

# **TERMINATED**

### **Ohio Campaign Finance Report**

Form 30-A

ORC 3517,10

Committee Name	Office Sought	District
The Committee to Elect Kern Kel	lu	
Street Address City	State Zip	
2241 Jusie Mrine Hudson	04 44236	
Candidate Name OR PAC Registration Number Treasurer Name	Election Date (MM	/DD/YYYY)
Kerii Keller P. Wesly &	Cambert 11/7/17	-
Type of Report (choose one):		
Annual Semiannual Pre-Primary Post-Primar	ry Pre-General Post-General	
Statewide Candidates Only:		Year
July Monthly August Monthly September Monthly		
Amended Report Termination Sh	ort Form Report (R.C. 3517.10(H))	
No Whes Check this box if the committee wishes to terminate with this report	Check this box if the committee is filing a short term report. See attached instructions.	
1. Amount brought forward from last report	(t)	
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 2300°0	
3. Total other income (From Form 31-A-2)	Ø	
4. Total funds available (sum of lines 1, 2, 3)	\$ 2300°D	en u
5. Total monetary expenditures (From Forms 31-B and 31-F)	# 4786.01	上。
6. Balance on hand (line Aminus (ne.5)	Ø 9	~
7. Value of in Rituriou traceived (From Form 31-J-1)	\$ 1187.19	
8. Value of in Alinu court builders made (From Form 31-J-2)	φ	
9. Outstanding loans owed by committee (From Form 31-C)	$\phi$	
10. Outstanding debts owed by committee (From Form 31-N)	$\phi$	
11. Outstanding loans owed to committee (From Form 31-K)	Ø	
12. Value of independent expenditures made (From Form 31-U	) Ø	
THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF		
Signature of Treasurer or Deputy Treasurer	12/14/17 Date (MM/DD/YYYY)	
Contribution Pages Expenditure Pages Other Pages	Tolal_Pages	
7	15 Last Upda	ated 09/2017
	includes the check	5
	- V V	

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F	ì.C	35	ξ7,	10

# **Statement of Contributions Received**

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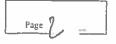
Prescribed by Secretary of State 03:05

Name of Committee in Full The Committee to E	lest	Kerri Ke	lle	
Many Hatcas	_		Registration Number, if Pa	AC
27441 Juston	Employer Occupat	tion/Labor Organization	oue o	Form (Cash, Check, etc.)
City Westlake	OH	Zip 44145	2 29 7	Amount
Full Name of Contributor  Moscen Cost			Registration Number, if Pa	AC .
Street Address 350 Abendun Lan	Employer/Occupat	ion/Labor Organization"		Form (Cash, Check, etc.)
City	State 01+	Zip Code YUZUZ	9 29 17	Amount
Full Name of Contributor  Casey Weinstein	1		Registration Number, if P/	AC .
Street Address V. M WLS+haue	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.)
Hudson, OH	State	Zip Code YUZ31	M7 29 12	Amount
Full Name of Contributor  Richard Harris		, , , , ,	Registration Number, if PA	NC .
Street Address 2751 Paddock Dr	Employer/Occupat	ion/Labor Organization	Davel	Form (Cash, Check, etc.)
City	State	YU333	9 29 17	Amount
Full Name of Contributor  Le Hry Heinta			Registration Number, if PA	C
Street Address 8170 Silver Lake Blud.	Employer Occupati	ion/Labor Organization*  4 - Browle Mc JZIn Code	Deulls	Form (Cash, Check, etc.)
Silver Lake	State O1+	21 Cod 4	M 29 7	Amount Chack
Full Name of Contributor Clair Wickensen			Registration Number, if PA	C
Street Address Addr Run	Employer/Occupati	ion/Labor Organization"		Form (Cash, Check, etc.)
Akm	State	र्यं ५५५३३	9 29 17	Amount
Full Name of Contributor Cathy maudu			Registration Number, if PA	C
Street Address He5 Archwood Us	Employer/Occupati	on/Labor Organization®		Form (Cash, Check, etc.)
wadsurth	State	44281	01 29 17	Amount
Full Name of Contributor  Amanda Le Wle	A -		Registration Number, if PA	c
Street Address 507 Hampshere	Employer/Occupati	on/Labor Organization*	·	Form (Cash, Check, etc.)
City Akun	OH	Zip Code Y4313	192917	Amount

<sup>\*</sup> 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)]

