

## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name	Committee Name				Office Sought Dis					
Committee to Elect Heather Pendleton			Hanco	k Coun	ty Prose	ecuting Attorney				
Street Address	City			State	Zip					
2720 N. Winter Woods Dr.	Findlay			ОН	4584	45840				
Candidate Name OR PAC Registration Number	Treasurer Na	me			El	ection Date (MM/DD/	/YYYY)			
Heather Pendleton	Sherri Garn	er Brumbaugl	1		03	3/19/2024				
Type of Report (choose one):	11									
	rimary Post-	Primary	Pre-Genera	<u> </u>	Post-G	eneral				
Statewide Candidates Only:						Yea	ır			
☐ July Monthly ☐ August Monthly	September Mo	onthly				202	23			
Amended Report Termination		Short Fo	rm Report (R	.C. 351	7.10(H	))				
No			k this box if th							
— — wisnes to termin	ate with this report	short	term report. S	see atta	iched ir	nstructions.				
1. Amount brought forward from last	1. Amount brought forward from last report				0					
2. Total monetary contributions (From	Forms 31-A and 3	1-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 3	1-F)	10210.07							
6. Balance on hand (line 4 minus line 5)			1	,289.93						
7. Value of in-kind contributions receive	ved (From Form 3	1-J-1)	1,000.00							
8. Value of in-kind contributions made	(From Form 31-J-	2)								
9. Outstanding loans owed by commit	tee (From Form 31	I-C)	10,000.00							
10. Outstanding debts owed by comm	ittee (From Form 3	31-N)	41,50		J 7					
11. Outstanding loans owed to commi	ttee (From Form 3	1-K)								
12. Value of independent expenditures	made (From Forr	n 31-U)	17.11- 1.15		THE					
THIS STATEMENT IS MADE UNDER PI WHOEVER COMMITS ELECTION FALS				HE FIF	TH DE	GREE.				
Sherri E. Brumbo	luq			0	1	0/2024				
Signature of Treasurer or Deputy Treasurer					/M/DD/Y					





Form 31-A

ORC 3517.10

Full Name of Committee							
Committee to Elect Heather Pendleton							
Full Name of Contributor				Registration Number	er, if PAC		
Ray H. Bushong							
Street Address	et Address Employer/Occupation/Labor Organization*						
411 Bittersweet Dr			check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Findlay	OH -	45840		09/12/2023	500.00		
Full Name of Contributor				Registration Number	er, if PAC		
Debra E. Seng							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
116 Rector Ave.	check						
City	State	Zip Code	Date (MM/D	D/YYY)	Amount		
Findlay	OH 45840 09/25/2023				100.00		
Full Name of Contributor Registration Number					er, if PAC		
S. David DeVore							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
603 County Rd 86					check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Findlay	он 🔻	45840		11/27/2023	500.00		
Full Name of Contributor				Registration Numb	er, if PAC		
Regina L. Ploeger							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
6761 Twp Rd 212					check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Findlay	ОН ▼	45840		12/06/2023	100.00		
Full Name of Contributor		-		Registration Numb	er, if PAC		
Kraig Kutschbach							
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
201 Delaware Ave.					check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Findlay	он 🔽	OH 45840 12/07/2023 200.00					

Page	Total	1,400.00





Form 31-A

					ORC 3517.10
Full Name of Committee					
Committee to Elect Heather Pendleton					
Full Name of Contributor				Registration Numb	er, if PAC
Jill Wagner					
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1207 Hurd Ave					venmo
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН ▼	45840		11/14/2023	100.00
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	r/Occupation/Labor Or	ganization*	L	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Labor O	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor			J.	Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	DMYYY)	Amount

