OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Friends of Shorter Griffin	City Council	

Street Address	City	State	Zip
225 Stanley Ave	Barberton	oh	44203

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Shorter Griffin	Shorter Griffin	09/10/19

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	**Termination**	**Short Form Report** (R.C. 3517.10(H))
☒ No ☐ Yes	☐ 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	
2. Total monetary contributions (From Forms 31-A and 31-E)	2435.00
3. Total other income (From Form 31-A-2)	6720.00
4. Total funds available (sum of lines 1, 2, 3)	9155.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	7763.35
6. Balance on hand (line 4 minus line 5)	1391.65
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	$6720.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

#37110

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

Signature of Treasurer or Deputy Treasurer

08/27/19
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
6	5	1	12

OFFICE OF THE
Ohio Secretary of State

Date 06/27/19 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

To Whom Paid M&M Taphouse	Date (MM/DD/YYYY) 06/27/19	Amount 176.87

Street Address 523 West Tuscarawas Avenue	Purpose Food for Fundraiser

City Barberton	State OH	Zip Code 44203	Check Number 1502

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total $ 176.87

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor	Registration Number, if PAC			
Leon Ricks				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
118 First St SE				Casj
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Barberton	OH	44203	07/01/19	50.00

Full Name of Contributor	Registration Number, if PAC			
Melissa C. Dean				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3857 Heron Watch				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44319	07/11/19	35.00

Full Name of Contributor	Registration Number, if PAC			
Kenneth R Cox				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
869 Arroyo Dr				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Barberton	OH	44203	07/16/19	50.00

Full Name of Contributor	Registration Number, if PAC			
(Contributions from form 31E)				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
			06/27/19	2300.00

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)]

Page Total $2435.00

OFFICE OF THE
Ohio Secretary of State

Event Date 6/27/19 Page 1

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor			Registration Number, if PAC	
Charles Debose				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2794 Valley Rd			06/27/19	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
Cuyahoga Falls	OH	44223	Check	

Full Name of Contributor			Registration Number, if PAC	
Essie M. Adams				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
928 Morningstar Dr.			06/24/19	10.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44307	Check	

Full Name of Contributor			Registration Number, if PAC	
Thomas W. Bevan				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
530 Meadow Ridge Way			06/26/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Boston Hts	OH	44236	Check	

Full Name of Contributor			Registration Number, if PAC	
Margaret Scott				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3776 Fairway Park DR			06/27/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Copley	OH	44321	Check	

Full Name of Contributor			Registration Number, if PAC	
Norma Jean Grigalunas				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1544 Harden DR			06/27/19	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 210.00

OFFICE OF THE
Ohio Secretary of State

Event Date 6/27/19 Page 2

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor			Registration Number, if PAC	
Sandra J. Kurt				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
140 Mayfield Ave			06/27/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44203	Check	
Full Name of Contributor			Registration Number, if PAC	
Friends of Kristen M. Scalise				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
274 Harvest DR			06/25/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44333	Check	
Full Name of Contributor			Registration Number, if PAC	
Terry L Avant				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1066 Belleview Ave			06/27/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	
Full Name of Contributor			Registration Number, if PAC	
Wilbur L Frey Jr				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1657 Harden DR			06/27/19	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	
Full Name of Contributor			Registration Number, if PAC	
Tim S Crawford				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4109 Cleveland Massillon RD			06/26/19	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Norton	OH	44203	Check	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 315.00

OFFICE OF THE
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Event Date 06/27/19 Page 3

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor	Registration Number, if PAC			
Stephanie R Sykes				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
750 Dahlia Circle			06/27/19	75.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Barberton	OH	44203	Check	

Full Name of Contributor	Registration Number, if PAC			
Colleen B Kelly				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
320 Westberry Circle			06/27/19	50.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Tallmadge	OH	44278	Check	

Full Name of Contributor	Registration Number, if PAC			
William Paul Bezbatchenko				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2093 Newberry ST APT 1			06/27/19	35.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Cuyahoga Falls	OH	44221	Check	

Full Name of Contributor	Registration Number, if PAC			
Paul F Adamson				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
4839 Encino DR			06/27/19	125.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
New Franklin	OH	44319	Check	

Full Name of Contributor	Registration Number, if PAC			
Michael E Vinay				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
1493 Wilsonway			06/27/19	75.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Barberton	OH	44203	Check	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 360.00

Statement of Contributions Received at a Social or Fund-Raising Event - **Form 31-E**

The Statement of Contributions for a Social or Fund-Raising Event form is used when a specific event is held on a specific date. It is not uncommon for activity from one event to appear in more than one report because the dates sometimes overlap a reporting deadline [R.C. 3517.10(B)].

