

## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Contribution Name  Citizens for a Better Beachwood  Street Address  2429 Brian Orive  Beachwood  AH 4422  Candidate Name OR PAC Registration Number  93 - 3945891  Type of Report (choose one):  Annual   Semiannual   Pro-Primary   Post-Primary   Pre-General   Post-General  Statewide Candidates Only:  August Monthly   August Monthly   September Monthly  Amended Report   Technication   Short Form Report (R.C. 3517.10(H))  No   Yes   Check this box if the committee wishes to terminate with this report  1. Amount brought forward from last report  2. Total monetary contributions (From Forms 31-A and 31-E)  3. Total other income (From Form 31-A-2)  4. Total funds available (sum of lines 1, 2, 3)  5. Total monetary expenditures (From Forms 31-B and 31-F)  6. Balance on hand (line 4 minus line 5)  7. Value of in-kind contributions made (From Form 31-J-1)  8. Value of in-kind contributions made (From Form 31-J-1)  10. Outstanding loans owed by committee (From Form 31-U)  11. Outstanding loans owed to committee (From Form 31-U)  12. Value of independent expenditures made (From Form 31-U)  Dec (MMDDYYYY)  Date (MMDDYYYY)  Date (MMDDYYYY)  Total Pages  Contribution Pages  Dec (MMDDYYYY)  Date (MMDDYYYY)  Date (MMDDYYYY)  Date (MMDDYYYY)  Date (MMDDYYYY)  Date (MMDDYYYY)							
Steel Address   2429   Brian Orive   Beachwood   H   24   22   24   24   24   24   24	Committee Name		•		Office Sought		District
Candidate Name OR PAC Registration Number   Treasurer Name   Election Date (MMDDYYYY)   93 - 394589    Eric Synenberg   III/07/2023   III/07/2022   III/07/2022   III/07/2022   III/07/2022   III/07/2022   III/07/2022   III/07/2022   III/07	Citizens	for a Bet	ter Beo	chwood			
Treasurer Name   Section Date (MMDDDYYYY)   93 - 394589    Eric Synenberg   III   2023   III   2	Street Address				State 2	<b>Zip</b>	
Type of Report (choose one):    Annual   Semiannual   Pre-Primary   Post-Primary   Pre-General   Post-General	2429 B	rian Orive	Beac	hwood	OH !	44122	
Type of Report (choose one):  Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General Statewide Candidates Only:  July Monthly August Monthly September Monthly  Termination  Check this box if the committee with this report Short term report. See attached instructions.  1. Amount brought forward from last report  2. Total monetary contributions (From Forms 31-A and 31-E)  3. Total other income (From Form 31-A-2)  4. Total funds available (sum of lines 1, 2, 3)  5. Total monetary expenditures (From Forms 31-B and 31-F)  6. Balance on hand (line 4 minus line 5)  7. Value of in-kind contributions received (From Form 31-J-1)  8. Value of in-kind contributions made (From Form 31-J-2)  9. Outstanding debts owed by committee (From Form 31-V)  10. Outstanding loans owed to committee (From Form 31-V)  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 Depuly Treasurer  Contribution Pages  Expenditure Pages  Other Pages  Total Pages  Total Pages	the second secon	-	reasurer Name			Election Date (MM	/DD/YYYY)
Annual   Semiannual   Pre-Primary   Post-Primary   Pre-General   Post-General	93-394	15891	Eric	Synenb	erg	11/07/	2023
Statewide Candidates Only:  July Monthly August Monthly September Monthly  Amended Report Termination  Check this box if the committee with this report wishes to terminate with this report Total monetary contributions (From Forms 31-A and 31-E)  3. Total other income (From Form 31-A-2)  4. Total funds available (sum of lines 1, 2, 3)  5. Total monetary expenditures (From Forms 31-B and 31-F)  7. Value of in-kind contributions received (From Form 31-J-1)  8. Value of in-kind contributions made (From Form 31-J-2)  9. Outstanding loans owed by committee (From Form 31-N)  11. Outstanding loans owed to committee (From Form 31-V)  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  Contribution Pages  Expenditure Pages  Other Pages  Total Pages	Type of Report (choo	ose one):				, ,	
July Monthly   August Monthly   September Monthly   September Monthly   Daught Monthly   August Monthly   September Monthly   Daught Monthly	Annual Se	miannual Pre-Primary	Post-Pri	imary 🗌 Pre	-General	st-General	
Amended Report    No   Yes   Check this box if the committee wishes to terminate with this report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from last report   Check this box if the committee is filling a short term report. See attached instructions.    1. Amount brought forward from s1A.	Statewide Candidates	s Only:					Year
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11. Outstanding loans owed to committee (From Form 31-K)  12. Value of independent expenditures made (From Form 31-U)  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  Contribution Pages  Expenditure Pages  Other Pages  Total Pages	9. Outstanding loans owed by committee (From Form 31-C)			;) <u> </u>	0.00		
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Signature of Treasurer or Deputy Treasurer  Date (MM/DD/YYYY)  Contribution Pages  Other Pages  Total Pages	11. Outstanding loans owed to committee (From Form 31-K)			K)	0.00		CO)
Signature of Treasurer or Deputy Treasurer  Date (MM/DD/YYYY)  Contribution Pages  Other Pages  Total Pages	12. Value of independent expenditures made (From Form 31-U)					m	
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Signature of Treasurer or Deputy Treasurer  Date (MM/DD/YYYY)  Contribution Pages  Other Pages  Total Pages							T. G
	Signature of Treasurer or Deputy Treasurer				Date (MN	N/DD/YYYY)	K3
The state of the s		Expenditure Pages	Other	Pages		over rose Last Upo	dated 09/2017