Page Total	100.00





## **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

- ""						
Full Name of Committee						
Committee to Elect Heather Pendleton			B. data R. M. A.	if DAC		
Full Name of Contributor			Registration Number, if PAC			
Heather Pendleton						
Street Address	Type*	Date (MM/D		Form (Cash, Check, etc.)		
2720 N. Winter Woods Dr.	Loan Payments Received ▼		08/22/2023	e-transfer		
City	State	Zip Code		Amount		
Findlay	ОН	45840		10,000.00		
Full Name of Contributor	1		Registration Number	er, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)		
	Refund					
City	State	Zip Code		Amount		
	ОН					
Full Name of Contributor			Registration Number	er, if PAC		
Street Address	Type*	Date (MM/D	DMYYY)	Form (Cash, Check, etc.)		
	Refund					
City	State	Zip Code		Amount		
S.,	ОН					
Full Name of Contributor			Registration Numb	er, if PAC		
Tull Name of Constitution						
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)		
onost, adress	Refund	<b>,</b>	•			
City	State	Zip Code		Amount		
- Cony	ОН	,				
Full Name of Contributor			Registration Numb	per, if PAC		
Full Marie Of Contributor						
Stroat Address	Type*	Date (MM/I	DDWYYY)	Form (Cash, Check, etc.)		
Street Address	Refund	Date (wilding				
0.11	State	Zip Code		Amount		
City	OH	Zip Oode				
2	311					

	10,000,00
Page Total \$	10,000.00

<sup>\*</sup> 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.





#### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee  Committee to Elect Heather Pendleton								
-		Employer, Occupation	n, Labor Organization*	Registration Number, if PAC				
Street Address Description of Item or				Date (MM/DD/YYYY)	Fair Market Value			
Open A	rms spons	orship		09/01/2023	1,000.00			
S	State	Zip Code	Received at Fundraisi	ng Event?				
(	OH ▼	45840	☐ Yes ⊠ No					
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC					
Street Address Description of Item or S				Date (MM/DD/YYYY)	Date (MM/DD/YYYY) Fair Market Value			
S	State	Zip Code	Received at Fundraisi	ng Event?				
	-		Yes No					
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC					
Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value			
5	State	Zip Code	Received at Fundraising Event?					
	▼.		☐ Yes ☐ No					
		Employer, Occupation	n, Labor Organization* Registration Number, if PAC					
Description	on of Item or S	Service	-	Date (MM/DD/YYYY)	Fair Market Value			
1 8	State	Zip Code	Received at Fundraisi					
	<b>-</b>		Yes No					
Full Name of Contributor			n, Labor Organization*	* Registration Number, if PAC				
Description	on of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value			
1	State	Zip Code	Received at Fundraisi	ing Event?				
			☐ Yes ☐ No					
	Description S  Description S  Description S  Description S	Open Arms spons  State OH  Description of Item or S  State  State  Description of Item or S  State	Description of Item or Service Open Arms sponsorship  State Zip Code 45840  Employer, Occupation  Description of Item or Service  State Zip Code  Employer, Occupation  Description of Item or Service  State Zip Code  Employer, Occupation  Description of Item or Service  State Zip Code  Employer, Occupation  Description of Item or Service  State Zip Code  Employer, Occupation  Description of Item or Service	Description of Item or Service Open Arms sponsorship    State	Open Arms sponsorship    State			

	1 000 00	
Page Total \$	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 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 Loans Receive**

Form 31

R.C. 3517

Full Name of Commit	tee								
Committee to Elect He	ather Pendlet	on							
From Whom Received					Prior Amount	Amt. In	curred this Peri		
Heather Pendleton					0.00	10,00	0.00		
Street Address					SLEET SUP	Outstar	nding Balance		
2720 N. Winter Woods	Dr.					10,00	0.00		
City	State	Zip Code			D		Dorind		
Findlay	он 🕶	45840	Loans Received T	his Period	Payme	nts This	Period		
Date Loan was Orig	ginally Incurred (N	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY)	Amount		
4.4		08/22/2023	08/22/2023	10,000.00					
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY)	Amount		
Employer/Occupation/Labor	Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY)	Amount		
From Whom Received					Prior Amount	Amt, In	curred this Per		
Street Address						Outsta	nding Balance		
Street Address									
City	State	Zip Code	Loans Received T	Payments This Period					
Date Loan was Ori	ginally Incurred (N	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	M/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	IM/DD/YYYY)	Amount		
Employer/Occupation/Labor	r Organization*		Date of Loan (MM/DD/YYYY)	DAYYYY) Amount Date of Payment (MM/DD/YYY			Amount		
name of the individual's bus aggregate of \$100, the labo	iness, if any, rath r organization of v orgiven" in the "O r total of all payme	er than employer s which the employe	wide and general assembly car should be listed. If two or more les are members, if any, must a le" space. Transfer total of all lo period to the Statement of Expe	employees contri also appear. [R.C. pans received this	speriod to the Stater	nent of Othe	er Income		
Total Prior Amount \$	0								
Total Received This F	Period \$ <u>10,00</u>	0.00	(also re	cord on Form 31-	A-2)				
Total Payments Rece	ived this Peric	od \$ 0	(also red	cord on Form 31-E	3)				
Total Outstanding Bal	lance \$ 10,000	0.00	(also red	(also record on Form 30-A)					





## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

		-				
Full Name of Committee						
Committee to Elect Heather Pendleton		_				
To Whom Paid			Date (MM/DD/YYYY)		Amount	
House of Awards			08/23/20	23	629.83	
Street Address Purpose						
419 N. Main St.	shirts					
City	State	Zip (	Code	Che	ck Number	
Findlay	ОН	458	340	102	2602	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Clear Images			08/29/20	23	420.23	
Street Address	Purpose					
121 11th St.	signs					
City	State Zip Code Check Number					
Toledo	OH 43604 102674				2674	
To Whom Paid			Date (MM/DD/YYYY) Amount			
University of Findlay			08/29/2023 1,681.31			
Street Address	Purpose					
1000 N. Main St.	printing					
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	10:	2675	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Harland Clarke			08/30/20	23	23.70	
Street Address	Purpose					
PO Box 1623	committee o	he	cks			
City	State	Zip	Code	Che	eck Number	
Findlay	он	45	840	AC	CH CONTRACTOR CONTRACT	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Keyes Media Group			09/20/20	23	4,150.00	
Street Address	Purpose					
2040 Tiffin Ave	biliboards					
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	50	3	

Page Total \$ \_\_\_\_\_





# Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee		_		_			
Committee to Elect Heather Pendleton							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Hancock County Fair			09/21/20	)23	400.00		
Street Address							
PO Box 148, 1017 E. Sandusky St.	Junior Fa	air Spo	onsor				
City	State	Zip	Zip Code Check Number				
Findlay	он	45	840	50	1		
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Keyes Media Group			12/14/20	)23	2,825.00		
Street Address	Purpose						
2040 Tiffin Ave.	2040 Tiffin Ave. billboards						
City	State	Zip	Code	Che	eck Number		
Findlay	он 🔻 45840			50:	2		
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Hancock County Treasurer			12/18/2023   30.00				
Street Address							
300 S. Main St.	filing fee						
City	State	Zip	Code	Che	eck Number		
Findlay	ОН	45	840	50	5		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Hancock County Treasurer			12/28/20	50.00			
Street Address	Purpose						
300 S. Main St.	filing fee						
City	State	Zip	Code	Che	eck Number		
Findlay	ОН	45	840 50		4		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	eck Number		
	ОН						

Page Total \$	3,305.00





# Ohio Campaign Finance Report

Form 30-A

2024 MAR - 7 PM 1:50

ORC 3517.10

				- 977	1.00					
Committee Name		Office Sought					District			
Committee to Elect Ho	eather Pendleton				Prosecut	ting At	torn	ey		
Street Address		City			State Zip			)		
2720 N Winter Woods	Dr	Findlay			OH 45840					
Candidate Name OR PAC					Election Date (	MM/DD/	YYY)			
Heather Pendleton	r Brumba	ugh				03/19/2024				
Type of Report (cho	ose one):	h								
☐ Annual ☐ Se	emiannual X Pre-Primary	Post-F	rimary	Pre-	-General		Pos	t-General		
Statewide Candidate	s Only:	*							Year	
July Monthly	August Monthly Se	eptember Mor	nthly						2024	4
Amended Report	Termination		Short	Form Re	port (R.	C. 351	7.10	D(H))		
⊠ No ☐ Yes	Check this box if the co							e is filing a		
X 10	wishes to terminate wit	h this report	☐ sh	ort term	report. Se	ee atta	che	d instructions		
1. Amount broug	ht forward from last report			1,289.93						
2. Total monetary	contributions (From Forms	31-A and 31	-E)	4,130.00						
3. Total other inc	ome (From Form 31-A-2)			5,000.00						
4. Total funds ava	ailable (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 ha	nd (line 4 minus line 5)			8,288.56						
7. Value of in-kin	d contributions received (F	rom Form 31-	-J-1)	1,883.42 🗸						
8. Value of in-kin	d contributions made (From	n Form 31-J-2	?)							
9. Outstanding lo	ans owed by committee (F	rom Form 31-	C)	15,000.00						
10. Outstanding	debts owed by committee (	From Form 3	1-N)							
11. Outstanding i	oans owed to committee (F	From Form 31	-K)							
12. Value of inde	pendent expenditures made	e (From Form	31-U)							
	T IS MADE UNDER PENAL MITS ELECTION FALSIFICA					IE FIF	TH	DEGREE.		
Sherre	Z. Brumlay	_				Date (5	03	07 / 20.	24	
Signature of Treasurer o					-		v1144/ L	<i>io</i> ri (1)		
Contribution Pages	Expenditure Pages	Othe 2	r Pages		Total Pa	ges				
6	1	2			1			Last U	<b>Jpdated</b>	1 09/2017



