

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee MIKE SUMMERS FOR CITY COUNCIL							Registration Number, if PAC				
Full Name of Candidate C/O TIMOTHY LASKEY, TREASURER											
Street Address 12511 MADISON AVENUE					Office Sought CITY COUNCIL			District LAKEWOOD			
City LAKEWOOD					State OH		Zip Code 44107				
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		X		Pre-General	Post-General	Annual Year
	July		August		September		Termination				
Monthly		Monthly		Monthly							
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1	1	0	6	0	7

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

1. Amount brought forward from last report	\$	1,621.03	✓
2. Total monetary contributions (From Form No. 31-A)	\$	3,125.00	✓
3. Total other income (From Form No. 31-A-2)	\$	1,000.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	5,746.03	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	3,758.02	✓
6. Balance on hand (line 4 minus line 5)	\$	1,988.01	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	148.60	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	3,000.00	✓
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

Timothy Laskey, Treas
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Timothy Laskey

Date

10/25/07

Contribution pages 5

Expenditure pages 1

Other pages 3

Total pages 10

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor Angelo Privitera				Registration Number, if PAC		
Street Address 12700 Lake Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 13	Amount 200.00
Full Name of Contributor Jeffrey Therber				Registration Number, if PAC		
Street Address 1059 Homewood Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 14	Amount 50.00
Full Name of Contributor Mary Breiner				Registration Number, if PAC		
Street Address 1092 Homewood Dr		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 14	Amount 100.00
Full Name of Contributor William Dorsch				Registration Number, if PAC		
Street Address 1536 Chesterland Ave		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 14	Amount 50.00
Full Name of Contributor George Young				Registration Number, if PAC		
Street Address 1516 Parkway Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 17	Amount 25.00
Full Name of Contributor David Huffman				Registration Number, if PAC		
Street Address 1032 Wilbert Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 19	Amount 100.00
Full Name of Contributor David Anthony				Registration Number, if PAC		
Street Address 2076 Marlowe Ave		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 19	Amount 30.00
Full Name of Contributor Vincent Barra				Registration Number, if PAC		
Street Address 1270 Manor Park		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 20	Amount 50.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor Sandra Donahoe				Registration Number, if PAC		
Street Address 2067 Baxterly Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 30.00
Full Name of Contributor Jay Foran				Registration Number, if PAC		
Street Address 17612 Edgewater Dr		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 250.00
Full Name of Contributor Roberta Hendrick				Registration Number, if PAC		
Street Address 12915 Lake Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 125.00
Full Name of Contributor Favre for Lakewood Schools				Registration Number, if PAC		
Street Address 1452 Bunts Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 100.00
Full Name of Contributor James Latham				Registration Number, if PAC		
Street Address 2075 Baxterly Ave		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 100.00
Full Name of Contributor Daniel Brennan				Registration Number, if PAC		
Street Address 2175 Lakeland Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 50.00
Full Name of Contributor Thomas Sutton				Registration Number, if PAC		
Street Address 14013 Clifton Blvd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 40.00
Full Name of Contributor Thomas O'Dougherty, Jr.				Registration Number, if PAC		
Street Address 1264 Manor Park Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2007	Amount 25.00

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appear. R.C. 3517.10(B)(4)

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor Keith Davey				Registration Number, if PAC		
Street Address 14012 Lakewood Heights		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 Mary Coleman				Registration Number, if PAC		
Street Address 21160 W. Wagar Circle		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Rocky River	State OH	Zip Code 44116	M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Eilizabeth Stewart				Registration Number, if PAC		
Street Address 1050 Nicholson		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 Paula Reed				Registration Number, if PAC		
Street Address 1208 Manor Park		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Lainie Breiner				Registration Number, if PAC		
Street Address 17700 Lakewood Heights Blvd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor Tom Wagner				Registration Number, if PAC		
Street Address Abbieshire Blvd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Sara Cheheyl				Registration Number, if PAC		
Street Address 1070 Wilbert Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 150.00
Full Name of Contributor Kenneth Laino				Registration Number, if PAC		
Street Address 1048 Homewood Drive		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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appear. R.C. 3517.10(B)(4)

Page Total \$	<u>345.00</u>
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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor Anthony Lacerva				Registration Number, if PAC		
Street Address 1077 Wilbert Road		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 Vincent Falcone				Registration Number, if PAC		
Street Address 1055 Kirtland Lane		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 Hugh Campbell				Registration Number, if PAC		
Street Address 17819 Narragansett Avenue		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 James O'Leary				Registration Number, if PAC		
Street Address 1608 Clarence		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor William Gaydos				Registration Number, if PAC		
Street Address 14714 Detroit Avenue, Suite 202		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor James McDowell				Registration Number, if PAC		
Street Address 1115 Forest Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 0	Amount 100.00
Full Name of Contributor Mary Ann Sanders				Registration Number, if PAC		
Street Address 1076 Wilbert Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 0	Amount 50.00
Full Name of Contributor C. Nozomi Ikuta				Registration Number, if PAC		
Street Address 1232 Jackson Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 1	D 0	Y 0	Amount 30.00

