# Not an Original Document Servi annual



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

Form 30-A

ORC 3517.10

Committee Name				Office So	ought		Dist	rict
Committee to Elect Lyr	nn Maro Mahoning County Pro	osecutor		Prosect	utor			
treet Address		City			State	Zip		
'081 West Blvd., Suite	4	Boardman			ОН	44512		
Candidate Name OR PAC	Registration Number	Treasurer Name				Election Date	(MM/DD/YYYY	)
ynn Maro		Jonathan Scho	oenike			11/05/2024	1	
ype of Report (cho	ose one):	•						12
☐ Annual ⊠ Se	miannual Pre-Primary	/ Post-Pri	imary 🗌 P	re-Genera	ıl 🗌	Post-General		
Statewide Candidates	s Only:						Year	
July Monthly	August Monthly S	eptember Mont	hly				2022	_
Amended Report	Termination		Short Form	Report (F	R.C. 351	17.10(H))		
× No ☐ Yes	Check this box if the c					mittee is filing a		
A NO L Tes	wishes to terminate wi	th this report	□ short ter	m report.	See atta	ached instruction	ns.	
1. Amount broug	ht forward from last report	i i						
2. Total monetary	contributions (From Form	s 31-A and 31-	E) ·					
3. Total other inc	ome (From Form 31-A-2)		Seem Committee Committee		2,000		1	
	ailable (sum of lines 1, 2, 3)				2,000			
5. Total monetary	expenditures (From Form	s 31-B and 31-I	F)					9 pw
6. Balance on ha	nd (line 4 minus line 5)				2,000		1	ω r c
7. Value of in-kin	d contributions received (F	From Form 31-	J-1)		97.92			
8. Value of in-kin	d contributions made (From	m Form 31-J-2)						
9. Outstanding lo	oans owed by committee (F	From Form 31-0	C)		2,000			
10. Outstanding	debts owed by committee	(From Form 31	-N)					
11. Outstanding I	loans owed to committee (	From Form 31-	K)					
12. Value of inde	pendent expenditures mad	de (From Form	31-U)					
	T IS MADE UNDER PENAL				THE FII	FTH DEGREE		
VINOEVER COM	THE ELECTION PALSIFICA	A 11014 10 001L	OI AILI					
Dun S	2					12, 2022		
Signature of Treasurer o	or Deputy Treasurer				Date	(MM/DD/YYYY)		
Contribution Pages	Expenditure Pages		Pages	Total	Pages			
0	2	_	3	1 4	-	Las	t Updated 09	/201



#### Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee	The state of the s			
Committee to Elect Lynn Maro Mahoning County Pr	osecutor			
Full Name of Contributor			Registration Number	er, if PAC
Jonathan Schoenike				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
2721 E. Middletowqn Rd.	Loan Payments Received		06/29/2022	ELT Transfer
City	State	Zip Code		Amount
Poland	ОН	44514		2,000
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYY)	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	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	D/YYYY)	Form (Cash, Check, etc.)
=	Refund			
City	State	Zip Code		Amount
2 - 2	ОН			=
Full Name of Contributor		L	Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			20 20 20
City	State	Zip Code		Amount
-	ОН		_	
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OW		De NORMANIA DE VAN DE NORMANIA AND DE VENTE	

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 o	r
ne 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	ē
N for payments received on a loan made.	

Page Total \$_2,000



#### Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee								
Committee to Elect Lynn Ma	aro Mah	oning County P	rosecutor					
From Whom Received						Prior Amount	Amt. Ir	ncurred this Period
Jonathan Schoenike							2,000	)
Street Address					=		Outsta	nding Balance
2721 E. Middletown Rd.								
City Poland	State OH 🕶	Zip Code 44514	Loans Rec	eived Th	nis Period	Payment	s This	Period
Date Loan was Originally	Incurred (N	MM/DD/YYYY)	Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
		06/29/2022	6/2	29/2022	2,000			
Registration Number, if PAC			Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
From Whom Received						Prior Amount	Amt. Ir	ncurred this Period
Street Address							Outsta	nding Balance
City	State	Zip Code	Loans Rec	eived Th	nis Period	Payment	s This	Period
Date Loan was Originally	Incurred (N	MM/DD/YYYY)	Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/D	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labor Organ	ization*	-	Date of Loan (MM/D	DDYYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
* Required for contributions from income of the individual's business, it aggregate of \$100, the labor organi If a loan is forgiven, write "Forgiven' (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	any, rathe zation of w in the "Or all payme	er than employer sl which the employee utstanding Balance ents made in this pe	nould be listed. If two is are members, if ar '' space. Transfer tol eriod to the Statemer	o or more e ny, must al tal of all loa	employees contributes appear. [R.C. 3	ute via payroll deductions statement to the Statement to the Statement	on and ex	r Income
Total Prior Amount \$								
Total Received This Period	\$ 2,000			(also reco	ord on Form 31-A-	2)		
Total Payments Received th	is Perio	d \$		(also reco	rd on Form 31-B)			
Total Outstanding Balance	2,000			(also reco	rd on Form 30-A)			