The date that the event was held should appear on the line at the top of the page labeled Event Date.

The treasurer is responsible for tracking everything received and expended regardless of whether it must appear within the report. "Passing the hat" or similar practices should not be used unless detailed records are kept. Treasurers are responsible for ensuring that anyone collecting contributions is properly trained to obtain names, addresses, amounts and dates relevant to all contributions. Pursuant to an investigation, the board of elections or secretary of state may request to see an itemized list of all contributors [R.C. 3517.10(D)].

Political parties are exempt from listing contributor addresses.

Ongoing efforts to raise funds, such as continuous sales of T-shirts or cookbooks, are not fund-raising events. All contributions from such methods should appear on the general Statement of Contributions and are not exempt from itemization.

Fund-raising events may *not* be combined. Each fund-raising event must be reported on its own Statement of Contributions Received at a Social or Fund-Raising Event form and Statement of Expenditures for Social or Fund-Raising Event form.

The names and street address of contributors who give a total of $25 or less at a particular fund-raising event do not have to be itemized in the report. Such an entry should read "Contributors of $25 or less." *Do not* report selling "30 tickets at $10 each." There is no way to determine how many tickets one person purchased from a statement based on ticket price [R.C. 3517.10(B)(4)(e)].

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2005, would appear as 03 09 05.

A contribution received from a statewide PAC must list its registration number. A contribution from a Federal PAC may include the Federal PAC registration number. The registration number block may also be used to list that a contribution was received from a political contributing entity (PCE) or local PAC, both of which do not have a registration number.

The Employer/Occupation/Labor Organization block must be used by Statewide or General Assembly candidates when they have received individual contributions greater than $100. If the contributor is self-employed, the occupation and the name of the individual's business, if any, rather than the employer, should be provided. However, **all filers** may use the block for contributions received in any amount from a partnership or unincorporated business when the name of the person as well as the business is required to be provided.

If public officeholders receive employee contributions relative to an event, the total should be transferred to this form from the Contributors in Officeholders' Employ form. In either case, the contribution should be counted only once.

At the bottom of the fund-raising form is a place to summarize the monetary activity of the event. Only one set of these "summary boxes" should be completed per event during a reporting period. Place the total of all the money received relative to that particular event during the reporting period in the first box. The **total** contributions received during the event should be transferred to the Statement of Contributions Received (Form 31-A) along with the date of the event. The second box should list the total of the money spent on that event during the reporting period.

OFFICE OF THE
Ohio Secretary of State

Event Date 06/27/19 Page 4

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor	Registration Number, if PAC			
Cheryl Hanzel				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
619 E Cassell AVE			06/27/19	20.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	
Full Name of Contributor	Registration Number, if PAC			
John F Galonski				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1137 Allendale Ave			06/27/19	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44306	Check	
Full Name of Contributor	Registration Number, if PAC			
Elizabeth B Wilson				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
791 N Azalea Blvd			06/27/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	
Full Name of Contributor	Registration Number, if PAC			
Friends of William Judge				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
476 E State ST			06/27/19	500.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	
Full Name of Contributor	Registration Number, if PAC			
Joseph M Stefan				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3646 Woodlawn Dr			06/27/19	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Norton	OH	44203	Check	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 735.00

OFFICE OF THE
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Event Date 6/27/19 Page 5

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor			Registration Number, if PAC	
Joyce L Barron				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
138 Norman			06/27/19	40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	

Full Name of Contributor			Registration Number, if PAC	
Diane L Street				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
649 Mesa Verde Dr.			06/27/19	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	

Full Name of Contributor			Registration Number, if PAC	
Patricia Zarle				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
276 7th ST NW			06/27/19	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	

Full Name of Contributor			Registration Number, if PAC	
Sykes For Office				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
133 Furnace Run Drive			06/27/19	200.00
City	State	Zip Code	Form (Cash, Check, Etc	
Akron	OH	44203	Check	

Full Name of Contributor			Registration Number, if PAC	
Paula M Kallio				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
699 Wisteria Dr.			06/26/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Check	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 415.00

OFFICE OF THE
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Event Date 06/27/19 Page 6

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Friends of Shorter Griffin

Full Name of Contributor			Registration Number, if PAC	
Mike Moore				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3394 E Tuscarawas Ave Ext			06/27/19	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Cash	
Full Name of Contributor			Registration Number, if PAC	
Nina Angeloff				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
756 E Ford Ave			06/27/19	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Barberton	OH	44203	Cash	
Full Name of Contributor			Registration Number, if PAC	
Contributions of cash under $25.00				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			06/27/19	140.00
City	State	Zip Code	Form (Cash, Check, Etc	
			cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 265.00