31-A R.C. 35(7.10

# **Statement of Contributions Received**



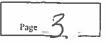
Prescribed by Secretary of State 03:05

Name of Committee in Full  Whe Committee	to 610	et Kerri	Kelle.	
Full Name of Contributor Charles Flaga			Registration Number, if P	AC
Street Address Jy Owen Brain St	Employer Occup	ation/Labor Organization		Form (Cash. Check, etc.)
Hudson Hudson	State /)H	Zip Code 44736	MOID 12	Amount
Full Name of Contributor  John Fairweather			Registration Number, if P	AC
Street Address 329 Glu DJ	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City AKWN	State	Zip Code UU313	M D Y	Amount
Full Name of Contributor  Namiel Lahler	1011	1 1 10 1	Registration Number, if P	
Street Address Hemashuse	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City Akan	State	Zip Gd 13 13	M D Y	Amount
Full Name of Contributor  Thomas Wynckl	<u> </u>		Registration Number, if Pa	AC
Street Address 2905 Woodhaun	Employer/Occupa	ntion/Labor Organization		Form (Cash, Check, etc.)
m edina	OH State	Zip Code 44256	102517	Amount
Full Name of Contributor Paral Rose			Registration Number, if Pa	AC
Street Address 2310 Oak 6/enn	Employer/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
Akron	State	Zip Code 44333	NO 2517	Amount
Full Name of Contributor  Meson Oldham			Registration Number, if P/	AC
Street Address 2130 Saxamore Rel	Employer/Occupa	tion/Labor Organization		Form (Cash. Check, etc.)
City	Sign	Zip Code 44313	102517	Amount
MICOL Stackless			Registration Number, if PA	AC .
Street Address 8018 Meadow Creek	Employer/Occupa	tion/Labor Organization®		Form (Cash, Check, etc.)
Cinchrati	State ()	Zip Code UB244	10 25 17	Amount
Full Name of Contributor  Me (an Raker)	,		Registration Number, if PA	vc .
449 Victora Ac drive	Employer/Occupa	tion/Labor Organization®		Form (Cash, Check, etc.)
Tall mady	State	Zip Code YN TAS	10 25 14	Amount

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31-A R.C 3517.10

# **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

	reservoed by beeren			
Name of Committee in Full The Committee	to al	led Kerri	Kelen.	
Full Name of Contributor  Wani'Ll WITH	31		Registration Number, if P	AC
Street Address 83 S. Haden Pky	Employer/Occup	ation/Labor Organization	<del>-</del> -	Form (Cash. Check. etc.)
City Hudson	04	Zip Code 4423(	10 1412	Amount
Full Name of Contributor			Registration Number, if P.	AC
Street Address 100 College St.	Employer/Occupa	ation/Labor Organization	·····	Form (Cash. Check, etc.)
City Hulson	State	Zip Code UU236	10 14 12	Amoun
Full Name of Contributor  Jo Wooldnida		1 44030	Registration Number, if P.	AC
Street Address 100 Called St.	Employer/Occupa	ation/Labor Organization		Form (Cash, Check, etc.)
City Huden	State ()	Zip Code	10 1617	Amount
Full Name of Contributor Victoria Wesley	0,11	1420()	Registration Number, if Pa	
Street Address 918 Namohn Ct.	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
Sagamon Hills	State	Zip Code VV130	M D Y	Amount
Full Name of Contributer Value Smith	-		Registration Number, if Pa	AC
Street Address 78 Hampton Ct	Employer/Occupa	ntion/Labor Organization*		Form (Cash. Check, etc.)
Sayamare H118	State	Zip Code 44734	M D Y	Amount
Full Name of Contributor  KMN ber 19 Valenti			Registration Number, if P/	AC .
Street Address P.O. Box 1149	1 11 1	ation/Labor Organization*		Form (Cash, Check, etc.)
City Hudgen	State () [-	121 Code 1473 10	M D Y	Amount
Full Name of Contributor  Llum Sucummum	1. V		Registration Number, if PA	
2 THE RICKED WA.	Employer/Occupa	tion/Labor Organization®	-	Form (Cash, Check, etc.)
AKRM	State	Zip Code 44353	M D Y	Amount
Full Name of Contributor Welkra Seawell			Registration Number, if PA	
Street Address 8474 Oli Myrucus Civel	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
Maudonia W	Olt	Zip Gode 4 056	M D Y	Amount

<sup>\*</sup> 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

Form 31-A

ORC 3517,10

Full Name of Committee		11 : 11	1.4			
The Committee to a	uct a	Kerri Kl				
Full Name of Committee  The Committee to U  Full Name of Contributor  Street Address				Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
					50.00	
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	50.00 Amount Cash	
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*	<u>.                                    </u>	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor	1	1		Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Cabor Or	ganization		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/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)]