Page	

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

Page Total \$

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Committee to Elect Lynn Maro Mahonin	g Coun	ty Prosect	uto	or ·			
Full Name of Contributor			T	Employer, Occupation	, Labor Organization*	Registration Number, if PAC	
Jonathan Schoenike							
Street Address	Descript	tion of Item o	or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
2721 E. Middletown Rd.	Doma	in Name F	Reg	gistrations	:	06/18/2022	97.92
City		State		Zip Code	Received at Fundraisin	ng Event?	
Poland		он [	•	44514	☐ Yes 区 No		
Full Name of Contributor			$\exists$	Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	tion of Item o	or S	Service		Date (MM/DD/YYYY)	Fair Market Value
City	1	State		Zip Code	Received at Fundraisi	ng Event?	l
			-		Yes No		
Full Name of Contributor				Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Value
City	1	State		Zip Code	Received at Fundrais	ing Event?	I
		[	•		☐ Yes ☐ No		
Full Name of Contributor				Employer, Occupation	l n, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	tion of Item	or S	Service		Date (MM/DD/YYYY)	Fair Market Value
							-
City		State		Zip Code	Received at Fundrais	ing Event?	
		l [	•		Yes No		
Full Name of Contributor				Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	otion of Item	or s	Service		Date (MM/DD/YYYY)	Fair Market Value
0.1001710.1000							
City		State		Zip Code	Received at Fundrais	I sing Event?	
			•		Yes No		
		L	-		A STATE OF THE STA		×
* Required for contributions from individuals over	r \$100 to	etatewide an	nd c	reneral assembly can	lidates. If contributor is	self-employed, the occ	upation and name
of the individual's business, if any, rather than en \$100, the labor organization of which the employe	plover sh	ould be liste	ed. I	If two or more employed	ees contribute via payr	oll deduction and excee	d the aggregate of
\$100, the labor organization of which the employ	ees are m	iembers, ii a	ııy,	must also appear. [K.	O. 00 11.10(D)(4)]		



# Not an Original Document Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name Committee to Elect Lyi	nn Maro Mahoning County Pro	osecutor		Office So Prosecu					District
Street Address 7081 West Blvd., Suite		City Boardman			State OH	Zip 44	512		
Candidate Name OR PAC Lynn Maro	Registration Number	Treasurer Name Jonathan Scho	oenike				11/05/2024	(MM/DD/	YYYY)
Гуре of Report (cho	ose one):								
∴ Annual      ☐ Se	emiannual Pre-Primary	/ Post-Pr	imary 🗌 F	Pre-Genera	ıl 📗	Post	t-General		
Statewide Candidate	s Only:							Yea	
July Monthly [		eptember Mont	thly					4	222
Amended Report  No Yes	Termination  Check this box if the control wishes to terminate with the control of the control o	committee ith this report	Short Form Check t	his box if tl	ne com	mitte	O(H)) ee is filing a ed instruction	s.	
1. Amount broug	ht forward from last repor	t			2000.0	0			
2. Total monetar	y contributions (From Form	ns 31-A and 31-	-E)	477.025	4.36				
3. Total other inc	come (From Form 31-A-2)				in the same				
4. Total funds av	vailable (sum of lines 1, 2, 3	)			2004.3	6		S	
5. Total monetar	y expenditures (From Form	ns 31-B and 31-	-F)		108.68	3			
6. Balance on ha	and (line 4 minus line 5)				1895.6	8			
7. Value of in-kir	nd contributions received	(From Form 31-	-J-1)						
8. Value of in-kin	nd contributions made (Fro	om Form 31-J-2	2)				MAHONING C	n BOADT	OF ELECT
9. Outstanding I	oans owed by committee (	From Form 31-	-C)		2000.0	00	2023	JAN 2	3 PH3:35
10. Outstanding	debts owed by committee	(From Form 3	1-N)						
11. Outstanding	loans owed to committee	(From Form 31	-K)						
12. Value of ind	ependent expenditures ma	de (From Form	1 31-U)						
THIS STATEME WHOEVER COM	NT IS MADE UNDER PENA	LTY OF ELEC CATION IS GUI	TION FALSIF ILTY OF A FE	ICATION.	THE F	775	1 DEGREE.	3	
Signature of Treasurer		[a.	- Pages 1	Total	Date		/DD/YYYY)		
Contribution Pages	Expenditure Pages	Othe	er Pages	Total	rages		Las	t Updat	ed 09/20



