

#### **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name				Office Soug	ht			1	District
Committee to Elect Gina DeGenova				Prosecuto	or				
Street Address		City		s	state	Zip			
1001 Country Manor Drive		North Lima	a .		OH	444	52		
Candidate Name OR PAC Registration Number	er Ti	reasurer Name	Br. C.				Election Date	(MM/DD/YY	YY)
Gina DeGenova	S	teve Zawroti	ık				11/05/2024	4	
Type of Report (choose one):									
Annual Semiannual	Pre-Primary	Post-Pr	imary 🔲 Pre	e-General	F	Post-	General		
Statewide Candidates Only:								Year	
☐ July Monthly ☐ August Mont	thly   Sept	ember Mont	hly					2022	
Amended Report Termination	<del>andala andala andala</del> Andala andala andala		Short Form R	eport (R.C	. 3517	7.10(	H))		
	box if the com		Check this	s box if the	comm	nittee	is filing a		
wishes to	terminate with t	his report	short term	report. Se	e atta	ched	instruction	ns.	
1. Amount brought forward from	last report				0			]	
2. Total monetary contributions	(From Forms 3	1-A and 31-	E)	10	,000				
3. Total other income (From Form	n 31-A-2)								
4. Total funds available (sum of I				10	,000				
5. Total monetary expenditures	(From Forms 3	1-B and 31-l	F)	6	0.38			1	
6. Balance on hand (line 4 minus	line 5)			9,9	39.62				
7. Value of in-kind contributions	received (Fro	m Form 31-	J-1)	35	0.00				
8. Value of in-kind contributions	made (From F	orm 31-J-2)							
9. Outstanding loans owed by co	ommittee (Fron	m Form 31-0	C)						
10. Outstanding debts owed by	committee (Fro	om Form 31	-N)	1,8	29.88		MALIONITHIC	O BOADD OF	
11. Outstanding loans owed to d	ommittee (Fro	m Form 31-	K)					JAN 30	
12. Value of independent expend	ditures made (	From Form	31-U)						
THIS STATEMENT IS MADE UND WHOEVER COMMITS ELECTION					E FIF	TH C	EGREE.		
Sta 2 1	4			1 [	01/29/				
Signature of Treasurer or Deputy Treasurer				] [			D/YYYY)	-	_
	ture Pages	Other	Pages	Total Pag	es				
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#### Page \_\_\_\_

#### Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Committee to Elect Gina DeGenova				
ull Name of Contributor			Registration Num	ber, if PAC
Committee to Elect Paul Gains				
Street Address	Employ	er/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)
1820 Alvern				
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Poland	он 🔻	44513	12/02/202	2 10,000
ull Name of Contributor			Registration Num	nber, if PAC
Street Address	Employ	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Nur	nber, if PAC
Street Address	Employ	/er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Nur	nber, if PAC
Street Address	Employ	yer/Occupation/Lab	oor Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Nu	mber, if PAC
Street Address	Emplo	yer/Occupation/Lat	por Organization*	Form (Cash, Check, etc.)

\*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)]

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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		Date (MM/DD/Y)	
Huntington Bank			12/14/2022 60.38
Street Address	Purpose		
11 Manor Hill	Checks		
City	State	Zip Code	Check Number
Canfield	ОН	44406	Electronic Debit
To Whom Paid		Date (MM/DD/Y)	YYY) Amount
To Whom Paid		23.0 (1.11)	
	12		
Street Address	Purpose		
City	State	Zip Code	Check Number
	ОН		
To Whom Paid		Date (MM/DD/Y	YYY) Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
Oity	ОН		얼마리 맛이다. 그는 그 그 그 그를 다 먹었다.
		Date (MM/DD/Y	(YYY) Amount
To Whom Paid		Date (MINI/DD/1	1110
Street Address	Purpose		
City	State	Zip Code	Check Number
	ОН		
To Whom Paid		Date (MM/DD/Y	(YYY) Amount
Street Address	Purpose	N25	
	State	Zip Code	Check Number
City		Zip Code	Chock radings
	ОН		