Form 3

ORC 351

Full Name of Committee						
Committee to Elect Heather Pendleton						
Full Name of Contributor					Registration Numb	er, if PAC
Bob Sprague						
Street Address	Emp	loyer	/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
1219 S. Main St.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	-	45847		02/02/2024	1,000.00
Full Name of Contributor	4			•	Registration Numb	er, if PAC
Vern Preston						
Street Address	Emp	loyer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
700 Winterhaven Dr.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	¥	45840		01/26/2024	500.00
Full Name of Contributor					Registration Numb	er, if PAC
Brian Robertson						
Street Address	Emp	loyer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
218 Penbrooke Dr.						
City	State	_	Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	•	45840		02/28/2024	500.00
Full Name of Contributor	-1		•	'	Registration Numb	er, if PAC
Jerry Cooke						
Street Address	Emp	loyer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
451 Snowtrail Dr.						
City	State	_	Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	*	45840		01/27/2024	500.00
Full Name of Contributor			•	,	Registration Numb	er, if PAC
Edward Ingold						
Street Address	Emp	loyer	/Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)
537 Deer Lake Dr						
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	-	45840		01/25/2024	200.00

Page T	otal ;	2,700.00



Form 3

ORC 3517

- · · · · · · · · · · · · · · · · · · ·						
Full Name of Committee  Committee to Elect Heather Pendleton						
					Registration Numb	er if PAC
Full Name of Contributor					Registration Numb	ei, ir i AO
Colleen Limerick	le.		(O	\		Form (Cash, Check, etc.)
Street Address	Emp	ioyer	/Occupation/Labor (	nganization		check
420 Winthrop Dr				T		
City	State		Zip Code	Date (MM/D		Amount
Findlay	ОН		45840		02/20/2024	
Full Name of Contributor					Registration Numb	er, if PAC
Joseph Frost						
Street Address	Emp	loyer	/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
2720 N. Winter Woods Dr.						
City	State		Zip Code	Date (MM/D	DD/YYYY)	Amount
Findlay	ОН	~	45840		01/05/2024	250.00
Full Name of Contributor				er, if PAC		
Betty Hartzell						
Street Address	Emp	loyer	/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
9550 SR 224 W						check
City	State		Zip Code	Date (MM/I	DD/YYYY)	Amount
Findlay	ОН		45840		01/25/2024	100.00
Full Name of Contributor					Registration Numb	er, if PAC
Gene Barker						
Street Address	Emp	loyeı	r/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
7355 TR 21						check
City	State		Zip Code	Date (MM/I	DD/YYYY)	Amount
McComb	ОН		45858		01/25/2024	100.00
Full Name of Contributor					Registration Numb	er, if PAC
Ronald Riegle						
Street Address	Emp	loye	r/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
22580 TR 185						
City	State		Zip Code	Date (MM/I	DD/YYYY)	Amount
Forest	ОН	•	45843		02/22/2024	100.00

Page Total	1,050.00	
		_



Form 3

Page .