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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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL							
Full Name of Contributor Anita Braves Fuller					Registration Number, if PAC		
Street Address 13513 Edgewater Drive			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood		State OH	Zip Code 44107		M 1	D 0	Y 1107
							Amount 75.00
Full Name of Contributor Patti Laskey					Registration Number, if PAC		
Street Address 1045 Wilbert Rd			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood		State OH	Zip Code 44107		M 1	D 0	Y 1107
							Amount 100.00
Full Name of Contributor Michael Mervart					Registration Number, if PAC		
Street Address 13410 Lake Ave			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood		State OH	Zip Code 44107		M 1	D 0	Y 1507
							Amount 200.00
Full Name of Contributor Cheryl Weaver					Registration Number, if PAC		
Street Address 1081 Nicholson Avenue			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood		State OH	Zip Code 44107		M 1	D 0	Y 1707
							Amount 100.00
Full Name of Contributor Pam Gallagher					Registration Number, if PAC		
Street Address 3820 West Valley Dr			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Fairview Park		State OH	Zip Code 44126		M 1	D 0	Y 1707
							Amount 100.00
Full Name of Contributor Mark Thomas					Registration Number, if PAC		
Street Address 32955 Seneca Drive			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Solon		State OH	Zip Code 44139		M 1	D 0	Y 1707
							Amount 50.00
Full Name of Contributor William Gaydos					Registration Number, if PAC		
Street Address 14714 Detroit Ave, Suite #202			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Lakewood		State OH	Zip Code 44107		M 1	D 0	Y 1707
							Amount 100.00
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

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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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name of Contributor LUCINDA EINHOUSE				Registration Number, if PAC		
Street Address 1064 SYLVAN AVENUE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City LAKWOOD	State OH	Zip Code 44107	M 1	D 0	Y 2	Amount 50.00
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
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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL						
Full Name MIKE SUMMERS			Registration Number, if PAC			
Address 1046 Wilbert Road	Type* LN		M 1	D 0	Y 17	Amount 1,000.00
City Lakewood	State OH	Zip Code 44107	Form(Cash,Check,etc) Check			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
MIKE SUMMERS FOR CITY COUNCIL												
To Whom Paid						M	D	Y	Amount			
Winking Lizard Tavern						0	9	2	0	0	7	300.37
Address			Purpose									
14018 Detroit Road			Rental of Room									
City		State	Zip Code		Check Number							
Lakewood		OH	44107		505							
To Whom Paid						M	D	Y	Amount			
North Coast Litho						0	9	2	7	0	7	752.50
Address			Purpose									
1444 East 49th Street			Printing Costs									
City		State	Zip Code		Check Number							
Cleveland		OH	44103		506							
To Whom Paid						M	D	Y	Amount			
North Coast Litho						1	0	0	1	0	7	1,773.41
Address			Purpose									
1444 East 49th Street			Printing & Mailing									
City		State	Zip Code		Check Number							
Cleveland		OH	44103		507							
To Whom Paid						M	D	Y	Amount			
North Coast Litho						1	0	0	3	0	7	853.99
Address			Purpose									
1444 East 49th Street			Printing & Mailing									
City		State	Zip Code		Check Number							
Cleveland		OH	44103		508							
To Whom Paid						M	D	Y	Amount			
Wendell Design Communications						1	0	1	1	0	7	65.00
Address			Purpose									
451 Queenswood Drive			Design & Artwork for Mailer									
City		State	Zip Code		Check Number							
Bay Village		OH	44140		509							
To Whom Paid						M	D	Y	Amount			
First Federal Lakewood						1	0	1	5	0	7	12.75
Address			Purpose									
14806 Detroit Avenue			Check Printing Costs									
City		State	Zip Code		Check Number							
Lakewood		OH	44107									
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee MIKE SUMMERS FOR CITY COUNCIL													
From Whom Received Mike Summers							Prior Amount 2,000.00		Amt. Incurred this Period 1,000.00				
Address 1046 Wilbert Road									Outstanding Balance 3,000.00				
City Lakewood		State OH	Zip Code 44107		Loans Received This Period			Payments This Period					
					Date		Amount	Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
		0	8	1	3	0	7	1	0	1	7	0	7
													0
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received							Prior Amount		Amt. Incurred this Period				
Address									Outstanding Balance				
City		State	Zip Code		Loans Received This Period			Payments This Period					
					Date		Amount	Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received							Prior Amount		Amt. Incurred this Period				
Address									Outstanding Balance				
City		State	Zip Code		Loans Received This Period			Payments This Period					
					Date		Amount	Date		Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

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

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

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full MIKE SUMMERS FOR CITY COUNCIL				
Full Name of Contributor Timothy Laskey		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 12511 Madison Avenue		Description of Item or Service Postage		M D Y Fair Market Value 1 0 1 0 0 7 2.05
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patti Laskey		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1045 Wilbert Road		Description of Item or Service Deposit Stamp		M D Y Fair Market Value 1 0 1 2 0 7 21.55
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Mary Holland		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 13920 Edgewater Dr		Description of Item or Service Meet Mike Coffee & Tea		M D Y Fair Market Value 1 0 1 6 0 7 125.00
City Lakewood		State OH	Zip Code 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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[R.C. 3517.10(B)(4)]