMES MONICA						Registration Number, if PAC	
Street Address 1642 LAUNDERDALE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 25.⁰⁰	
Full Name of Contributor LEIF CHRISTMAN						Registration Number, if PAC	
Street Address 1370 ONTARIO			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City CLEVELAND	State OH	Zip Code 44113	M 10	D 23	Y 07	Amount 50.⁰⁰	
Full Name of Contributor KATHY GRANT						Registration Number, if PAC	
Street Address 17521 FRANKLIN			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	
Full Name of Contributor MARYANN DYBIEC						Registration Number, if PAC	
Street Address 1679 ELBUR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	
Full Name of Contributor COREY ROSSEN / KARA GORTLER						Registration Number, if PAC	
Street Address 1270 SUMMIT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	
Full Name of Contributor GAYLE PILAT						Registration Number, if PAC	
Street Address Waterbury			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	
Full Name of Contributor William GEORGE						Registration Number, if PAC	
Street Address Lake Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40.⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
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	
FRIENDS OF FITZGERALD							
Ron Rudin							
18154 Chifton Rd.					CK		
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	
JOHN KILGORE							
1051 LAKELAND					CK		
LAKWOOD	OH	44107	10	23	07	25. ⁰⁰	
KIM FITZGERALD							
36971 Ladywood					CK		
Livonia	OH MI	48154	10	23	07	100. ⁰⁰	
BOB CALSIN							
1180 FRENCH					CK		
LAKWOOD	OH	44107	10	23	07	75. ⁰⁰	
SUZANNE WARREN							
1250 Belle					CK		
LAKWOOD	OH	44107	10	23	07	30. ⁰⁰	
EUGENE Ciobata							
1241 St. Charles					CK		
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	
Kelly O'Mahony							
18151 Clayton Road					CK		
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	
CHAS WITHERS							
1593 Belle					CK		
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							
Full Name of Contributor						Registration Number, if PAC	
HARLAN GORDON							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3579 WASHINGTON BLVD.						CK	
City	State	Zip Code	M	D	Y	Amount	
CLEVELAND HTS.	OH	44118	10	23	07	25. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
MATT LIKAVEC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
12000 EDGEWATER DR. #607						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	50. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
JIM FITZGIBBONS							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1498 LAUDERDALE						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
KEN ROOZINSKI							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
15608 LAKE AVE.						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	100. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
SEAN RILEY							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1096 HOMEWOOD						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	700. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
TONY DIMACCHIA							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1602 ELBUR						CASH	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	300. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
MICHAEL BAW							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1527 ELBUR						CK	
City	State	Zip Code	M	D	Y	Amount	
LAKWOOD	OH	44107	10	23	07	40. ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
ROLAND DEMONTE							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Lake Ave.						CK	
City	State	Zip Code	M	D	Y	Amount	
Lakewood	OH	44107	10	23	07	50. ⁰⁰	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							
Full Name of Contributor GAYLE Wellman						Registration Number, if PAC	
Street Address 1544 Rockway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood		State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰
Full Name of Contributor Greg Popovich						Registration Number, if PAC	
Street Address 22666 BRISCOE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Rocky River		State OH	Zip Code 44116	M 10	D 23	Y 07	Amount 50. ⁰⁰
Full Name of Contributor MEGAN FOX						Registration Number, if PAC	
Street Address 1326 ANDREW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City LAKWOOD		State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰
Full Name of Contributor THOMAS Gillespie						Registration Number, if PAC	
Street Address 2710 Detroit			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Cleveland		State OH	Zip Code 44113	M 10	D 23	Y 07	Amount 500. ⁰⁰
Full Name of Contributor LISA Mullen						Registration Number, if PAC	
Street Address 1224 Belle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood		State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 40. ⁰⁰
Full Name of Contributor FRIENDS to elect SCOTT Chausen						Registration Number, if PAC	
Street Address 55 Public Sq., #2222			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Cleveland		State OH	Zip Code 44113	M 10	D 22	Y 07	Amount 100. ⁰⁰
Full Name of Contributor MARK STOCKMAN						Registration Number, if PAC	
Street Address 1053 MAPLECHIFF			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood		State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 140. ⁰⁰
Full Name of Contributor Michael Fischer						Registration Number, if PAC	
Street Address 11830 Clifton			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Lakewood		State OH	Zip Code 44107	M 10	D 23	Y 07	Amount 100. ⁰⁰