ORC 3517

Full Name of Committee						
Committee to Elect Heather Pendletor	n					
Full Name of Contributor					Registration Number	er, if PAC
Jim Baker						
Street Address	Emplo	yer	/Occupation/Labor Or	ganization*	<b>'</b>	Form (Cash, Check, etc.)
2217 S. Main St.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	он [	Ţ	45840		02/19/2024	50.00
Full Name of Contributor					Registration Number	er, if PAC
Mary Copus						
Street Address	Emplo	yer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
108 Cora St.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	он [	•	45840		02/14/2024	100.00
Full Name of Contributor			L <sub>u</sub>		Registration Numb	er, if PAC
Chuck Clapper						
Street Address	Emplo	yer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1004 Eagle Ridge Dr.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	~	45840		02/02/2024	50.00
Full Name of Contributor				h-	Registration Numb	er, if PAC
Nila Phillips						
Street Address	Emple	oyer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1034 TR 293						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Fostoria	ОН	¥	45840		01/24/2024	50.00
Full Name of Contributor	<del></del>				Registration Numb	er, if PAC
Judy Cole						
Street Address	Emple	oyer	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
23646 CR 7						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Alvada	ОН	•	44802		01/25/2024	50.00

Page Total	300.00



#### Page \_4

#### **Statement of Contributions Receive**

Form 3

Form 5
ORC 3517

Full Name of Committee						
Committee to Elect Heather Pendleton						
Full Name of Contributor					Registration Numb	er, if PAC
Margie Stateler						
Street Address	Emplo	oyer.	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
4291 TR 117						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
McComb	ОН	-	45858		01/28/2024	30.00
Full Name of Contributor					Registration Numb	er, if PAC
J. Steve Welton						
Street Address	Emple	oyer	/Occupation/Labor Or	ganization*	V:	Form (Cash, Check, etc.)
625 W. Circle Dr.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	<b>-</b>	45840		01/08/2024	50.00
Full Name of Contributor Registration Numb						er, if PAC
Street Address	Emple	oyer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
		•				
Full Name of Contributor					Registration Numb	er, if PAC
Street Address	Empl	oyeı	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
		_				
Full Name of Contributor	er, if PAC					
Street Address	Empl	oye	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
		•				

Page Total	80.00





## **Statement of Other Incom**

Form 31-

R.C. 3517.10

				1	
Full Name of Committee					
Committee to Elect Heather Pendleton					
Full Name of Contributor			Registration Number	er, if PAC	
Heather Pendleton					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
2720 N. Winter Woods Dr.	Loan Payments Received		01/10/2024	e-transfer	
City	State	Zip Code		Amount	
Findlay	он	45840		5,000.00	
Full Name of Contributor		Registration Number	er, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
<b>6.00</b> 0.7 (da. 800	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor	li .	Registration Number, if PAC			
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number	er, 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/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund	,	·		
City	State	Zip Code		Amount	
	он				
		100			

	5 000 00	
Page Total S	5,000.00	

<sup>\*</sup> 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.





### **In-Kind Contributions Receive**

Form 31-, R.C. 3517

Full Name of Committee		× ×						
Committee to Elect Heather Pendleton								
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC	
Sherri Garner Brumbaugh								
Street Address	Descrip	otion of Item	or S	L Service		Date (MM/DD/YYYY)	Fair Market Va	
9291 co Rd 313	lunch	eon				02/15/2024	381.42	
City		State		Zip Code	Received at Fundraisi	ng Event?		
Findlay		он		45840	☐ Yes ⊠ No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC	
Judy Miller								
Street Address	Descrip	otion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
1600 N. Union St.	radio	advertisii	ng			02/19/2024	80.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
Fostoria		ОН		44830	☐ Yes 🗵 No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC	
Heather Pendleton								
Street Address	Descrip	otion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
2720 N. Winter Woods Dr.	posta	ge				01/03/2024	272.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
Findlay		ОН	~	45840	☐ Yes ☒ No	Yes X No		
Full Name of Contributor				Employer, Occupatio	tion, Labor Organization* Registration Number, if PAC			
Heather Pendleton								
Street Address	Descrip	otion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
2720 N. Winter Woods Dr.	adver	tising				01/10/2024	1,150.00	
City		State		Zip Code	Received at Fundraisi	ng Event?		
Findlay		он	<b>-</b>	45840	☐ Yes ☒ No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	f PAC	
Street Address	Descrip	otion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
City		State		Zip Code	Received at Fundraisi	ng Event?		
		ОН			☐ Yes ※ No			

1,883.42 Page Total \$
---------------------------

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and nam 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)]