Page Total \$ 60.38



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#### In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee				CONTRACTOR			
Committee to Elect Gina DeGeno	ova						
Full Name of Contributor			П	Employer, Occup	oation, Labor Organization*	Registration Number,	if PAC
Operating Engineers Local 66							
Street Address	ddress Description of Item or S			ervice		Date (MM/DD/YYYY)	Fair Market Value
291 McClurg Rd.	Use of	Use of hall for event				12/10/2022	200.00
City	<del></del>	State	- 4	Zip Code	Received at Fundraisi	ng Event?	
Boardman		ОН	-	44512	☐ Yes ☑ No		
Full Name of Contributor			$\Box$	Employer, Occu	pation, Labor Organization*	Registration Number,	if PAC
Gina DeGenova							
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
1001 Country Manor Drive	misc.	c. paper products for event				12/10/2022	50.00
City		State		Zip Code	Received at Fundrais	ing Event?	
North Lima		ОН	-	44452	☐ Yes ☐ No		
Full Name of Contributor				Employer, Occu	pation, Labor Organization*	Registration Number,	if PAC
Attorney Karen Bovard							
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Value
12 W. Main Street	legals	services				11/23/2022	100.00
City		State		Zip Code	Received at Fundrais	ing Event?	
Canfield		ОН	-	44406	☐ Yes ☑ No		
Full Name of Contributor				Employer, Occu	pation, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	tion of Item	n or s	Service		Date (MM/DD/YYYY)	Fair Market Value
City		State		Zip Code	Received at Fundrais	sing Event?	
			-		Yes No		
Full Name of Contributor				Employer, Occu	ipation, Labor Organization	Registration Number	, if PAC
Street Address	Descrip	otion of Iten	n or	I Service		Date (MM/DD/YYYY)	Fair Market Value
City		State		Zip Code	Received at Fundrais	sing Event?	L
			-		☐ 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)]

350.00 Page Total \$	
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Total Outstanding Balance \$ 162.49

### Not an Original Document

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#### **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

To Whom Owed			Prior Amount	Amoun	t Incurred this Period
Gina DeGenova		29.56			
Street Address			Item or Purpose of Debt	Outsta	nding Balance
1001 Country Manor Drive			event expeses	29.56	<b>;</b>
City North Lima	State OH 🔻	Zip Code 44452	Paymen	ts This	Period
	Date Debt was Originally Incur	rred (MM/DD/YYYY) 12/09/2022	Date of Payment (MM/DD/Y	YYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/Y	YYY)	Amount
			Date of Payment (MM/DD/Y	YYY)	Amount
To Whom Owed Gina DeGenova	Prior Amount	Amour 132.9	nt Incurred this Period		
Street Address	Item or Purpose of Debt beverages for event	Outstanding Balance 132.93			
1001 Country Manor Drive			beverages for event	132.	
City North Lima	State OH 🔻	Zip Code 44452	Payments This Period		
	Date Debt was Originally Incu	12/10/2022	Date of Payment (MM/DD/Y	YYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/)	YYY)	Amount
			Date of Payment (MM/DD/)	(YYY)	Amount
If a debt is forgiven, write "Forgiven" in the (Form No, 31-B). Total amount forgiven she	"Outstanding Balance" column.	Transfer total of all p	ayments made in this period	to the Sta	atement of Expendit
(Form No. 31-B). Lotal amount forgiven she cover page.	bula be included in the in-Kind C		gg (FOIII No. 31-3-1). Transle	i total ou	istanding dest amou
		1			

(also record on cover page)