#### Statement of Contributions Received

Form 31-A

ORC 3517.10

	ing County Prosec			11.51.0
ull Name of Contributor	77.15		Registration Number	er, if PAC
RMH Creative, LLC - Richard Hahn				
Street Address 201 Federal St #203	Employer	/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)  EFT / PayPal
	State	Zip Code	Date (MM/DD/YYYY)	Amount
Oity Youngstown	он ▼	44503	12/18/2022	4.36
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Numb	per, if PAC
Street Address	Employe	r/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
			o. gariization	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
City Full Name of Contributor	State			Amount
	<u> </u>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor	Employe	Zip Code er/Occupation/Lat	Date (MM/DD/YYYY)  Registration Numl	Amount ber, if PAC
Full Name of Contributor Street Address	Employe	Zip Code er/Occupation/Lat	Date (MM/DD/YYYY)  Registration Number Organization*	Amount ber, if PAC Form (Cash, Check, etc.) Amount
Full Name of Contributor Street Address City	Employs State	Zip Code er/Occupation/Lal	Date (MM/DD/YYYY)  Registration Number Of Organization*  Date (MM/DD/YYYY)	Amount ber, if PAC Form (Cash, Check, etc.) 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)]

7 7 7 7 7 7 7 7 7 7 7 7	
Page Total 1	



#### Statement of Expenditures

Form 31-B

R.C. 3517.10

committee to Elect Lynn Maro Manoring t	County Prosecutor		27 August 1997
o Whom Paid		Date (MM/DD/	
Farmers National Bank			15.00
Street Address	Purpose		
20 South Broad Street	Bank Fe	es	
	State	Zip Code	Check Number
City Canfield	ОН	44406	EFTs
A very		Date (MM/DD/	YYYY) Amount
To Whom Paid			07/26/2022 93.68
Deluxe Checks	Purpose		
Street Address	Checks		
PO Box 4656		Zip Code	Check Number
City	State	60197	EFT
Carol Stream	IL.	Date (MM/DD	184 344 1 4 2 4 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4
Street Address	Purpose		
Street Address	Purpose		
Street Address City	Purpose State OH	Zip Code	Check Number
	State	Zip Code  Date (MM/DD	
City	State		
City  To Whom Paid  Street Address	State OH Purpose	Date (MM/DD	Amount
City To Whom Paid	State OH		
City  To Whom Paid  Street Address	State OH  Purpose  State	Date (MM/DD	Check Number
City  To Whom Paid  Street Address  City	State OH  Purpose  State	Date (MM/DD	Check Number
City  To Whom Paid  Street Address  City  To Whom Paid	State OH  Purpose  State OH	Date (MM/DD	Check Number