Total Outstanding Balance \$ 15,000.00

# Statement of Loans Receive

Form 3

R.C. 3517

Full Name of Committee					
Committee to Elect Heather	er Pendleton				
From Whom Received				Prior Amount	Amt. Incurred this P
Heather Pendleton	10,000.00 5,000.00				
Street Address					Outstanding Balanc
2720 N. Winter Woods Dr.					15,000.00
City Findlay	State Zip Code OH ▼ 45840	Loans Received T	his Period	Payment	ts This Period
	/ Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/I	OD/YYYY) Amount
Date Loan was Originally	08/22/2023		5,000.00	Jaio Siv Symon (mm	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	OD/YYYY) Amount
Employer/Occupation/Labor Orga	nization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
From Whom Received				Prior Amount	Amt, Incurred this P
Street Address					Outstanding Balance
City	State Zip Code	Loans Received T	his Period	Payment	ts This Period
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
Employer/Occupation/Labor Orga	nization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgive (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	if any, rather than employer s nization of which the employee n" in the "Outstanding Balance of all payments made in this pe	hould be listed. If two or more ones are members, if any, must a members are members are all lo	employees contrib lso appear. [R.C. 3 ans received this p	ute via payroll deductions in the statement of the Statem	on and exceed the
Total Prior Amount \$ _10,00					
Total Received This Period		,	ord on Form 31-A-		
Total Payments Received t	nis Period \$_0	(also reco	ord on Form 31-B)		

\_ (also record on Form 30-A)



## Statement of Expenditur

Form

Page.

R.C. 351

Full Name of Committee		-				
Committee to Elect Heather Pendleton						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Clear Images			Bate (MINN/BB/1111)		1,180.32	
Street Address	Purpose				1,100.52	
121 11th St.	signs					
City	State	1	0.1			
Toledo	OH	4	Code 3604	50	eck Number 06	
To Whom Paid			Date (MM/DD/YYYY)	_	Amount	
University of Findlay Print Shop				024	106.75	
Street Address	Purpose					
1000 N. Main St.	printing					
City	State Zij				Check Number	
Findlay	ОН	45	840	50	7	
To Whom Paid			Date (MM/DD/YYYY)	_	Amount	
Keyes Media Group			02/07/2	024	400.00 -	
Street Address	Purpose					
2040 Tiffin Ave	billboards					
City	State	Zip	Code	Che	ck Number	
Findlay	ОН	45	840	508	8	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
University of Findlay Print Shop			02/20/20	024	384.30	
Street Address	Purpose					
1000 N. Main St.	printing					
City	State	Zip	Code	Che	ck Number	
Findlay	он	458	840	509	)	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Ohio Ethics Commission			02/08/20	24	60.00	
Street Address	Purpose					
30 W. Spring St.	2023 Finan	cial	Disclosure Fees			
City	State	Zip (	Code	Chec	ck Number	
Columbus	он	432	215	e-cl	neck	



# Ohio Campaign Finance Repo

Form

ORC 351

Committee Name	Office Sought						Distr			
Committee to Elect He		Hancoc	k Coun	ty Pr	osecuting Att	orney				
Street Address				State	Zip	)				
2720 N. Winter Woods	s Dr.	Findlay				ОН	45	840		
Candidate Name OR PAG	Registration Number	Treasurer Na	ime					Election Date (	MM/DD/	YYYY)
Heather Pendleton		Sherri Garn	ner Brumba	ugh				03/19/2024		
Type of Report (cho	ose one):				_					
Annual Se	emiannual 🔲 Pre-Primai	ry 🗵 Post	-Primary	Pre	-General		Post	t-General		
Statewide Candidate	s Only:								Year	
July Monthly	August Monthly S	September Me	onthly						2024	4
Amended Report	Termination		Short	Form R	eport (R.	.C. 351	7.10	)(H))		
⊠ No ☐ Yes	Check this box if the wishes to terminate w							e is filing a d instructions	5.	
1. Amount broug	ht forward from last repor	<b>t</b>			8	,288.56				
2. Total monetary	contributions (From Form	ns 31-A and 3	31-E)		200.00					
3. Total other inc	ome (From Form 31-A-2)				0.00			Company of the state of the sta		
4. Total funds ava	ailable (sum of lines 1, 2, 3	)			8,488.56			3		
5. Total monetary	expenditures (From Form	ns 31 <b>-</b> B and 3	1-F)		8,488.56					
6. Balance on ha	nd (line 4 minus line 5)					0.00				
7. Value of in-kin	d contributions received (	From Form 3	1-J-1)		8	318.97		<u> </u>	A	Z7.1
8. Value of in-kine	d contributions made (Fro	m Form 31-J	-2)						-	ĮV.
9. Outstanding lo	ans owed by committee (	From Form 3	1-C)		14	,617.9	1			
10. Outstanding	debts owed by committee	(From Form	31-N)							
11. Outstanding I	oans owed to committee	(From Form 3	31-K)							
12. Value of inde	pendent expenditures made	de (From For	m 31-U)							
	T IS MADE UNDER PENAI MITS ELECTION FALSIFIC					HE FIF	TH I	DEGREE.		
ONA 1	04/25/2024									
Signature of Treasurer of	r Deputy Treasurer					Date (N	/IM/D	D/YYYY)		
Contribution Pages	Expenditure Pages	Oth	ner Pages		Total Pa	ages				
2	1		5 Last Updated				1 09/2			



