



Committee Name CITIZENS FOR AN INFORMED HUDSON		Office Sought		District
Street Address 7 MORNINGSONG LANE		City HUDSON	State OH	Zip 44236
Candidate Name OR PAC Registration Number #2670		Treasurer Name ROBERT P DREW		Election Date (MM/DD/YYYY) 05/07/2019

Type of Report (choose one):
 Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Year
2019

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	3949.45
2. Total monetary contributions (From Forms 31-A and 31-E)	1515.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	5464.45
5. Total monetary expenditures (From Forms 31-B and 31-F)	5058.92
6. Balance on hand (line 4 minus line 5)	405.53
7. Value of in-kind contributions received (From Form 31-J-1)	350.00
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

2019 JUN 13 PM 3:21
 #2992 @

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

Robert P Drew
 Signature of Treasurer or Deputy Treasurer

06/12/19
 Date (MM/DD/YYYY)

Contribution Pages 4	Expenditure Pages 2	Other Pages 1	Total Pages 7
-------------------------	------------------------	------------------	------------------



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON				
Full Name of Contributor ELIZABETH L MURPHY			Registration Number, if PAC	
Street Address 143 RAVENNA ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 04/23/19	Amount 50.00
Full Name of Contributor SUSAN L CARTER			Registration Number, if PAC	
Street Address 5827 FORTROSE CIRCLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/06/19	Amount 50.00
Full Name of Contributor GEORGE ROTH			Registration Number, if PAC	
Street Address 105 E STREETSBORO ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/13/19	Amount 100.00
Full Name of Contributor WILLIAM CURRIN			Registration Number, if PAC	
Street Address 32 LENNOX RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 04/29/19	Amount 50.00
Full Name of Contributor PETER EELLS			Registration Number, if PAC	
Street Address 7431 LACOSTA		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 06/28/19	Amount 100.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON				
Full Name of Contributor JAMES COWAN			Registration Number, if PAC	
Street Address 2292 DANBURY LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/20/19	Amount 60.00
Full Name of Contributor MICHAEL COBURN			Registration Number, if PAC	
Street Address 2511 CEDARWOOD CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/13/19	Amount 100.00
Full Name of Contributor WILLIAM CURRIN			Registration Number, if PAC	
Street Address 32 LENNOX RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/14/19	Amount 50.00
Full Name of Contributor THOMAS KING			Registration Number, if PAC	
Street Address 12 HUDSON COMMON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/13/19	Amount 75.00
Full Name of Contributor LAURA JONES			Registration Number, if PAC	
Street Address 63 YORK DRI		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/13/19	Amount 50.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON				
Full Name of Contributor VERITICAL RUNNER			Registration Number, if PAC	
Street Address 112 NORTH MAIN STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 04/30/19	Amount 125.00
Full Name of Contributor DC FORHAN			Registration Number, if PAC	
Street Address 7572 N MANNHEIM CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 04/30/19	Amount 250.00
Full Name of Contributor GREGORY WYBEL			Registration Number, if PAC	
Street Address 143 RAVENNA ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/21/19	Amount 100.00
Full Name of Contributor ROBERT P DREW			Registration Number, if PAC	
Street Address PO BOX 2256 66 E Streetsboro St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/20/19	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	Date (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)]



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON				
Full Name of Contributor ROBERT BELLIN			Registration Number, if PAC	
Street Address EMAIL RPBELLIN@GMAIL.COM		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ONLINE
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/15/19	Amount 100.00
Full Name of Contributor JOE CREEHAN			Registration Number, if PAC	
Street Address EMAIL CREEHAN@ROADRUNNER.COM		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ONLINE
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 05/08/19	Amount 100.00
Full Name of Contributor ANDREW MORSE			Registration Number, if PAC	
Street Address EMAIL ANDY@OHIOAWNING.COM		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ONLINE
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 04/30/19	Amount 30.00
Full Name of Contributor JACK BROOKHART			Registration Number, if PAC	
Street Address EMAIL JACKBROOKHART@GMAIL.COM		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ONLINE
City HUDSON	State OH <input type="checkbox"/>	Zip Code 44236	Date (MM/DD/YYYY) 4/30/19	Amount 25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON			
To Whom Paid GATEHOUSE MEDIA-RECORD PUBLISHING		Date (MM/DD/YYYY) 04/18/19	Amount 3,173.74
Street Address 1050 W MAIN ST		Purpose ADVERTISING	
City KENT	State OH	Zip Code 44240	Check Number 11006
To Whom Paid MAYFIELD GROUP		Date (MM/DD/YYYY) 04/25/19	Amount 390.90
Street Address 27100 RICHMOND RD UNIT 11		Purpose YARD SIGNS	
City CLEVELAND	State OH	Zip Code 44139	Check Number 1007
To Whom Paid RECORD COURIER		Date (MM/DD/YYYY) 05/15/19	Amount 975.38
Street Address 1050 W MAIN ST PO BOX 719		Purpose ADVERTISING	
City WOOSTER	State OH	Zip Code 44691	Check Number 1008
To Whom Paid NICOLE KOWALSKI		Date (MM/DD/YYYY) 06/06/19	Amount 458.61
Street Address 276 ATTERBURY BLVD		Purpose ONLINE SEARCH FEES	
City HUDSON	State OH	Zip Code 44236	Check Number 1009
To Whom Paid FIRST NATIONAL BANK		Date (MM/DD/YYYY) MARCH, APRIL, MAY	Amount 11.85
Street Address 80 W STREETSBORO ST		Purpose MONTHLY SERVICE CHARGES	
City HUDSON	State OH	Zip Code 44236	Check Number N/A

Page Total \$ 5010.48



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR AN I8NF0RMED HUDSON			
To Whom Paid STRIPE		Date (MM/DD/YYYY) MARCH, APRIL, MAY	Amount 48.44
Street Address		Purpose FEES FOR DONATING ONLINE	
City	State OH	Zip Code	Check Number N/A
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
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 \$ 48.44



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee CITIZENS FOR AN INFORMED HUDSON				
Full Name of Contributor NICOLE KOWALSKI		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 276 ATTERBURY BLVD		Description of Item or Service ONLINE SEARCH FEES/ IN KIND		Date (MM/DD/YYYY) Fair Market Value 04/30/19 350.00
City HUDSON		State OH	Zip Code 44236	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		Date (MM/DD/YYYY) 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		Date (MM/DD/YYYY) 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		Date (MM/DD/YYYY) 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		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 350.00