



1063

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name The Committee to elect Beth Henley		Office Sought 1st Ward Council		District Lorain
Street Address 2891 Cleveland Blvd		City Lorain	State OH	Zip 44052
Candidate Name OR PAC Registration Number Beth J Henley		Treasurer Name Joseph Trach		Election Date (MM/DD/YYYY) 11/1/2021
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2021
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	1,178.79
2. Total monetary contributions (From Forms 31-A and 31-E)	1,450.00
3. Total other income (From Form 31-A-2)	400.00
4. Total funds available (sum of lines 1, 2, 3)	3,028.79
5. Total monetary expenditures (From Forms 31-B and 31-F)	1,277.51
6. Balance on hand (line 4 minus line 5)	1751.28
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	400.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2021 OCT 21 PM 3:29
 LORAIN COUNTY BOARD OF ELECTIONS

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
 WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

10/21/21
 Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
2

Total Pages
4

Last Updated 09/2017



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee The Committee to Elect Beth Henley				
Full Name of Contributor Jonathon Stephanchick			Registration Number, if PAC N/A	
Street Address 3796 Parkside Circle East		Employer/Occupation/Labor Organization* Firefighter		Form (Cash, Check, etc.) Check
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Date (MM/DD/YYYY) 04/15/21	Amount 50.00
Full Name of Contributor Pete Falbo			Registration Number, if PAC N/A	
Street Address 5839 Whispering Pines Pl.		Employer/Occupation/Labor Organization* Colorado Avenue Partners, LLC		Form (Cash, Check, etc.) Check
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Date (MM/DD/YYYY) 04/22/21	Amount 500.00
Full Name of Contributor John Marrero			Registration Number, if PAC N/A	
Street Address 4698 Linda Lane		Employer/Occupation/Labor Organization* Firefighter		Form (Cash, Check, etc.) Check
City Sheffield Village	State OH <input type="checkbox"/>	Zip Code 44054	Date (MM/DD/YYYY) 08/09/21	Amount 200.00
Full Name of Contributor Lorain Professional Fire Fighters Local 267			Registration Number, if PAC N/A	
Street Address 1350 Broadway		Employer/Occupation/Labor Organization* Lorain Professional Fire Fighters Local 267		Form (Cash, Check, etc.) Check
City Lorain	State OH <input type="checkbox"/>	Zip Code 44052	Date (MM/DD/YYYY) 09/01/21	Amount 200.00
Full Name of Contributor Lorain Democratic Womens Club			Registration Number, if PAC N/A	
Street Address N/A		Employer/Occupation/Labor Organization* Lorain Democratic Womens Club		Form (Cash, Check, etc.) Check
City Lorain	State OH <input type="checkbox"/>	Zip Code 44053	Date (MM/DD/YYYY) 09/16/21	Amount 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 also appear. [R.C. 3517.10(B)(4)]

Page Total 1,450.00



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee The Committee to elect Beth Henley			
Full Name of Contributor Beth Henley		Registration Number, if PAC NW	
Street Address 2523 Cleveland Blvd	Type* Refund	Date (MM/DD/YYYY) 08/25/2021	Form (Cash, Check, etc.) check
City Lorain	State OH	Zip Code 44052	Amount 400.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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, 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.

Page Total \$ 400.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee The Committee to Elect Beth Henley			
To Whom Paid Lake Screen Printing		Date (MM/DD/YYYY) 08/05/21	Amount 500.00
Street Address 1924 Broadway		Purpose Election signs	
City Lorain	State OH	Zip Code 44052	Check Number 127
To Whom Paid Lorain Professional Fire Fighters Local 267		Date (MM/DD/YYYY) 08/12/21	Amount 200.00
Street Address 1350 Broadway Avenue		Purpose Sponsorship	
City Lorain	State OH	Zip Code 44052	Check Number 128
To Whom Paid Lake Screen Printing		Date (MM/DD/YYYY) 08/18/21	Amount 577.51
Street Address 1924 Broadway		Purpose Election signs and t-shirts	
City Lorain	State OH	Zip Code 44052	Check Number 129
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1,277.51



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee The Committee to elect Beth Henley						
From Whom Received Beth Henley				Prior Amount 0.00	Amt. Incurred this Period 400.00	
Street Address 2923 Cleveland Blvd					Outstanding Balance 400.00	
City Lorain	State OH	Zip Code 44052	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 08/25/21	Date of Loan (MM/DD/YYYY) 08/25/21	Amount 400.00	Date of Payment (MM/DD/YYYY) N/A	Amount 0.00		
Registration Number, if PAC N/A			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* 1st ward councilperson			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 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).

Total Prior Amount \$ 0.00

Total Received This Period \$ 400.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 400.00 (also record on Form 30-A)