

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Gary Norton						Registration Number, if PAC			
Full Name of Candidate GARY A Norton									
Street Address 16000 Terrace Rd.						Office Sought M Mayor		District	
City East Cleveland						State Ohio	Zip Code 44112		
		<input checked="" type="checkbox"/> Pre-Primary		<input type="checkbox"/> Post-Primary		<input type="checkbox"/> Pre-General		<input type="checkbox"/> Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				M	D	Y	2

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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	\$	
	\$	6075.00
	\$	
	\$	
	\$	5072.58
	\$	1002.42
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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.

Michael Smealy
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Smealy
Signature

9-19-13
Date

Contribution pages 4

Expenditure pages 8

Other pages _____

Total pages 12

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends of Gary Norban</u>							Registration Number, if PAC	
Full Name of Contributor <u>MICHA Letson</u>							Registration Number, if PAC	
Street Address <u>16212 Greyton</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>E. Cleve</u>		State <u>Oh</u>	Zip Code <u>44112</u>		M <u>08</u>	D <u>21</u>	Y <u>13</u>	Amount <u>500.00</u>
Full Name of Contributor <u>Tilmon Brown</u>							Registration Number, if PAC	
Street Address <u>32281 Brandon Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>Avon Lake</u>		State <u>Oh</u>	Zip Code <u>44012</u>		M <u>08</u>	D <u>04</u>	Y <u>13</u>	Amount <u>500.00</u>
Full Name of Contributor <u>Brandon King</u>							Registration Number, if PAC	
Street Address <u>1735 Elsinore</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <u>E. Cleve</u>		State <u>Oh</u>	Zip Code <u>44112</u>		M <u>07</u>	D <u>01</u>	Y <u>13</u>	Amount <u>100.00</u>
Full Name of Contributor <u>Dale Rothenberger</u>							Registration Number, if PAC	
Street Address <u>22486 Newbury</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>E. Cleve</u>		State <u>Oh</u>	Zip Code		M <u>08</u>	D <u>25</u>	Y <u>13</u>	Amount <u>50</u>
Full Name of Contributor <u>Tyrone McBurnis</u>							Registration Number, if PAC	
Street Address <u>16000 S. Woodland</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>Shaker Hts</u>		State <u>Ohio</u>	Zip Code		M <u>09</u>	D <u>17</u>	Y <u>13</u>	Amount <u>400.00</u>
Full Name of Contributor <u>Garden Hay</u>							Registration Number, if PAC	
Street Address <u>15803 Oakhill</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>E. Cleve</u>		State <u>Oh</u>	Zip Code <u>44112</u>		M <u>09</u>	D <u>16</u>	Y <u>13</u>	Amount <u>100.00</u>
Full Name of Contributor <u>Joseph Murdeca</u>							Registration Number, if PAC	
Street Address <u>2020 Taylor Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>		
City <u>E. Cleve</u>		State <u>Oh</u>	Zip Code <u>44112</u>		M <u>08</u>	D <u>11</u>	Y <u>13</u>	Amount <u>50.00</u>
Full Name of Contributor <u>08-10-13 Fundraiser</u>							Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Checks</u>		
City		State	Zip Code		M	D	Y	Amount <u>4375</u>

* 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 at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			Registration Number, if PAC	
Friends of Gary Norton				
Full Name of Contributor Hillary Taylor			Registration Number, if PAC	
Street Address 5918 Linwood	Employer/Occupation/Labor Organization*		M D Y 08 10 13	Amount 200.00
City Cleveland	State OH	Zip Code 441103	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Norton			Registration Number, if PAC	
Street Address 11417 Wadepark			Registration Number, if PAC	
City Cleveland	State OH	Zip Code 44106	M D Y 08 10 13	Amount 200.00
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Pinkney			Registration Number, if PAC	
Street Address 2802 Van Aken			Registration Number, if PAC	
City Cleveland	State OH	Zip Code 44120	M D Y 08 10 13	Amount 150.00
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mete Gordon Election Committee			Registration Number, if PAC	
Street Address			Registration Number, if PAC	
City	State	Zip Code	M D Y 08 10 13	Amount 150.00
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dawn Ali			Registration Number, if PAC	
Street Address 6012 White Pine Dr.			Registration Number, if PAC	
City Bedford Hills	State OH	Zip Code 44146	M D Y 08 10 13	Amount 25.00
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
Full Name of Contributor Jerry Wayne			Registration Number, if PAC	
Street Address 1350 Euclid Av			Registration Number, if PAC	
City Cleveland	State OH	Zip Code 44115	M D Y 08 10 13	Amount 1000.00
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
Full Name of Contributor 08-10-13 Fundraiser			Registration Number, if PAC	
Street Address			Registration Number, if PAC	
City	State	Zip Code	M D Y	Amount 4
Employer/Occupation/Labor Organization*			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