# **Statement of Expenditures**

Page 5

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee to Elect	Keri d	elle				
The Image Grand			19	15	17	# 2000 CO
Address 1255 Carporate Write	Pumose	d materials				
Holland '	OH State	materials Zip Code 43528	Ch-or	Number 90	i	
The Imay Craip Address			12	14	17	#1918.48
1255 Corporato Whill	Purpose	d mattrials				
Holland	State	121p Cpd 528		Number		
To Whom Paid & Pri Lelley			M 12	14	净	15 8107.53
Address 2241 Jesse Drive	Purpose part	Tal loan Lepa	imer	J		- W 012 1 2
City Hudson,	OIF	Zip Code YY236		Number 0 Z		
Citizens Bant			My	D 12	17	Amount 9,99
Address 333 S. Broadway St. City a Kron	Purpose	KS	<u></u>			
City a Kren	Olf	Zip Code 4308	Check I	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check 1	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check ?	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose			100		
City	State	Zıp Code	Check ?	Vuniber	20	
To Whom Paid	1.7	1	M	D	Y	Amount
Address	Purpose		<u></u>			<u>'</u>
City	State	Zip Code	Check N	Vumber		

A 4796 (5)

<sup>4</sup> Total Outstanding Balance \$

# **Statement of Loans Received**



Prescribed by Sccretary of State 3 05

From Whom Received	nittle	70	2/1	سلي	- 70	200	, rell	Prior Ai	tauan		Amt. Incurred this Period
roth whom Received	Ke	1100	•				; Kelle	THOI AI	0		250000
2241	Jess	'e h	lni								Outstanding Balance Hogiven
" Hudson	St ate OH	Zip Cude	34	ı	Loar Date	ıs Receive	d This Period		Date	Payments	This Period Amount
Date Loan was originally Incurred	09	05	17	M	D	Y	S	N 12	14	17	\$ 867.53
legistration Number, if PAC		- 11	10.	М	D	Y	<u></u>	M	D	Y	
imployer Occupation Labor Organizat	tion*			М	Ď	Y		M	D	Ŷ	
rom Whom Received				- 10		39		Prior At	nount		Amt. Incurred this Period
Address							-	_			Outstanding Balance
ity	St ate	Zip Code		,	Loai Date	ns Receive	d This Period		Date	Payments	This Period
Onte Loan was	M	D	Y	M	D	Y	S	M	D	Y	\$
egistration Number, if PAC				М	Đ	Y		M	D	Y	
imployer Occupation Labor Organizat	tion*			M	D	Y		M	D	Y	
rom Whom Received		-	-		-		<u>.                                    </u>	Prior A	nount		Amt. Incurred this Period
Address											Outstanding Balance
Sily	St ate	Zip Code			1.091	ıs.Receive	d This Period			Payments.	This Period
Date Loan was	M	D	Y	M	Date D	Y	Amount 5	M	Date	Y	S
egistration Number, if PAC	l			М	D	Ý		M	D	Y	
imployer Occupation Labor Organizat	tion*			М	D	Y		M	D	Y	
Required for contributions from the individual's business, if any, t labor organization of which the e	ather than er	nployer sh	ould be lis	ited. If t	wo or m	ore empl	oyees contribute via				
a loan is forgiven, write "For acome (Form No. 31-A-2). Tr alance to the Cover page (Fo	ansfer total	of all pay									
Total prior amount \$			_								
Total received this period \$_	250	000		(To Fo	orm No	. 31-A-2	2)				
Total payments this period \$				(	To Fort	n No. 3	I-B)				
Total Outstanding Ralance \$	25	00 00			To For	m No. 3	()-A)				

(To Form No. 30-A)



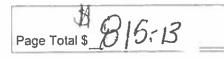


#### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee	to Elect	Keni Ke		
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value
City	State	Zip Code	Received at Fundraisi	ng Event?
Full Name of Gontributor  Helly Kelly		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)   Fair Market Value
2241 Jesse Dr.	news pape			10/15/17 \$500.00
City	State	Zip Code	Received at Fundraisi	ng Event?
Hudsch	UV	44236	Yes No	
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC
Kein Keller				
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value
2211 Jesse Mr.	facelsoo	c Fus		10/24/17 \$25000
City , A	State	Zip Code	Received at Fundraisi	ng Event?
Auden	04	44236	☐ Yes ☐ No	
Full Name of Contributor,		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
Levi Keller				
Street Address	Description of Item or S			Date (MM/DD/YYYY) Fair-Market-Value
2241 Jesse plr.	Thank you			9/17/17 \$47.99
City	State	Zip Code	Received at Fundraisi	ng Event?
Hudson _	01+	44236	Yes No	
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
Levi Lelle				
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value
2241 Tesse Wr.	avery 2	akels_		10/20/17 17.40
City	State	Zip Code	Received at Fundraisi	ng-Event?
Hudson	OH	44236	Yes DNO	