Page Total \$ 108.68	
9	



Total Payments Received this Period \$ 0

Total Outstanding Balance \$ 2000.00

### Not an Original Document

#### Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Com Committee to Elect		o Maho	ning County P	rosecutor			4	
From Whom Received Jonathan Schoenik	ke					Prior Amount 2000	Amt. Incurred this Period 0	
Street Address							Outstanding Balance	
2721 E. Middletow	n Rd.						2000	
City Poland		State OH 🔻	Zip Code 44514	Loans Received T	his Period	Payme	ents This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 06/29/2022				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	M/DD/YYYY) Amount	
Employer/Occupation/Labor Organization*				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	IM/DD/YYYY) Amount	
From Whom Received						Prior Amount	Amt. Incurred this Period	
Street Address							Outstanding Balance	
City	City State Zip Code			Loans Received T	his Period	Payments This Period		
Date Loan wa	as Originally I	L	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	MM/DD/YYYY) Amount	
Registration Number, i	if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (N	MM/DD/YYYY) Amount	
Employer/Occupation/	Labor Organi	zation*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (M	MM/DD/YYYY) Amount	
name of the individual' aggregate of \$100, the	's business, if e labor organi: rite "Forgiven' ansfer total of	any, rath zation of	ner than employer which the employer	wide and general assembly can should be listed. If two or more sees are members, if any, must be space. Transfer total of all le period to the Statement of Exper-	employees controlled also appear. [R.Conans received this	s period to the State	ment of Other Income	
Total Prior Amour	nt \$ <u>2000.0</u>	00						
Total Received T	his Period	\$0		(also re	cord on Form 31	-A-2)		

(also record on Form 30-A)



# Not an Original Document Ohio Campaign Finance Report

ORC 3517.10

committee Name Committe to Elect Lynn Maro Mahoning County Pros		Office Sought Prosecutor			District		
street Address 7081 West Blvd., Suite 4		State Zip OH 44512					
Candidate Name OR PAC Registration Number Lynn Maro	oenike	Election Date (MM/DD/Y 11/5/2024				M/DD/YYYY)	
Type of Report (choose one):	Post-Pr	imary 🗌 Pro	e-Genera	ı 🗆	Post	-General	
Statewide Candidates Only:  July Monthly	eptember Mont	thly					Year 2022
Amended Report  Termination  Check this box if the convision wishes to terminate with	ommittee th this report	Short Form F  Check this short term	s box if th	ne com	mitte	(H)) e is filing a d instructions.	
Amount brought forward from last report			2000.0	0			
2. Total monetary contributions (From Form	-E)		5.00				
3. Total other income (From Form 31-A-2)	30						
4. Total funds available (sum of lines 1, 2, 3)		2005.00					
5. Total monetary expenditures (From Form	F)	109.32					
6. Balance on hand (line 4 minus line 5)		1895.68					
7. Value of in-kind contributions received (	J-1)	120.00					
8. Value of in-kind contributions made (Fro	m Form 31-J-2	)					
9. Outstanding loans owed by committee (	C)	2000.00					
10. Outstanding debts owed by committee	(From Form 3	1-N)				MAHONING CO	BOARD OF ELEC
11. Outstanding loans owed to committee	-K)	2023 JAN 26 PM2					
12. Value of independent expenditures ma	de (From Form	1 31-U)					
THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFIC Signature of Treasurer or Deputy Treasurer	LTY OF ELEC ATION IS GUI	TION FALSIFIC	CATION. ONY OF	0	1/2	DEGREE.	
Contribution Pages Expenditure Pages	Othe	er Pages	Total	Pages		Last U	Jpdated 09/20