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Total expenditures this event.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Gary Miller			
Full Name of Contributor Dawn Whitright		Registration Number, if PAC	
Street Address 1255 Belvoir Rd	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City Cleveland	State Zip Code Oh 44121	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hilton Murray		Registration Number, if PAC	
Street Address 3246 Clarendon Rd	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City Cleve Hts	State Zip Code Oh 44118	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronald Rife		Registration Number, if PAC	
Street Address 4101 Washington	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City University Hts	State Zip Code Oh 44118	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patricia Sullivan		Registration Number, if PAC	
Street Address 1255 S Belvoir	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City S. Euclid	State Zip Code Oh 44121	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sheila Murray		Registration Number, if PAC	
Street Address 3246 Clarendon	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City Cleve Hts	State Zip Code Oh 44118	Form (Cash, Check, etc.) Check	
Full Name of Contributor West-O-PAC		Registration Number, if PAC OH455	
Street Address 1301 E 9th St	Employer/Occupation/Labor Organization*	M D Y 08 10 13	Amount 100.00
City Cleve	State Zip Code Oh 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vanuel McCarty		Registration Number, if PAC	
Street Address 55423 Wimbledon	Employer/Occupation/Labor Organization*	M D Y 08 08 13	Amount 100.00
City Beachwood	State Zip Code Oh 44112	Form (Cash, Check, etc.) Check	

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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

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Total expenditures this event.

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Page Total \$ 700.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of B Gray Norton			
Full Name of Contributor	Registration Number, if PAC		
Ray Chan			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
14698 stillebrooke		08 10 13	500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Strongsville	OH	44136	Check
Penny Wise Trust			
Full Name of Contributor	Registration Number, if PAC		
Penny Wise Trust			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
P.O. Box 6301		08 10 13	500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Cleveland	OH	44101	Check
Irene Crowell			
Full Name of Contributor	Registration Number, if PAC		
Irene Crowell			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
16015 Fernway		08 10 13	250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Shaker Hts	OH	44120	Check
Ruby Block			
Full Name of Contributor	Registration Number, if PAC		
Ruby Block			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3034 E. 63rd		08 10 13	250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Cleveland	OH	44127	Check
Evis Binson			
Full Name of Contributor	Registration Number, if PAC		
Evis Binson			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
292 Greenfield		08 10 13	250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Copley	OH	44321	Check
Louis BWRUNGH			
Full Name of Contributor	Registration Number, if PAC		
Louis BWRUNGH			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
28800 Jackson Rd		08 10 13	250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Chagrin Falls	OH	44022	Check
SARBA Norton			
Full Name of Contributor	Registration Number, if PAC		
SARBA Norton			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
11305 Wade Park		08 10 13	100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Cleveland	OH	44106	Check

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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

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Total expenditures this event.

