Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name	Office Sought	District
Committee to Elect Gina DeGenova	Prosecutor	

Street Address	City	State	Zip
1001 Country Manor Drive	North Lima	OH	44452

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Gina DeGenova	Steve Zawrotuk	11/05/2024

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: 2022

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	10,000
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	10,000
5. Total monetary expenditures (From Forms 31-B and 31-F)	60.38
6. Balance on hand (line 4 minus line 5)	9,939.62
7. Value of in-kind contributions received (From Form 31-J-1)	350.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	1,829.88
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

Date (MM/DD/YYYY): 01/29/2023

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
2	1	4	

Last Updated 09/2017

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Committee to Elect Paul Gains		1820 Alvern			Poland	OH	44513	12/02/2022	10,000

*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 10,000

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

To Whom Paid	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	Amount	Purpose	Check Number
Huntington Bank	11 Manor Hill	Canfield	OH	44406	12/14/2022	60.38	Checks	Electronic Debit
			OH					
			OH					
			OH					
			OH					

Page Total $ 60.38

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Operating Engineers Local 66				
Street Address	**Description of Item or Service**		**Date (MM/DD/YYYY)**	**Fair Market Value**
291 McClurg Rd.	Use of hall for event		12/10/2022	200.00
City	**State**	**Zip Code**	**Received at Fundraising Event?**	
Boardman	OH	44512	☐ Yes ☒ No	

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Gina DeGenova				
Street Address	**Description of Item or Service**		**Date (MM/DD/YYYY)**	**Fair Market Value**
1001 Country Manor Drive	misc. paper products for event		12/10/2022	50.00
City	**State**	**Zip Code**	**Received at Fundraising Event?**	
North Lima	OH	44452	☐ Yes ☐ No	

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Attorney Karen Bovard				
Street Address	**Description of Item or Service**		**Date (MM/DD/YYYY)**	**Fair Market Value**
12 W. Main Street	legal services		11/23/2022	100.00
City	**State**	**Zip Code**	**Received at Fundraising Event?**	
Canfield	OH	44406	☐ Yes ☒ 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?**	
			☐ Yes ☐ 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?**	
			☐ Yes ☐ 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 $ 350.00

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Ohio Secretary of State

Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

To Whom Owed: Gina DeGenova		Prior Amount:	Amount Incurred this Period: 29.56
Street Address: 1001 Country Manor Drive		Item or Purpose of Debt: event expeses	Outstanding Balance: 29.56
City: North Lima	State: OH / Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 12/09/2022	Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:		Date of Payment (MM/DD/YYYY):	Amount:
[redacted]		Date of Payment (MM/DD/YYYY):	Amount:

To Whom Owed: Gina DeGenova		Prior Amount:	Amount Incurred this Period: 132.93
Street Address: 1001 Country Manor Drive		Item or Purpose of Debt: beverages for event	Outstanding Balance: 132.93
City: North Lima	State: OH / Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 12/10/2022	Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:		Date of Payment (MM/DD/YYYY):	Amount:
[redacted]		Date of Payment (MM/DD/YYYY):	Amount:

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period $ 0 (also record on Form 31-B)

Total Outstanding Balance $ 162.49 (also record on cover page)

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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

To Whom Owed: Gina DeGenova		Prior Amount:	Amount Incurred this Period: 51.85
Street Address: 1001 Country Manor Drive		Item or Purpose of Debt: event expeses	Outstanding Balance: 51.85
City: North Lima	State: OH / Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 12/08/2022	Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:		Date of Payment (MM/DD/YYYY):	Amount:
[redacted]		Date of Payment (MM/DD/YYYY):	Amount:
To Whom Owed:		Prior Amount:	Amount Incurred this Period:
Street Address:		Item or Purpose of Debt:	Outstanding Balance:
City:	State: OH / Zip Code:	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY):	Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:		Date of Payment (MM/DD/YYYY):	Amount:
[redacted]		Date of Payment (MM/DD/YYYY):	Amount:

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period $ 0 (also record on Form 31-B)

Total Outstanding Balance $ 51.85 (also record on cover page)

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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

To Whom Owed: Gina DeGenova			Prior Amount:	Amount Incurred this Period: 120.00
Street Address: 1001 Country Manor Drive			Item or Purpose of Debt: postage	Outstanding Balance: 120.00
City: North Lima	State: OH	Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 11/26/2022		Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:			Date of Payment (MM/DD/YYYY):	Amount:
[redacted]			Date of Payment (MM/DD/YYYY):	Amount:
To Whom Owed: Gina DeGenova			Prior Amount:	Amount Incurred this Period: 82.78
Street Address: 1001 Country Manor Drive			Item or Purpose of Debt: invitations for event	Outstanding Balance: 82.78
City: North Lima	State: OH	Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 11/27/2022		Date of Payment (MM/DD/YYYY):	Amount:
Registration Number, if PAC:			Date of Payment (MM/DD/YYYY):	Amount:
[redacted]			Date of Payment (MM/DD/YYYY):	Amount:

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period $ 0 (also record on Form 31-B)

Total Outstanding Balance $ 202.78 (also record on cover page)

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Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee
Committee to Elect Gina DeGenova

To Whom Owed: Steve Zawrotuk			Prior Amount:	Amount Incurred this Period: 123.75
Street Address: 1001 Country Manor Drive			Item or Purpose of Debt: event expeses	Outstanding Balance: 123.75
City: North Lima	State: OH	Zip Code: 44452	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 12/10/2022		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
[redacted]			Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed: TKM			Prior Amount	Amount Incurred this Period: 1289.01
Street Address: 760 Killan Road			Item or Purpose of Debt: campaign materials	Outstanding Balance: 1289.01
City: Akron	State: OH	Zip Code: 44319	**Payments This Period**	
[redacted]	Date Debt was Originally Incurred (MM/DD/YYYY): 12/11/2022		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)	Amount
[redacted]			Date of Payment (MM/DD/YYYY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period $ 0 (also record on Form 31-B)

Total Outstanding Balance $ 1412.76 (also record on cover page)

OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Committee to Elect Gina Degenova	Prosecutor	

Street Address	City	State	Zip
1001 Country Manor	North Lima	OH	44452

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Gina Degenova	Steve Zawrotuk	11/5/2024

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: 2022

Amended Report

☐ No ☒ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ 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)	10,000
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	10,000
5. Total monetary expenditures (From Forms 31-B and 31-F)	60.38
6. Balance on hand (line 4 minus line 5)	9,939.62
7. Value of in-kind contributions received (From Form 31-J-1)	350.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	1829.88
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

MAHONING CO BOARD OF ELECTIONS
2023 APR 4 PM3:33

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

Date (MM/DD/YYYY): 3/31/2023

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1		1	2

Last Updated 09/2017

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Ohio Secretary of State

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Committee to Elect ~~P~~ Gina DeGenova

Full Name of Contributor				Registration Number, if PAC
Committee to Elect Paul Gains				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1820 Alvern				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Poland	OH	44514	12/02/2022	10,000

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
				MAHONING CO BOARD OF ELECTIONS 2023 APR 4 PM3:33
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**

*Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total ____________

OH Mahoning DeGenova, Gina EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/x00u4qqq1n7fu4k0ld4jos0gt29iwx4x