



2024 JAN 31 PM 3:36

## Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name Committee to Elect Heather Pendleton		Office Sought Hancock County Prosecuting Attorney		District
Street Address 2720 N. Winter Woods Dr.		City Findlay	State OH	Zip 45840
Candidate Name OR PAC Registration Number Heather Pendleton		Treasurer Name Sherri Garner Brumbaugh		Election Date (MM/DD/YYYY) 03/19/2024
<b>Type of Report</b> (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly <div>Year 2023</div>				
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report</b> (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	0
2. Total monetary contributions (From Forms 31-A and 31-E)	1,500.00
3. Total other income (From Form 31-A-2)	10,000.00
4. Total funds available (sum of lines 1, 2, 3)	11,500.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	10210.07
6. Balance on hand (line 4 minus line 5)	1,289.93
7. Value of in-kind contributions received (From Form 31-J-1)	1,000.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	10,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
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.

Sherri E. Brumbaugh

Signature of Treasurer or Deputy Treasurer

01/30/2024

Date (MM/DD/YYYY)

Contribution Pages

4

Expenditure Pages

2

Other Pages

2

Total Pages

8

Last Updated 09/2017

# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Ray H. Bushong			Registration Number, if PAC	
Street Address 411 Bittersweet Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 09/12/2023	Amount 500.00
Full Name of Contributor Debra E. Seng			Registration Number, if PAC	
Street Address 116 Rector Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 09/25/2023	Amount 100.00
Full Name of Contributor S. David DeVore			Registration Number, if PAC	
Street Address 603 County Rd 86		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 11/27/2023	Amount 500.00
Full Name of Contributor Regina L. Ploeger			Registration Number, if PAC	
Street Address 6761 Twp Rd 212		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 12/06/2023	Amount 100.00
Full Name of Contributor Kraig Kutschbach			Registration Number, if PAC	
Street Address 201 Delaware Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 12/07/2023	Amount 200.00

\*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)]

Page Total 1,400.00

# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Jill Wagner			Registration Number, if PAC	
Street Address 1207 Hurd Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) venmo	
City Findlay	State OH <input type="text"/>	Zip Code 45840	Date (MM/DD/YYYY) 11/14/2023	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	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 100.00

**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton			
Full Name of Contributor Heather Pendleton		Registration Number, if PAC	
Street Address 2720 N. Winter Woods Dr.	Type* Loan Payments Received <input type="checkbox"/>	Date (MM/DD/YYYY) 08/22/2023	Form (Cash, Check, etc.) e-transfer
City Findlay	State OH	Zip Code 45840	Amount 10,000.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10,000.00

## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Heather Pendleton		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2720 N. Winter Woods Dr.		Description of Item or Service Open Arms sponsorship		Date (MM/DD/YYYY) 09/01/2023
City Findlay		State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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)
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)
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)
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)
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)
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 \$ 1,000.00

# Statement of Loans Receive

Form 31

R.C. 3517

<b>Full Name of Committee</b>					
Committee to Elect Heather Pendleton					
From Whom Received				Prior Amount	Amt. Incurred this Per
Heather Pendleton				0.00	10,000.00
Street Address				Outstanding Balance	
2720 N. Winter Woods Dr.				10,000.00	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Findlay	OH	45840			
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
08/22/2023			08/22/2023	10,000.00	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
From Whom Received				Prior Amount	Amt. Incurred this Per
Street Address				Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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 \$ 0

Total Received This Period \$ 10,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 10,000.00 (also record on Form 30-A)

**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton			
To Whom Paid House of Awards		Date (MM/DD/YYYY) 08/23/2023	Amount 629.83
Street Address 419 N. Main St.		Purpose shirts	
City Findlay	State OH	Zip Code 45840	Check Number 102602
To Whom Paid Clear Images		Date (MM/DD/YYYY) 08/29/2023	Amount 420.23
Street Address 121 11th St.		Purpose signs	
City Toledo	State OH	Zip Code 43604	Check Number 102674
To Whom Paid University of Findlay		Date (MM/DD/YYYY) 08/29/2023	Amount 1,681.31
Street Address 1000 N. Main St.		Purpose printing	
City Findlay	State OH	Zip Code 45840	Check Number 102675
To Whom Paid Harland Clarke		Date (MM/DD/YYYY) 08/30/2023	Amount 23.70
Street Address PO Box 1623		Purpose committee checks	
City Findlay	State OH	Zip Code 45840	Check Number ACH
To Whom Paid Keyes Media Group		Date (MM/DD/YYYY) 09/20/2023	Amount 4,150.00
Street Address 2040 Tiffin Ave		Purpose billboards	
City Findlay	State OH	Zip Code 45840	Check Number 503