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Page Total \$ <u>1850</u>

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full					
To Whom Paid	M	D	Y	Amount	
Friends of Gary Norton	08	10	13	150.00	
John Wimbree					
Address: 298 Knollwood Trl		Purpose: Band			
City: Richmond Hts	State: Oh	Zip Code: 44143	Check Number: Counter		
To Whom Paid	M	D	Y	Amount	
George Mc Stars	08	10	13	100.00	
Address: 298 Knollwood Trl		Purpose: Band			
City: Richmond Hts	State: Oh	Zip Code: 44143	Check Number: Counter		
To Whom Paid	M	D	Y	Amount	
John Barker	08	10	13	100.00	
Address: 298 Knollwood Trl		Purpose: Band			
City: Richmond Hts	State: Oh	Zip Code: 44143	Check Number: Counter		
To Whom Paid	M	D	Y	Amount	
Collette Clinkscale	08	09	13	1600.00	
Address: 970 E Orangehill C/E		Purpose: Fund Raiser site, food & refreshments service			
City: Orange Village	State: Oh	Zip Code:	Check Number: Counter		
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:		
To Whom Paid	M	D	Y	Amount	
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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Gary Norton							
To Whom Paid				M	D	Y	Amount
McDonalds				0	9	16	4.25
Address		Purpose					
13705 Euclid Ave		Camp. Lunch					
City	State	Zip Code	Check Number				
East Chere			Debit				
To Whom Paid				M	D	Y	Amount
Family Dollar				0	9	17	32.94
Address		Purpose					
15011 Euclid Av		Camp. Supplies					
City	State	Zip Code	Check Number				
E. Chere			Debit				
To Whom Paid				M	D	Y	Amount
Mela Deli				0	9	17	10.50
Address		Purpose					
2147 Noble		Camp Lunch					
City	State	Zip Code	Check Number				
E. Chere			Debit				
To Whom Paid				M	D	Y	Amount
Sunoco				0	9	18	57.00
Address		Purpose					
12800 Euclid Av		Gas					
City	State	Zip Code	Check Number				
E Chere			Debit				
To Whom Paid				M	D	Y	Amount
Winking Lizard				0	9	18	74.82
Address		Purpose					
1852 Coventry		Camp. Lunch					
City	State	Zip Code	Check Number				
Chere Htc			Debit				
To Whom Paid				M	D	Y	Amount
McDonalds				0	9	18	7.50
Address		Purpose					
13705 Euclid		Camp. Lunch					
City	State	Zip Code	Check Number				
E. Chere			Debit				
To Whom Paid				M	D	Y	Amount
Instn-Print inc				0	9	18	81.00
Address		Purpose					
3101 Brookpark		Camp Lt					
City	State	Zip Code	Check Number				
Parma	oh		Debit				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid						M	D	Y	Amount	
Keybank						0	8	06	13	139.62
Address			Purpose							
14501 Euclid Av			Account Documents							
City		State	Zip Code		Check Number					
E. Clev					Ant withdrawal					
Keybank						0	8	1	13	349.96
Address			Purpose							
14501 Euclid Av			Checks							
City		State	Zip Code		Check Number					
E. Clev					Ant withdrawal					
Columbus Room						0	8	20	13	43.79
Address			Purpose							
1988 Noble			Campaign Lunch							
City		State	Zip Code		Check Number					
E. Clev					Debit					
Walgreens						0	8	20	13	10.88
Address			Purpose							
14505 Euclid			Campaign Supplies							
City		State	Zip Code		Check Number					
E. Clev					Debit					
Taco Bell						0	8	20	13	6.95
Address			Purpose							
13660 Euclid			Camp Lunch							
City		State	Zip Code		Check Number					
E. Clev					Debit					
Deals						0	8	20	13	4.31
Address			Purpose							
13550 Euclid			Camp Supplies							
City		State	Zip Code		Check Number					
E. Clev					Debit					
Wendys						0	8	26	13	20.04
Address			Purpose							
13939 Euclid Av			Campaign Lunch							
City		State	Zip Code		Check Number					
E. Clev					Debit					
Sprint wireless						0	8	26	13	165.80
Address			Purpose							
			Camp Phones							
City		State	Zip Code		Check Number					
					Debit					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committed in Full				M	D	Y	Amount	
Friends of Gary Norton				0	8	26	13	30.04
To Whom Paid McDonalds								
Address		Purpose Camp Lunch		Check Number Debit				
City		State	Zip Code					
To Whom Paid Sunoco				0	8	26	13	00.01
Address 12800 Euclid								
City E. Cleve		State	Zip Code	Check Number Debit				
To Whom Paid Wendys				0	8	26	13	20.01
Address 13039 Euclid								
City E. Cleve		State	Zip Code	Check Number Debit				
To Whom Paid McDonalds				0	8	24	13	10.96
Address 3705 Euclid								
City East Cleve		State	Zip Code	Check Number Debit				
To Whom Paid McDonalds				0	8	27	13	5.52
Address 13705 Euclid Ave								
City E. Cleve		State	Zip Code	Check Number Debit				
To Whom Paid Columbus				0	8	28	13	39.65
Address 1988 Noble								
City E. Cleve		State	Zip Code	Check Number Debit				
To Whom Paid KFC				0	8	28	13	8.94
Address 4001 Mayfield								
City S. Euclid		State	Zip Code	Check Number Debit				
To Whom Paid Monticello				0	8	29	13	8.01
Address GAS								