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
FRIENDS OF FITZGERALD							Registration Number, if PAC
Full Name of Contributor Thomas Chauce							Form (Cash, Check, etc.)
Street Address 17482 LAKE AVE.			Employer/Occupation/Labor Organization*			Amount 60. ⁰⁰	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor JONATHAN MORGAN							Registration Number, if PAC
Street Address 2124 ATKINS							Form (Cash, Check, etc.)
City LAKEWOOD			Employer/Occupation/Labor Organization*			Amount 50. ⁰⁰	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor Ryan Nowlin							Registration Number, if PAC
Street Address 17420 WOODFORD							Form (Cash, Check, etc.)
City LAKEWOOD			Employer/Occupation/Labor Organization*			Amount 40. ⁰⁰	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor FRIENDS OF KATHY KELLY							Registration Number, if PAC
Street Address 6608 Woodhaven							Form (Cash, Check, etc.)
City Cleveland			Employer/Occupation/Labor Organization*			Amount 75. ⁰⁰	
City Cleveland	State OH	Zip Code 44144	M	D	Y	Form (Cash, Check, etc.) CK	
Full Name of Contributor KIM HAIKAL							Registration Number, if PAC
Street Address 13882 LAKE AVE.							Form (Cash, Check, etc.)
City LAKEWOOD			Employer/Occupation/Labor Organization*			Amount 100. ⁰⁰	
City LAKEWOOD	State OH	Zip Code 44107	M 10	D 23	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor Tini Kurmos							Registration Number, if PAC
Street Address 1071 Maplecliff							Form (Cash, Check, etc.)
City Lakewood			Employer/Occupation/Labor Organization*			Amount 75. ⁰⁰	
City Lakewood	State OH	Zip Code 44107	M 10	D 23	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor James Bayle							Registration Number, if PAC
Street Address 31399 FAIRVIEW DR.							Form (Cash, Check, etc.)
City Orange			Employer/Occupation/Labor Organization*			Amount 250. ⁰⁰	
City Orange	State OH	Zip Code 44022	M 10	D 04	Y 07	Form (Cash, Check, etc.) CK	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City			Employer/Occupation/Labor Organization*			Amount	
City	State OH	Zip Code	M	D	Y	Form (Cash, Check, etc.)	

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Stewart Ryan		Employer, Occupation, Labor Organization* videographer		Registration Number, if PAC			
Street Address 1218 Gladys		Description of Item or Service videography		M	D	Y	Fair Market Value 1,500.00
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor Robert Dobush		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 16103 Madison		Description of Item or Service office space		M	D	Y	Fair Market Value 450
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor Bill Trentel		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 1562 Mars		Description of Item or Service design graphics		M	D	Y	Fair Market Value 400
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

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

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Friends of Fitzgerald									
To Whom Owed P.S. Graphics					Prior Amount			Amt. Incurred this Period 134.38	
Address 11820 Detroit					Item or Purpose of Debt invitation			Outstanding Balance 134.38	
City Lakewood			State OH	Zip Code 44107		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	-
Registration Number, if PAC					0	8	0	3	07
					M	D	Y	-	-
To Whom Owed Phil Vedda & Sons Printing					Prior Amount			Amt. Incurred this Period 1,204.00	
					Address 12000 Berea Rd.				
City Cleveland Lakewood			State OH	Zip Code 44107		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	-
Registration Number, if PAC					0	8	3	1	07
					M	D	Y	-	-
To Whom Owed Ed Fitzgerald					Prior Amount			Amt. Incurred this Period 1,038.34	
					Address 1269 Overlook				
City Lakewood			State OH	Zip Code 44107		Payments This Period			
Date Debt was originally Incurred					Date			Amount	
					M	D	Y	\$	-
Registration Number, if PAC					0	7	0	3	07
					M	D	Y	-	-