Page Total \$ 6,905.07

# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
To Whom Paid Hancock County Fair		Date (MM/DD/YYYY) 09/21/2023	Amount 400.00 ✓	
Street Address PO Box 148, 1017 E. Sandusky St.		Purpose Junior Fair Sponsor		
City Findlay	State OH	Zip Code 45840	Check Number 501	
To Whom Paid Keyes Media Group		Date (MM/DD/YYYY) 12/14/2023	Amount 2,825.00 ✓	
Street Address 2040 Tiffin Ave.		Purpose billboards		
City Findlay	State OH	Zip Code 45840	Check Number 502	
To Whom Paid Hancock County Treasurer		Date (MM/DD/YYYY) 12/18/2023	Amount 30.00 ✓	
Street Address 300 S. Main St.		Purpose filing fee		
City Findlay	State OH	Zip Code 45840	Check Number 505	
To Whom Paid Hancock County Treasurer		Date (MM/DD/YYYY) 12/28/2023	Amount 50.00 ✓	
Street Address 300 S. Main St.		Purpose filing fee		
City Findlay	State OH	Zip Code 45840	Check Number 504	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 3,305.00





# Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2024 MAR -7 PM 1:50

Committee Name Committee to Elect Heather Pendleton		Office Sought Prosecuting Attorney		District
Street Address 2720 N Winter Woods Dr		City Findlay	State OH	Zip 45840
Candidate Name OR PAC Registration Number Heather Pendleton		Treasurer Name Sherri Garner Brumbaugh		Election Date (MM/DD/YYYY) 03/19/2024
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2024
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	1,289.93	✓
2. Total monetary contributions (From Forms 31-A and 31-E)	4,130.00	✓
3. Total other income (From Form 31-A-2)	5,000.00	
4. Total funds available (sum of lines 1, 2, 3)	10,419.93	✓
5. Total monetary expenditures (From Forms 31-B and 31-F)	2,131.37	✓
6. Balance on hand (line 4 minus line 5)	8,288.56	✓
7. Value of in-kind contributions received (From Form 31-J-1)	1,883.42	✓
8. Value of in-kind contributions made (From Form 31-J-2)		
9. Outstanding loans owed by committee (From Form 31-C)	15,000.00	
10. Outstanding debts owed by committee (From Form 31-N)		
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.

*Sherri L. Brumbaugh*  
Signature of Treasurer or Deputy Treasurer

03/07/2024  
Date (MM/DD/YYYY)

Contribution Pages  
6

Expenditure Pages  
1

Other Pages  
2

Total Pages  
9

Last Updated 09/2017

# Statement of Contributions Received

Form 3

ORC 3517

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Bob Sprague			Registration Number, if PAC	
Street Address 1219 S. Main St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="button" value="v"/>	Zip Code 45847	Date (MM/DD/YYYY) 02/02/2024	Amount 1,000.00
Full Name of Contributor Vern Preston			Registration Number, if PAC	
Street Address 700 Winterhaven Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="button" value="v"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/26/2024	Amount 500.00
Full Name of Contributor Brian Robertson			Registration Number, if PAC	
Street Address 218 Penbrooke Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Findlay	State OH <input type="button" value="v"/>	Zip Code 45840	Date (MM/DD/YYYY) 02/28/2024	Amount 500.00
Full Name of Contributor Jerry Cooke			Registration Number, if PAC	
Street Address 451 Snowtrail Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Findlay	State OH <input type="button" value="v"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/27/2024	Amount 500.00
Full Name of Contributor Edward Ingold			Registration Number, if PAC	
Street Address 537 Deer Lake Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Findlay	State OH <input type="button" value="v"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/25/2024	Amount 200.00

\*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)]

Page Total 2,700.00

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Colleen Limerick			Registration Number, if PAC	
Street Address 420 Winthrop Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 02/20/2024	Amount 500.00
Full Name of Contributor Joseph Frost			Registration Number, if PAC	
Street Address 2720 N. Winter Woods Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/05/2024	Amount 250.00
Full Name of Contributor Betty Hartzell			Registration Number, if PAC	
Street Address 9550 SR 224 W	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/25/2024	Amount 100.00
Full Name of Contributor Gene Barker			Registration Number, if PAC	
Street Address 7355 TR 21	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City McComb	State OH <input type="checkbox"/>	Zip Code 45858	Date (MM/DD/YYYY) 01/25/2024	Amount 100.00
Full Name of Contributor Ronald Riegle			Registration Number, if PAC	
Street Address 22580 TR 185	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Forest	State OH <input type="checkbox"/>	Zip Code 45843	Date (MM/DD/YYYY) 02/22/2024	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)]