City S. Euclid		State	Zip Code	Check Number Debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full		To Whom Paid			M	D	Y	Amount
Friends of Gray Nurser		Anthony Hawley			0	8	27	13 518.75
Address 1872 145 St		Purpose Camp T-shirts			Check Number 1001			
City E. Cleve		State OH	Zip Code 44112					
To Whom Paid Collette Chinkscoble					M	D	Y	Amount
Address		Purpose			Check Number			
City		State	Zip Code					
To Whom Paid Belinda Kyle					M	D	Y	Amount
Address 13312 Shaw		Purpose Food/Senior Program			Check Number Counter			
City E. Cleve		State OH	Zip Code					
To Whom Paid VANESSA Veals					M	D	Y	Amount
Address Stanhaven		Purpose Camp Lit Drops			Check Number Counter			
City S. Euclid		State OH	Zip Code					
To Whom Paid Anthony Hawley					M	D	Y	Amount
Address 1872 145 St		Purpose Camp 1/2 Ad signs			Check Number Counter			
City		State	Zip Code					
To Whom Paid Office max					M	D	Y	Amount
Address 3462 Mayfield		Purpose Camp Lit			Check Number Counter			
City Chapel Hill		State	Zip Code					
To Whom Paid Key Bank					M	D	Y	Amount
Address 14501 Euclid		Purpose Account documents			Check Number Auto withdrawal			
City E. Cleve		State	Zip Code					
To Whom Paid Key Bank					M	D	Y	Amount
Address 14501 Euclid		Purpose Account documents			Check Number Auto withdrawal			
City E. Cleve		State	Zip Code					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
Friends of Gary Norton				08	30	13	3421
To Whom Paid Deals							
Address 13550 Euclid		Purpose Camp Supplies					
City E. Clev	State Oh	Zip Code	Check Number Debit				
To Whom Paid McDonalds				08	30	13	5.66
Address		Purpose Camp Lunch					
City	State	Zip Code	Check Number Debit				
To Whom Paid Key Bank				08	30	13	15.70
Address 14501 Euclid Av		Purpose Fees Surcharges					
City E. Clev	State	Zip Code	Check Number Auto withdrawal				
To Whom Paid				09	03	13	30.00
Address		Purpose					
City	State	Zip Code	Check Number 1003				
To Whom Paid				09	03	13	35.00
Address		Purpose					
City	State	Zip Code	Check Number 22854				
To Whom Paid Key				09	05	13	25.00
Address 14501 Euclid Av		Purpose Fee account closing					
City E. Clev	State	Zip Code	Check Number Auto withdrawal				
To Whom Paid B. Kytel				09	06	13	100.00
Address 13312 Shraw		Purpose Camp. Lit					
City East Clev	State	Zip Code	Check Number				
To Whom Paid Key				09	09	13	10.00
Address 14501 Euclid		Purpose Fee Counter checks					
City E. Clev	State	Zip Code	Check Number Auto withdrawal				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Gary Norton							
To Whom Paid Office May				M	D	Y	Amount
Address 3462 Mayfield							90.72
City		State	Zip Code	Check Number			
				25228			
To Whom Paid				M	D	Y	Amount
Address							120.00
City		State	Zip Code	Check Number			
				25229			
To Whom Paid Post Office Outlets West				M	D	Y	Amount
Address 2020 Taylor							120.00
City E. Cleve		State Oh	Zip Code	Check Number			
				withdraw			
To Whom Paid				M	D	Y	Amount
Address							90.72
City		State	Zip Code	Check Number			
				Debit			
To Whom Paid				M	D	Y	Amount
Address							75.00
City		State	Zip Code	Check Number			
				25227			
To Whom Paid Post Office				M	D	Y	Amount
Address 3 Severance Ct							39.60
City Cleve. Hts		State Oh	Zip Code 44118	Check Number			
				Debit			
To Whom Paid Superior Restaurant				M	D	Y	Amount
Address Superior Rd							34.00
City Cleve		State Oh	Zip Code	Check Number			
				Debit			
To Whom Paid Post Office				M	D	Y	Amount
Address 3 Severance Ct.							24.00
City Cleve Hts		State	Zip Code	Check Number			
				Debit			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full		To Whom Paid		M	D	Y	Amount
Friends of Gary Norton		Office Mail		09	09	13	90.72
Address 3462 Maplel		Purpose Camp Lit		City E. Cleveland		Check Number 05228	
To Whom Paid Belinda Ky		Address 13312 Shaw		M	D	Y	Amount
		Purpose Camp Lit		09	10	13	100.00
City East Cleveland		State OH		Zip Code		Check Number 05229	
To Whom Paid Walter Melton		Address 1832 Karast hills		M	D	Y	Amount
		Purpose Camp Lit drop		09	10	13	120.00
City E. Cleveland		State OH		Zip Code		Check Number 05220	
To Whom Paid Subway		Address 14341 Enclid		M	D	Y	Amount
		Purpose Senior Lunch		09	13	13	75.00
City E. Cleveland		State OH		Zip Code		Check Number 05227	
To Whom Paid Post office		Address		M	D	Y	Amount
		Purpose		09	13	13	75.00
City		State		Zip Code		Check Number	
To Whom Paid Post Office Campaign workers		Address		M	D	Y	Amount
		Purpose Lit Drop		09	25	13	300.00
City		State		Zip Code		Check Number N/A	
To Whom Paid Che Gadsden		Address Farmington		M	D	Y	Amount
		Purpose Camp Lit Drops		09	16	13	200.00
City East Cleveland		State OH		Zip Code		Check Number 25901	
To Whom Paid Campaign workers		Address		M	D	Y	Amount
		Purpose Lit Drop		09	14	13	300.00
City		State		Zip Code		Check Number N/A	