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ ~~88.72~~ ^{2376.72} (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Friends of Fitzgerald									
To Whom Owed Tim Kormos					Prior Amount			Amt. Incurred this Period 88.42	
Address 1071 Maplecliff					Item or Purpose of Debt expense - fundraiser			Outstanding Balance 88.42	
City Lakewood			State OH		Zip Code 44107		Payments This Period		
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State OH		Zip Code		Payments This Period		
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State OH		Zip Code		Payments This Period		
Date Debt was originally Incurred					Date		Amount		
Registration Number, if PAC					M	D	Y	\$	
					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ ~~1,000.00~~ **88.42** (also record on cover page)
~~2,376.72~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
FRIENDS OF FITZGERALD										
To Whom Paid U.S. Postmaster						M	D	Y	Amount	
						0	9	24	07	3,040.23
Address				Purpose						
				Postage						
City		State		Zip Code		Check Number				
		OH				574				
To Whom Paid U.S. Postmaster						M	D	Y	Amount	
						0	9	27	07	3,040.
Address				Purpose						
				Postage						
City		State		Zip Code		Check Number				
		OH				575				
To Whom Paid U.S. Postmaster						M	D	Y	Amount	
						0	9	28	07	574.00
Address				Purpose						
City		State		Zip Code		Check Number				
		OH				576				
To Whom Paid U.S. Postmaster						M	D	Y	Amount	
						1	0	11	07	1,826.62
Address				Purpose						
City		State		Zip Code		Check Number				
		OH				578				
To Whom Paid Holly Lauch						M	D	Y	Amount	
						1	0	12	07	344.40
Address				Purpose						
17812 Naborsgeth				Beim Bursement						
City		State		Zip Code		Check Number				
Lakewood		OH		4407		579				
To Whom Paid City of Lakewood						M	D	Y	Amount	
						1	0	17	07	75.00
Address				Purpose						
12650 Detroit				Occupancy Permit						
City		State		Zip Code		Check Number				
Lakewood		OH		4400		580				
To Whom Paid Keda and Sons, Inc.						M	D	Y	Amount	
									1,204.00	
Address				Purpose						
12000 BEECH Road				4pg Newsletter Invoice # 13655						
City		State		Zip Code		Check Number				
CLEVELAND		OH		44111						
To Whom Paid Keda and Sons, Inc.						M	D	Y	Amount	
									3623.50	
Address				Purpose						
12000 BEECH Road				Print Absentee Ballot - Inv. # 13761						
City		State		Zip Code		Check Number				
CLEVELAND		OH		44111						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of FITZGERALD						M	D	Y	Amount
To Whom Paid Koda & Sons, Inc.									983.63 ✓
Address 1200 BEREA ROAD		Purpose Printing - Inv. # 13776							
City CLEVELAND		State OH	Zip Code 44111		Check Number				
To Whom Paid Koda & Sons, Inc.						M	D	Y	Amount
Address 1200 BEREA ROAD						Purpose Printing			
City CLEVELAND		State OH	Zip Code 44111		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of FitzGerald																							
From Whom Received Edward FitzGerald						Prior Amount 199.25			Amt. Incurred this Period n/a														
Address 1269 Overlook									Outstanding Balance \$ 199.25														
City Lakewood		State OH		Zip Code 44107		Loans Received This Period			Payments This Period														
						Date			Date														
						Amount			Amount														
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$							
1		0		25		99				M		D		Y									
Registration Number, if PAC						M			D			Y											
M						D			Y			M			D			Y					
Employer/Occupation/Labor Organization*						M			D			Y			M			D			Y		
M						D			Y			M			D			Y					

From Whom Received																							
Address						Prior Amount			Amt. Incurred this Period														
City									Outstanding Balance														
City		State		Zip Code		Loans Received This Period			Payments This Period														
						Date			Date														
						Amount			Amount														
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$							
										M		D		Y									
Registration Number, if PAC						M			D			Y											
M						D			Y			M			D			Y					
Employer/Occupation/Labor Organization*						M			D			Y			M			D			Y		
M						D			Y			M			D			Y					

From Whom Received																							
Address						Prior Amount			Amt. Incurred this Period														
City									Outstanding Balance														
City		State		Zip Code		Loans Received This Period			Payments This Period														
						Date			Date														
						Amount			Amount														
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$							
										M		D		Y									
Registration Number, if PAC						M			D			Y											
M						D			Y			M			D			Y					
Employer/Occupation/Labor Organization*						M			D			Y			M			D			Y		
M						D			Y			M			D			Y					

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

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

- 1 Total prior amount \$ 199.25
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 199.25 (To Form No. 30-A)