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Jim Baker			Registration Number, if PAC	
Street Address 2217 S. Main St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 02/19/2024	Amount 50.00
Full Name of Contributor Mary Copus			Registration Number, if PAC	
Street Address 108 Cora St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 02/14/2024	Amount 100.00
Full Name of Contributor Chuck Clapper			Registration Number, if PAC	
Street Address 1004 Eagle Ridge Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 02/02/2024	Amount 50.00
Full Name of Contributor Nila Phillips			Registration Number, if PAC	
Street Address 1034 TR 293	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Fostoria	State OH <input type="checkbox"/>	Zip Code 45840	Date (MM/DD/YYYY) 01/24/2024	Amount 50.00
Full Name of Contributor Judy Cole			Registration Number, if PAC	
Street Address 23646 CR 7	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Alvada	State OH <input type="checkbox"/>	Zip Code 44802	Date (MM/DD/YYYY) 01/25/2024	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 3

ORC 3517

<b>Full Name of Committee</b>				
Committee to Elect Heather Pendleton				
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
Margie Stateler				
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
4291 TR 117				check
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
McComb	OH <input type="checkbox"/>	45858	01/28/2024	30.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
J. Steve Welton				
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
625 W. Circle Dr.				check
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
Findlay	OH <input type="checkbox"/>	45840	01/08/2024	50.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
	<input type="checkbox"/>			
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
	<input type="checkbox"/>			
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
	<input type="checkbox"/>			

\*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 80.00

# Statement of Other Income

Form 31-

R.C. 3517.10

<b>Full Name of Committee</b>			
Committee to Elect Heather Pendleton			
Full Name of Contributor			Registration Number, if PAC
Heather Pendleton			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
2720 N. Winter Woods Dr.	Loan Payments Received <input type="button" value="v"/>	01/10/2024	e-transfer
City	State	Zip Code	Amount
Findlay	OH	45840	5,000.00
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, LN for payments received on a loan made.

Page Total \$ 5,000.00

# In-Kind Contributions Receive

Form 31-  
R.C. 3517.

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Sherri Garner Brumbaugh		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 9291 co Rd 313	Description of Item or Service luncheon		Date (MM/DD/YYYY) 02/15/2024	Fair Market Value 381.42
City Findlay	State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Judy Miller		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1600 N. Union St.	Description of Item or Service radio advertising		Date (MM/DD/YYYY) 02/19/2024	Fair Market Value 80.00
City Fostoria	State OH	Zip Code 44830	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Heather Pendleton		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2720 N. Winter Woods Dr.	Description of Item or Service postage		Date (MM/DD/YYYY) 01/03/2024	Fair Market Value 272.00
City Findlay	State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Heather Pendleton		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2720 N. Winter Woods Dr.	Description of Item or Service advertising		Date (MM/DD/YYYY) 01/10/2024	Fair Market Value 1,150.00
City Findlay	State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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 OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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 \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,883.42

<b>Full Name of Committee</b>					
Committee to Elect Heather Pendleton					
From Whom Received				Prior Amount	Amt. Incurred this Period
Heather Pendleton				10,000.00	5,000.00
Street Address					Outstanding Balance
2720 N. Winter Woods Dr.					15,000.00
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Findlay	OH <input type="checkbox"/>	45840			
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
08/22/2023			01/10/2024	5,000.00	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
	<input type="checkbox"/>				
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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 \$ 10,000.00

Total Received This Period \$ 5,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 15,000.00 (also record on Form 30-A)



# Statement of Expenditure

Form

R.C. 351

<b>Full Name of Committee</b>			
Committee to Elect Heather Pendleton			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Clear Images			1,180.32
Street Address		Purpose	
121 11th St.		signs	
City	State	Zip Code	Check Number
Toledo	OH	43604	506
To Whom Paid		Date (MM/DD/YYYY)	Amount
University of Findlay Print Shop		01/26/2024	106.75
Street Address		Purpose	
1000 N. Main St.		printing	
City	State	Zip Code	Check Number
Findlay	OH	45840	507
To Whom Paid		Date (MM/DD/YYYY)	Amount
Keyes Media Group		02/07/2024	400.00
Street Address		Purpose	
2040 Tiffin Ave		billboards	
City	State	Zip Code	Check Number
Findlay	OH	45840	508
To Whom Paid		Date (MM/DD/YYYY)	Amount
University of Findlay Print Shop		02/20/2024	384.30
Street Address		Purpose	
1000 N. Main St.		printing	
City	State	Zip Code	Check Number
Findlay	OH	45840	509
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission		02/08/2024	60.00
Street Address		Purpose	
30 W. Spring St.		2023 Financial Disclosure Fees	
City	State	Zip Code	Check Number
Columbus	OH	43215	e-check