Form 3

ORC 351

Full Name of Committee  Committee to Elect Heather Pendleton						
Full Name of Contributor					Registration Numb	er. if PAC
Greg Cassidy					Troglotiation rianiz	o., 7.0
Street Address	Empl	loyer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
710 College Ave.		•				check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Fostoria	ОН	-	44830		03/12/2024	100.00
Full Name of Contributor				,	Registration Numb	er, if PAC
Angela Guthrie						
Street Address	Empl	loyeı	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
530 Clinton Ct.						check
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Findlay	ОН	•	45840		03/12/2024	100.00
Full Name of Contributor					Registration Numb	er, if PAC
Street Address	Empl	loyer	r/Occupation/Labor Or	ganization*	•	Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor					Registration Numb	er, if PAC
Street Address	Emp	oyer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor					Registration Numb	er, if PAC
Street Address	Emp	loyer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount
		🕶				



Full Name of Committee

## Page\_

### **In-Kind Contributions Receive**

818.97

Page Total \$

Form 31-J R.C. 3517.

Committee to Elect Heather Pendle	eton							
Full Name of Contributor				Employer, Occupation	on, Labor Organization*	Registration Number,	if PAC	
Heather Pendleton								
Street Address	Descrip	otion of Iten	n or	Service		Date (MM/DD/YYYY)	Fair Market Va	
2720 N. Winter Woods Dr.	Radio	advertis	sing			03/15/2024	400.00 🗸	
City		State		Zip Code	Received at Fundrais	ing Event?		
Findlay		ОН		45840	☐ Yes ※ No			
Full Name of Contributor				Employer, Occupation	on, Labor Organization*	Registration Number,	if PAC	
Heather Pendleton								
Street Address	Descrip	otion of Iten	n or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
2720 N. Winter Woods Dr.	Online	e advertis	sing	I		03/17/2024	418.97	
City		State		Zip Code	Received at Fundraisi	ng Event?		
Findlay		он	•	45840	☐ Yes ※ No			
Full Name of Contributor				Employer, Occupation	on, Labor Organization*	Registration Number, if PAC		
Street Address	Descrip	otion of Item	n or S	Service		Date (MM/DD/YYYY)	Fair Market Va	
Д		·						
City		State		Zip Code	Received at Fundraisi	ng Event?		
988			<b>Y</b>		Yes No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	f PAC	
Street Address	Dosorio	tion of Itom	. or 9	Candao		D-4- (MM/DD00000)	Cair Market Vo	
Street Address	Descrip	tion of Item	i or a	service		Date (MM/DD/YYYY)	Fair Market Va	
City		State		Zip Code	Received at Fundraisi	ng Event?		
			-		☐ Yes ☐ No			
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number, i	f PAC	
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Val	
O'A.		04-4		7:- 0-1-	<u> </u>			
City		State		Zip Code	Received at Fundraisi	ng ∟vent?		
					Yes No			