OFFICE OF THE
Ohio Secretary of State

Statement of Loans Received

Form 31-C
R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

From Whom Received	Prior Amount	Amt. Incurred this Period
Shorter Griffin		

Street Address		Outstanding Balance
225 Stanley Ave		6720.00

City	State	Zip Code
Barberton	OH	44203

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Amount
05/23/19	05/23/19	1720.00		0.00
Registration Number, if PAC	06/04/19	5000.00		0.00
Employer/Occupation/Labor Organization*				0.00

From Whom Received	Prior Amount	Amt. Incurred this Period

Street Address		Outstanding Balance

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

* 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)]

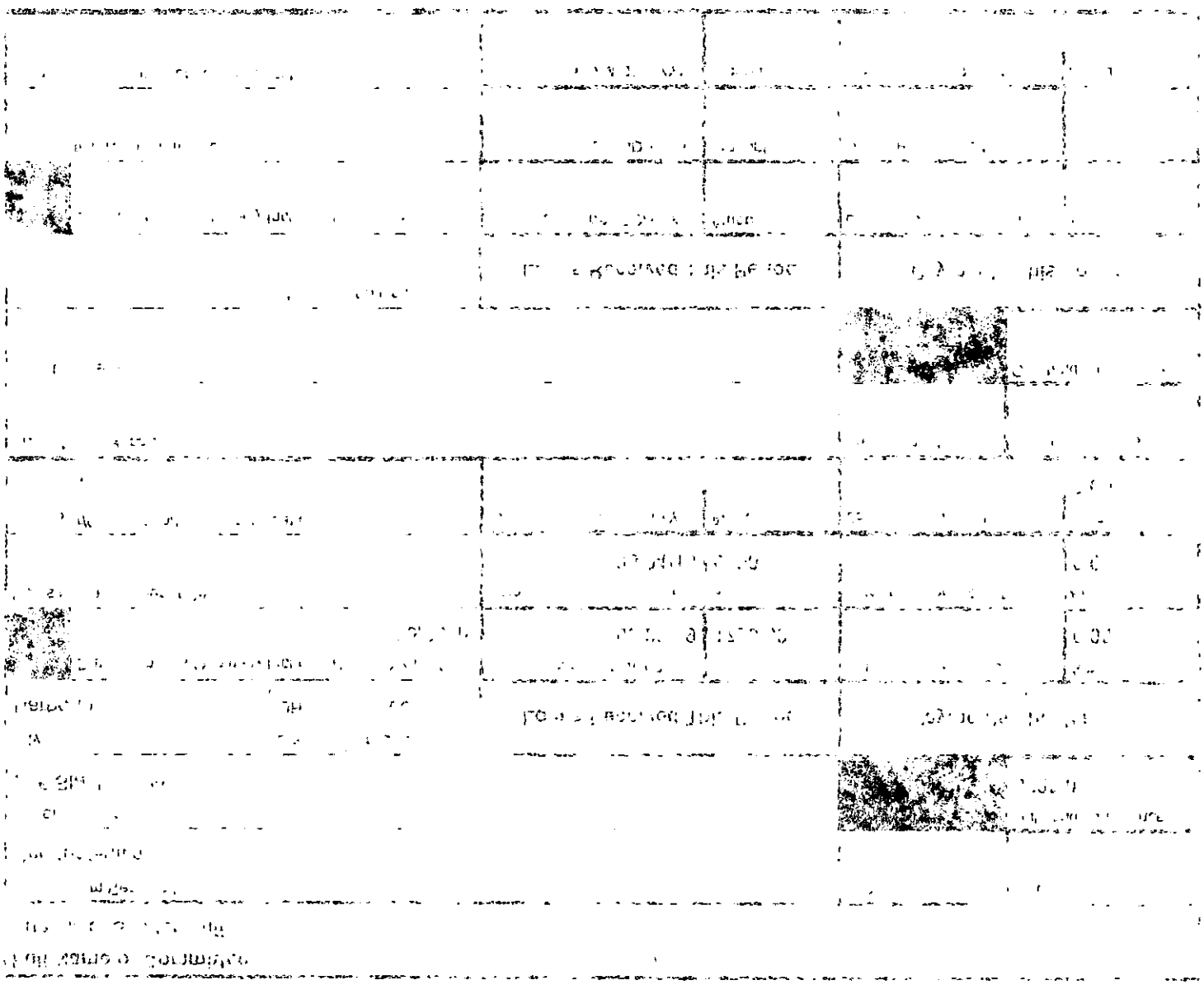
If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance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

Total Prior Amount $ 6720.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

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

Total Outstanding Balance $ 6720.00 (also record on Form 30-A)



OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

To Whom Paid	Date (MM/DD/YYYY)	Amount
Summit County Democratic Party	06/24/19	300.00

Street Address	Purpose
438 Grant St	Donation

City	State	Zip Code	Check Number
Akron	OH	44311	1501

To Whom Paid	Date (MM/DD/YYYY)	Amount
Invictus LLP	06/27/19	1,600.00

Street Address	Purpose
112 Franklin St	Political & Public Consulting

City	State	Zip Code	Check Number
Clarksville	TN	37040	1503

To Whom Paid	Date (MM/DD/YYYY)	Amount
Barberton Print Craft	07/01/19	236.44

Street Address	Purpose
520 Wooster Rd W	T Shirts

City	State	Zip Code	Check Number
Barberton	OH	44203	1504

To Whom Paid	Date (MM/DD/YYYY)	Amount
Friends of Tavia Galonski	07/06/19	35.00

Street Address	Purpose
1137 Allendale Ave	Donation

City	State	Zip Code	Check Number
Akron	OH	44306	1505

To Whom Paid	Date (MM/DD/YYYY)	Amount
Invictus LLP	07/18/19	2,000.00

Street Address	Purpose
112 Franklin St	Political & Public Affairs Consulting

City	State	Zip Code	Check Number
Clarksville	TN	37040	1506

Page Total $ 4171.44

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B
R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

To Whom Paid	Date (MM/DD/YYYY)	Amount
K E M Printing	07/23/19	25.00

Street Address	Purpose
564 W Tuscarawas Ave	Printing Services

City	State	Zip Code	Check Number
Barberton	OH	44203	1507

To Whom Paid	Date (MM/DD/YYYY)	Amount
Barberton Community Foundation	07/24/19	100.00

Street Address	Purpose
460 W Paige Ave	Donation

City	State	Zip Code	Check Number
Barberton	OH	44203	1508

To Whom Paid	Date (MM/DD/YYYY)	Amount
A List Promotions	07/30/19	1,063.23

Street Address	Purpose
1532 E Market St	Signs

City	State	Zip Code	Check Number
Akron	OH	44305	1509

To Whom Paid	Date (MM/DD/YYYY)	Amount
B L T	08/02/19	101.41

Street Address	Purpose
564 W Tuscarawas Ave	Printing Services

City	State	Zip Code	Check Number
Barberton	OH	44203	1510

To Whom Paid	Date (MM/DD/YYYY)	Amount
City of Barberton	08/05/19	150.00

Street Address	Purpose
576 W Park Ave	Permit

City	State	Zip Code	Check Number
Barberton	OH	44203	1511

Page Total $ 1,439.64

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

To Whom Paid	Date (MM/DD/YYYY)	Amount
Barberton Printcraft	08/06/19	63.00

Street Address	Purpose
520.Wooster Rd W	T Shirts

City	State	Zip Code	Check Number
Barberton	OH	44203	1512

To Whom Paid	Date (MM/DD/YYYY)	Amount
B L T	08/23/19	101.41

Street Address	Purpose
564 W Tuscarawas Ave	Printing Services

City	State	Zip Code	Check Number
Barberton	OH	44203	1516

To Whom Paid	Date (MM/DD/YYYY)	Amount
City of Barberton	08/23/19	50.00

Street Address	Purpose
500 W Hopocan Ave	Parade fee

City	State	Zip Code	Check Number
Barberton	OH	44203	1515

To Whom Paid	Date (MM/DD/YYYY)	Amount
P N C Bank	08/01/19	21.00

Street Address	Purpose
3379 Manchester Rd	Bank fees

City	State	Zip Code	Check Number
Akron	OH	44319	Deducted

To Whom Paid	Date (MM/DD/YYYY)	Amount
P N C Bank	06/20/19	19.99

Street Address	Purpose
3379 Manchester Rd	Checks

City	State	Zip Code	Check Number
Akron	OH	44319	Deducted

Page Total $ 255.40

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Shorter Griffin

To Whom Paid	Date (MM/DD/YYYY)	Amount
Invictus LLP	05/23/19	1600.00

Street Address	Purpose
112 Franklin St	Political & Public Consulting

City	State	Zip Code	Check Number
Clarksville	TN	37040	3378607 bank check

To Whom Paid	Date (MM/DD/YYYY)	Amount
TRI COUNTY REGIONAL LABOR COUNCIL	05/23/19	120.00

Street Address	Purpose
720 Wolf Ledges	Awards Dinner Donation

City	State	Zip Code	Check Number
Akron	OH	44311	3378607 bank check

To Whom Paid	Date (MM/DD/YYYY)	Amount
"Expenditures from form 31-F"	06/27/19	176.87

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 1896.87