Page Total \$ 2,131.37

Committee Name Committee to Elect Heather Pendleton		Office Sought Hancock County Prosecuting Attorney		District
Street Address 2720 N. Winter Woods Dr.		City Findlay	State OH	Zip 45840
Candidate Name OR PAC Registration Number Heather Pendleton		Treasurer Name Sherri Garner Brumbaugh		Election Date (MM/DD/YYYY) 03/19/2024

**Type of Report** (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☒ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

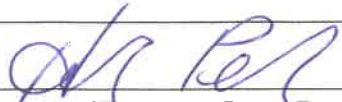
☐ July Monthly ☐ August Monthly ☐ September Monthly

Year  
2024

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <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	8,288.56
2. Total monetary contributions (From Forms 31-A and 31-E)	200.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	8,488.56
5. Total monetary expenditures (From Forms 31-B and 31-F)	8,488.56
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form 31-J-1)	818.97
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	14,617.91
10. Outstanding debts owed by committee (From Form 31-N)	
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

04/25/2024  
Date (MM/DD/YYYY)

Contribution Pages  
2

Expenditure Pages  
1

Other Pages  
1

Total Pages  
5

# Statement of Contributions Received

Form 3

ORC 351

<b>Full Name of Committee</b> Committee to Elect Heather Pendleton				
Full Name of Contributor Greg Cassidy			Registration Number, if PAC	
Street Address 710 College Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Fostoria	State OH <input type="text"/>	Zip Code 44830	Date (MM/DD/YYYY) 03/12/2024	Amount 100.00
Full Name of Contributor Angela Guthrie			Registration Number, if PAC	
Street Address 530 Clinton Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Findlay	State OH <input type="text"/>	Zip Code 45840	Date (MM/DD/YYYY) 03/12/2024	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="text"/>	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)]

## In-Kind Contributions Receive

Form 31-J  
R.C. 3517.

### Full Name of Committee

Committee to Elect Heather Pendleton

Full Name of Contributor Heather Pendleton	Employer, Occupation, Labor Organization*	Registration Number, if PAC
---	---	-----------------------------

Street Address 2720 N. Winter Woods Dr.	Description of Item or Service Radio advertising	Date (MM/DD/YYYY) 03/15/2024	Fair Market Value 400.00 ✓
--	---	---------------------------------	-------------------------------

City Findlay	State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------	-------------	-------------------	---

Full Name of Contributor Heather Pendleton	Employer, Occupation, Labor Organization*	Registration Number, if PAC
---	---	-----------------------------

Street Address 2720 N. Winter Woods Dr.	Description of Item or Service Online advertising	Date (MM/DD/YYYY) 03/17/2024	Fair Market Value 418.97 ✓
--	--	---------------------------------	-------------------------------

City Findlay	State OH	Zip Code 45840	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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 \$ 818.97

# Statement of Expenditure

Form 3

R.C. 351

<b>Full Name of Committee</b>			
Committee to Elect Heather Pendleton			
To Whom Paid		Date (MM/DD/YYYY)	Amount
University of Findlay Print Shop		04/11/2024	5,775.47 ✓
Street Address		Purpose	
1000 N. Main St		Mailer printing, postage	
City	State	Zip Code	Check Number
Findlay	OH	45840	512
To Whom Paid		Date (MM/DD/YYYY)	Amount
The Courier		03/14/2024	1,341.00 ✓
Street Address		Purpose	
701 W. Sandusky St.		Newspaper advertising	
City	State	Zip Code	Check Number
Findlay	OH	45840	511
To Whom Paid		Date (MM/DD/YYYY)	Amount
Blanchard River Broadcasting		03/13/2024	990.00 ✓
Street Address		Purpose	
551 Lake Cascades Parkway		Radio advertising	
City	State	Zip Code	Check Number
Findlay	OH	45840	510
To Whom Paid		Date (MM/DD/YYYY)	Amount
Heather Pendleton		04/19/2024	382.09 ✓
Street Address		Purpose	
2720 N. Winter Woods Dr.		Campaigning loan repayment, partial	
City	State	Zip Code	Check Number
Findlay	OH	45840	cashout
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 8,488.56

# Statement of Loans Received

Form

R.C. 351

<b>Full Name of Committee</b>					
Committee to Elect Heather Pendleton					
From Whom Received				Prior Amount	Amt. Incurred this Period
Heather Pendleton				15,000.00	0.00
Street Address				Outstanding Balance	
2720 N. Winter Woods Dr.				15,000.00	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Findlay	OH	45840			
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
08/22/2023					04/19/2024 382.09
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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 \$ 15,000.00

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 382.09 (also record on Form 31-B)

Total Outstanding Balance \$ 14,617.91 (also record on Form 30-A)