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#### **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

o Whom Owed			Prior Amount	Amour	nt Incurred this Period
Gina DeGenova				51.85	5
	Item or Purpose of Debt	Outsta	nding Balance		
street Address 1001 Country Manor Drive			event expeses	51.85	5
	State	Zip Code			
City North Lima	OH -	100	Payme	nts This	s Period
Torur Eline	Date Debt was Originally Inc	curred (MM/DD/YY	YY) Date of Payment (MM/DD/	YYYY)	Amount
		12/08/20			
Registration Number, if PAC			Date of Payment (MM/DD/	YYYY)	Amount
			estata		
			Date of Payment (MM/DD/	YYYY)	Amount
				Amou	nt Incurred this Period
To Whom Owed			Prior Amount	Amou	The meaned that I dried
Street Address			Item or Purpose of Debt	Outst	anding Balance
					_
City	State	Zip Code	Payme	nts Thi	s Period
	Date Debt was Originally In	ncurred (MM/DD/YY	(YYY) Date of Payment (MM/DD	YYYY)	Amount
					Amount
Registration Number, if PAC			Date of Payment (MM/DD	/YYYY)	Amount
			Date of Payment (MM/DD	(YYYY)	Amount
			Date of Fayment (www.bb	,	
		Section of the sectio		144	



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#### **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Fo Whom Owed  Gina DeGenova  Street Address		-		Prior Amount	Amour	nt Incurred this Period
				FILOE AMOUNT	120.0	
Street Address	Gina DeGenova					nding Balance
4004 O 4 M D				Item or Purpose of Debt postage	120.0	
1001 Country Manor Drive			I=- 0-4-	postage	1201	
City North Lima	Sta OI	Consti	Zip Code 44452	Paymer	nts This	s Period
	Date Debt was Original	ly Incu	11/26/2022		YYY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/)	YYY)	Amount
				Date of Payment (MM/DD/	YYY)	Amount
To Whom Owed Gina DeGenova				Prior Amount	Amou	nt Incurred this Period
Street Address 1001 Country Manor Drive				Item or Purpose of Debt invitations for event	Outsta 82.7	anding Balance
City North Lima	State Zip Code			Payments This Period		
	Date Debt was Origina	lly Inc.	urred (MM/DD/YYYY) 11/27/2022		YYYY)	Amount
Registration Number, if PAC				Date of Payment (MM/DD/	YYYY)	Amount
	State of State State of State			Date of Payment (MM/DD/	YYYY)	Amount



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### **Statement of Outstanding Debts**

Form 31-N R.C. 3517.10

Committee to Elect Gina DeGenova			Prior Amount	Amour	nt Incurred this Period
To Whom Owed				123.7	75
Steve Zawrotuk	Item or Purpose of Debt	Outsta	inding Balance		
Street Address			event expeses	123.7	
1001 Country Manor Drive		T=: 0 1	CVC/II CAPOCCO		
City North Lima	State OH 🕶	Zip Code 44452	Payme	nts Thi	s Period
D	ate Debt was Originally Incu	12/10/20		YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/	YYYY)	Amount
and the second s			Date of Payment (MM/DD/	YYYY)	Amount
To Whom Owed		the same to the same to	Prior Amount	Amou	int Incurred this Period
TKM				1289	9.01
Street Address 760 Killan Road	Item or Purpose of Debt campaign materials	480 L. J. B. M. B.			
City Akron	State OH 🔻	Zip Code 44319	Payme	nts Thi	is Period
	Date Debt was Originally Inc	urred (MM/DD/YY	그 그 그는 경투 경기를 하고 있다. 그는 그는 그 그 그 그를 들어 살아가고 있다.	YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD	YYYY)	Amount
			Date of Payment (MM/DD	YYYY)	Amount
If a debt is forgiven, write "Forgiven" in the "O (Form No. 31-B). Total amount forgiven shoul cover page.	utstanding Balance" column ld be included in the In-Kind	n. Transfer total of Contributions Re	all payments made in this period	to the S	tatement of Expenditu
Total Payments This Period \$ 0		(also	record on Form 31-B)		
Total Outstanding Balance \$ 1412.7					



### Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

	<u> </u>		Office Sought	District		
mmittee Name	Hee to Elect De	na Benov	a Prosec	utor		
eet Address	City		State Zip	Liketon		
1001 COW	ntry Manor Nov-	th UI	Ma UH	19952		
andidate Name OR PAC	Registration Number Treasurer Name			Election Date (MM/DD/YYYY)		
Crina D	RIGENDUA STE	veza	Wrotuk	1/5/2024		
pe of Report (cho						
Annual 🗌 Se	miannual 🗌 Pre-Primary 📗 Post-Pr	rimary P	re-General Post	-General		
atewide Candidates	s Only:			Year		
	August Monthly September Mont	thly		2022		
			Form Report (R.C. 3517.10(H))			
No Yes	— Check this box if the committee — Check this box if the committee is filing a					
1. Amount broug	ht forward from last report		0			
2. Total monetary contributions (From Forms 31-A and 31-E)			10,000			
3. Total other inc	come (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)			9,939.6	2		
7. Value of in-kind contributions received (From Form 31-J-1)			350.00	0		
8. Value of in-kir	nd contributions made (From Form 31-J-2	2)				
9. Outstanding l	oans owed by committee (From Form 31-	-C)				
	debts owed by committee (From Form 3	S THE COLUMN HE WE'SE. SHIPLINGS	1829.8	8 MAHONING CO BOARD OF ELE 2023 APR 4 PM3:3		
11. Outstanding	loans owed to committee (From Form 31	1-K)		ZU43 HFK 4 PM3.3		
12. Value of inde	ependent expenditures made (From Form	n 31-U)				
THIS STATEMENT WHOEVER COM	NT IS MADE UNDER PENALTY OF ELEC MMITS ELECTION FALSIFICATION IS GU	TION FALSIF	ICATION. LONY OF THE FIFTH	DEGREE.		
Str	Buntle		3\3 Date (MM	112023		
Signature of Treasurer  Contribution Pages		er Pages	Total Pages			



### Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee					
Full Name of Committee	10-1	P Carin	no C	en ou	
Committee to E	ICCI	£ 1911/1	a ye c	Registration Nu	Imber, if PAC
Full Name of Contributor	. 0				
Committee to Ele	ct Yo	Jul Ga	<u>MS</u>		Form (Cash, Check, etc.)
will Name of Committee  Committee to Elect Paul Gains  Registration Num  Committee to Elect Paul Gains  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DD/YYYY)					
1820 Alvern			Check		
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
Poland	12nd OH 44514 12/02/202		2/202	10,000	
Full Name of Contributor				Registration No	umber, if PAC
reet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address					1
2"	State	Zip Code	Date (MM/D	D/YYYY)	Amount
City	Journal				1
				Registration N	umber, if PAC
Full Name of Contributor				, region and re	
					Form (Cash, Check, etc.)
Street Address	Employ	Employer/Occupation/Labor Organization*			Tomi (Gash, Gheak, Glas)
					~
City	State Zip Code Date (MM/E		D/YYYY)	Amount	
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employ	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
Olicett / Mailess	l				
O.L.	State	Zip Code	Date (MM/I	DD/YYYY)	Amount
City			,		
			The second secon	Registration N	Number, if PAC
Full Name of Contributor				rtogiotiation	
					FINITO (CASH CS HESKIP) F ELECT.
Street Address	Emplo	Employer/Occupation/Labor Organization*			2023 APR 4 PM3:33
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
					total If a manifestancia
*Required for contributions from individua	ls over \$100	) to statewide and	d general ass	sembly candi her than emr	dates. If contributor is ployer should be listed. If two or
*Required for contributions from individual self-employed, the occupation and the na more employees contribute via payroll de	me or the in duction and	exceed the aggre	egate of \$10	0, the labor of	organization of which the
employees are members, if any, must als	o appear. [F	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