# Statement of Expenditur

Form 3

R.C. 351

Full Name of Committee						
Committee to Elect Heather Pendleton						
			r		г.	
To Whom Paid			Date (MM/DD/YYY		Amount	
University of Findlay Print Shop			C	)4/11/2024	5,775.47	
Street Address	Purpose					
1000 N. Main St	Mailer p	rinting,	postage			
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	51	2	
To Whom Paid			Date (MM/DD/YYY	Υ)	Amount	
The Courier			o d	3/14/2024	1,341.00	
Street Address	Purpose					
701 W. Sandusky St.	Newspa	per adv	ertising/			
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	51	1	
To Whom Paid	di.		Date (MM/DD/YYY	Υ)	Amount	
Blanchard River Broadcasting			C	3/13/2024	990.00	
Street Address	Purpose				V	
551 Lake Cascades Parkway	Radio a	dvertisi	ng			
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	51	510	
To Whom Paid			Date (MM/DD/YYY	Υ)	Amount	
Heather Pendleton			0	4/19/2024	382.09 🗸	
Street Address	Purpose					
2720 N. Winter Woods Dr.	Campai	ng loan	repayment, par	tial		
City	State	Zip	Code	Che	eck Number	
Findlay	ОН	45	840	cas	shout	
To Whom Paid			Date (MM/DD/YYY	Y)	Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	eck Number	
	ОН					

Page Total \$	8,488.56	



## Statement of Loans Receive

Form :

Page\_

R.C. 351

Full Name of Committee								
Committee to Elect Heathe	r Pendlet	on						
From Whom Received						Prior Amount	Amt. Ir	ncurred this F
Heather Pendleton						15,000.00 0.00		
Street Address							Outsta	nding Baland
2720 N. Winter Woods Dr.							15,00	00.00
City	State	Zip Code					0	
Findlay	он 🔻	45840	Loans Rec	eived Th	his Period	Payment	s This	Period
Date Loan was Originally	Incurred (N	/M/DD/YYYY)	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
		08/22/2023				04/19	9/2024	382.09
Registration Number, if PAC			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
From Whom Received						Prior Amount	Amt, Ir	ocurred this F
Street Address							Outsta	nding Baland
	4							
City	State	Zip Code	Loans Rec	eived Tł	nis Period	Payment	s This	Period
			2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	540000	Amazont	D 1 6 D 1 4 1 1 4 1 5	550000	Amount
Date Loan was Originally	Incurred (N	/M/DD/YYYY)	Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	JD/YYYY)	Amount
Pagistration Number if DAC			D-4	ND WWW.	Amount	Date of Payment (MM/D		Amount
Registration Number, if PAC			Date of Loan (MM/E	(זוזו/טל	Amount	Date of Payment (MW/L	(וודדו/טנ	Amount
Employer/Occupation/Labor Organ	nization*		Date of Lean (MM/F	)D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amount	Date of Payment (MM/D	יטאאא	Amount
			Date of Loan (MM/DD/YYYY) Amount			Date of Fayment (WW)	, and	
* Required for contributions from in	idividuals o	ver \$100 to statew	vide and general asse	embly cand	didates. If contribu	itor is self-employed, th	ie occupa	ation and the
name of the individual's business, i aggregate of \$100, the labor organ	if any, rathe ization of w	er than employer s which the employee	should be listed. If two es are members, if ar	o or more e ny, must al	employees contrib lso appear. [R.C. :	ute via payroll deductio 3517.10(B)(4)]	on and ex	kceed the
If a loan is forgiven, write "Forgiver	n" in the "O	utstanding Balance	e" space. Transfer to	tal of all loa	ans received this	period to the Statement	t of Othe	r Income
(Form No. 31-A-2). Transfer total o Cover page (Form No. 30-A).	f all payme	nts made in this po	eriod to the Statemer	nt of Exper	nditures (Form No	. 31-B). Transfer Outst	anding B	alance to the
Total Prior Amount \$ 15,00	0.00							
·								
Total Received This Period	\$ 0			(also reco	ord on Form 31-A	-2)		
Total Payments Received to	his Perio	4 \$ 382 NQ		(also ross	ord on Form 31-B)			
Total Fayments Neceived to	no i cito	4 Ψ ΦΟΖ.ΟΘ		(also reco	44 OH 1-UIII 3 I-D)			
Total Outstanding Balance	\$ 14,617	.91		(also reco	rd on Form 30-A)			