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# Page 6

#### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee	<del></del>	+			
	· I Color	1- 1/. "	1/11.		
The Committee	10 gur	1 Kelly	Killie		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, i	if PAC
Kern Keller					
Street Address	Description of Item or S			Date (MM/DD/YYYY)	Fair Market Value
2241 June Unill	Post	age		9/8/12	3.22
City 1/	State	Zip Code	Received at Fundraisi	ng Event?	
Hudson.	07+	44236	Yes No		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	f PAC
Keri Keller					
Street Address	Description of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value
2041 Jesse Nr.	BOE	fees		8 9 17	45.00
City	State	Zip Code	Received at Fundraisi	ng Event?	
Hudson	104	44236	Yes Mo		
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Keri Kelly					
Street Address	Description of Item or S	Service	<u>-</u>	Date (MM/DD/YYYY)	Fair Market Value
1241 Jesse Dr.	Wisclosur	1 Fells		10/16/17	25.00
City 1 A	State	Zip Code	Received at Fundraisi	ng Event?	
Audun	1017	14236	Yes Mo		
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Kein Keller					
Over 11 leave					
Street Address	Description of Item or S	Service		Date (MM/DD/YYY)	Fair Market Value
2241 Juse Mr.	Posta			Date (MM/DD/YYYY)	Fair Market Value
City 11	I ' 🛆 🕡		Received at Fundraisi		
2241 Jesse Mr.	Posta	ge	Received at Fundraisi		
2241 Jesse Mr.	Posta	9L   Zip Code   44236	1120		37.26
2241 Jesse Mr. Gity Hudson	Posta	9L   Zip Code   44236	Yes No	ng Event?	37.26
City Hudsen  Full Name of Contributor  Lever Kelley  Street Address	Posta	Zip Code Y4236 Employer, Occupation	Yes No	Registration Number,  Date (MM/DD/YYYY)	37.20 if PAC Fair Market Value
City Hudsen  Full Name of Contributor  Levi Keller	Posta State OH	Zip Code Y4236 Employer, Occupation	Yes No	ng Event?  Registration Number,	37.20
City Hudson  Full Name of Contributor,  Clusted Address  2241 Just M.  City Just M.	State OH	Zip Code  44236  Employer, Occupation  Service	Yes No	Registration Number,  Date (MM/DD/YYYY)  8/18/17	37.20 if PAC Fair Market Value
City Hudson  Full Name of Contributor,  Cluic Kelley  Street Address  2241 Just 14.	State OH  Description of Item or S  Website	Zip Code  44236  Employer, Occupation  Service  443  Service	Yes No	Registration Number,  Date (MM/DD/YYYY)  8/18/17	37.20 if PAC Fair Market Value

Page Total \$ 183,48

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### **In-Kind Contributions Received**

Form 31-J-1 R.C: 3517.10

Full Name of Committee	La Clark d	Va. 11.00	1.	
INCOMPRITULE	10 my 9	moxile	ll	
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
geni deller				
Street Address	Description of Item or	Service and	00)	Date (MM/DD/YYYY) Fair Market Value
2241 Jesse Mr.	mut a	Out Coll	Pastry	10/4/17 \$5000
City	State	Zip Code	Received at Fundraisi	ng Event?
Hudson	OH	44236	Yes No	
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
Levi Lelle				
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
2241 Jesse Dr.	Postage			10/31/17/138,58
City A	State	Zip Code	Received at Fundraisi	ng Event?
Andson	Olt	4436	Yes No	
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
	73			
City	State	Zip Code	Received at Fundraisi	ng Event?
•			Yes No	
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC
			•	
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
allest Aggless				,
City	State	Zip Code	Received at Fundraisi	ng Event?
			Yes No	
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value
City	State	Zip Code	Received at Fundraisi	ng Event?
<b>,</b>		,	Yes No	-
			100	

\* 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)]

Page Total \$	188.58
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