			-	
ι.	-		1	
1 1	-a	ge		

#### In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Item or So	Zip Code  44512  Employer, Occup ervice  Zip Code  Employer, Occu Service	Received at Fundrais  Yes No Doation, Labor Organization  Received at Fundrai  Yes No  Received at Fundrai  No  Received at Fundrai	* Registration Number,  Date (MM/DD/YYYY)  ising Event?  Registration Number,  Date (MM/DD/YYYY)	\$120  if PAC  Fair Market Value  if PAC		
Item or So	Zip Code  44512  Employer, Occup ervice  Zip Code  Employer, Occu Service	Pation, Labor Organization  Received at Fundrai  Yes No  pation, Labor Organization  Received at Fundrai	* Registration Number,  Date (MM/DD/YYYY)  ising Event?  Registration Number,  Date (MM/DD/YYYY)	\$120  if PAC  Fair Market Value  if PAC		
Item or Solution	Employer, Occup ervice  Zip Code  Employer, Occu Service	Pation, Labor Organization  Received at Fundrai  Yes No  pation, Labor Organization  Received at Fundrai	* Registration Number,  Date (MM/DD/YYYY)  sing Event?  * Registration Number,  Date (MM/DD/YYYY)	if PAC Fair Market Value		
Item or So	Employer, Occup ervice  Zip Code  Employer, Occu Service	Pation, Labor Organization  Received at Fundrai  Yes No  pation, Labor Organization  Received at Fundrai	* Registration Number,  Date (MM/DD/YYYY)  sing Event?  * Registration Number,  Date (MM/DD/YYYY)	Fair Market Value		
Item or So	Employer, Occup ervice  Zip Code  Employer, Occu Service  Zip Code	Received at Fundrai  Yes No pation, Labor Organization	Date (MM/DD/YYYY) ising Event?  * Registration Number,  Date (MM/DD/YYYY)	Fair Market Value		
Item or S	Zip Code  Employer, Occu Service	Received at Fundrai  Yes No pation, Labor Organization  Received at Fundra	Date (MM/DD/YYYY) ising Event?  * Registration Number,  Date (MM/DD/YYYY)	Fair Market Value		
Item or S	Zip Code  Employer, Occu  Service  Zip Code	Yes No No pation, Labor Organization	Registration Number,  Date (MM/DD/YYYY)	if PAC		
Item or S	Employer, Occu Service	Yes No No pation, Labor Organization	Registration Number,  Date (MM/DD/YYYY)			
Item or S	Employer, Occu Service	Yes No No pation, Labor Organization	Registration Number,  Date (MM/DD/YYYY)			
Item or S	Service Zip Code	pation, Labor Organization	Date (MM/DD/YYYY)			
Item or S	Service Zip Code	Received at Fundra	Date (MM/DD/YYYY)			
*** <sub>1</sub> ****	Zip Code			Fair Market Value		
*** <sub>1</sub> ****	Zip Code			Fair Market Value		
			ising Event?			
		☐ Yes ☐ No				
	Employer, Occu					
	,	l upation, Labor Organization	n* Registration Number	, if PAC		
f Item or S	Service		Date (MM/DD/YYYY)	) Fair Market Value		
	Zip Code	Received at Fundra	aising Event?			
-		☐ Yes ☐ No				
	Employer, Occi	L upation, Labor Organizatio	n* Registration Number	, if PAC		
f Item or	Service		Date (MM/DD/YYYY	) Fair Market Valu		
Э	Zip Code	Received at Fundra	aising Event?			
_						
9	f Item or	Employer, Occi	Employer, Occupation, Labor Organization  Item or Service    Zip Code	Employer, Occupation, Labor Organization* Registration Number  Item or Service Date (MM/DD/YYYY  Zip Code Received at Fundraising Event?  Yes No  Inde and general assembly candidates. If contributor is self-employed, the occupation of the listed. If two or more employees contribute via payroll deduction and except issed.		



### Statement of Expenditures

Page Total \$ 109.32

Form 31-B

R.C. 3517.10

Committee to Elect Lynn Maro Mahoning		The second		Amount			
o Whom Paid		Date (	MM/DD/YYYY)				
Farmers National Bank				15.00			
treet Address	Purpose						
20 South Broad Street	Bank Fe	Bank Fees					
City	State	Zip Code	Che	Check Number			
Canfield	ОН	44406	EF	T			
o Whom Paid		Date (	MM/DD/YYYY)	Amount			
Deluxe Checks			07/26/2022	93.68			
Street Address	Purpose						
PO Box 4656	Checks						
	State	Zip Code	Ch	eck Number			
City	IL	60197	EF	T .			
Carol Stream	12			Amount			
To Whom Paid		Date	(MM/DD/YYYY)	.64			
PayPal	a superior and a supe			.04			
Street Address	Purpose						
2211 N. First St.	Process	Processing Fee					
City	State	Zip Code					
San Jose	CA	CA 95131					
To Whom Paid		Date	(MM/DD/YYYY)	Amount			
Street Address	Purpose						
Street Address							
Oth.	State	State Zip Code Check Number					
City	ОН	1					
		Data	(MM/DD/YYYY)	Amount			
To Whom Paid		Date	(IVIIVI) DOTT TTT)				
e				1			
Street Address	Purpose						
City	State	Zip Code	С	heck Number			
T	ОН		I I				

#### OH Mahoning Maro, Lynn EY 2024

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

https://app.box.com/s/8zv4op44cefzes4jcop6h8anh0ro55wd