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Tour Name of Comments							
Full Name of Committee							
Citizens for a Better Beachwood							
Full Name of Contributor				Registration Numb	er, if PAC		
Alec O. Isaacson							
Street Address	Employer	/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)			
2173 Lyndway Road			,	Check			
City	State Zip Code Date (MM/DI			( ) ·	Amount		
Beachwood	OH 🔄	44122	10/2	1/2023	\$2,000.00		
Full Name of Contributor	Registration			Registration Numb	lumber, if PAC		
Sunny M. Simon							
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
4110 Princeton Blvd.				Check			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
South Euclid	OH 🖃	44121	11/0	4/2023	\$100.00		
Full Name of Contributor	Registration			Registration Numb	ımber, if PAC		
Martin S. Horwitz							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
P.O. Box 22750				Check			
City	State Zip Code Date (MM/DI			D/YYYY)	Amount		
Beachwood,	OHL	44122	11/04/2023		\$200.00		
Full Name of Contributor	Regis			Registration Numb	egistration Number, if PAC		
Jonathan K. Holody							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
34 East 212th 5t.				Check			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Euclid	OH	44123	11/04	12023	\$300.00		
Full Name of Contributor			/ /	Registration Numb	er, if PAC		
Eric Synenberg							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2429 Brian Drive				Check			
City	State	ate Zip Code Date (MM/DD/YYYY)			Amount		
Beachwood	OH -	44122	11/04	1/2023	\$1,000.00		

<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

Page <u>2</u>

Form 31-A

ORC 3517.10

					010 0017.10		
Full Name of Committee							
Citizens for a B	etter	Beach	2006				
Full Name of Contributor				Registration Numb	iber, if PAC		
Justin B. Berns							
Street Address	Employe	r/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)			
26935 Hurlingham Rd.				Check			
City	State Zip Code Date (MM/DI			D/YYYY)	Amount		
Beachwood	OHT	44122	11/0	4/2023	\$1,000.00		
Full Name of Contributor			1	Registration Numb	er, if PAC		
Nora Race							
Street Address		r/Occupation/Labor O	ganization*	Form (Cash, Check, etc.)			
14501 Washington Blud.					Check		
City	State Zip Code		Date (MM/DD/YYYY)		Amount		
University Heights	OH -	44118	11/0	1/2023	\$2,000.00		
Full Name of Contributor				Registration Number, if PAC			
James M. Pasch							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
21507 Halburton Rd.					Check		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Beachwood	OH	44122	11/19	1/2023	\$1,000.00		
Full Name of Contributor			1	Registration Numb	er, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
•							
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
	_		D				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DI	D/YYYY)	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 Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for a Better Beachwood						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Melamed Communications, L	LC /2/06/202		3	\$7,500.00		
Street Address	Purpose					
24249 Lyman Blvd.	Consulting, design, Print and mail					
City	State				ck Number	
Shaker Heights	ОН	4	4122	Bo	ank check	
To Whom Paid		Amount				
Greater Cleveland Food Bar	nk		12/06/2023	3	\$100.00	
Street Address	Purpose		,			
13815 Coit Rd.		Donation				
City	State	Zip	Code	Che	ck Number	
Cleveland	он	4	4110	Ba	ank Check	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	State Zip Code		Check Number		
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip (	Code	Che	ck Number	
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
	. 41,5000					
City	State	Zip Code Check Numbe		ck Number		
	он					