 2022 Semi Annual

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name	Office Sought	District
Committee to Elect Lynn Maro Mahoning County Prosecutor	Prosecutor	

Street Address	City	State	Zip
7081 West Blvd., Suite 4	Boardman	OH	44512

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Lynn Maro	Jonathan Schoenike	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	
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	2,000
4. Total funds available (sum of lines 1, 2, 3)	2,000
5. Total monetary expenditures (From Forms 31-B and 31-F)	
6. Balance on hand (line 4 minus line 5)	2,000
7. Value of in-kind contributions received (From Form 31-J-1)	97.92
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	2,000
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)	

JUL 13 PM 2:53

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

July 12, 2022
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
0	0	3	4

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

Full Name of Contributor: Jonathan Schoenike			Registration Number, if PAC:
Street Address: 2721 E. Middletowqn Rd.	Type*: Loan Payments Received	Date (MM/DD/YYYY): 06/29/2022	Form (Cash, Check, etc.): ELT Transfer
City: Poland	State: OH	Zip Code: 44514	Amount: 2,000
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 $ 2,000

Frank LaRose
Ohio Secretary of State

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

From Whom Received	Prior Amount	Amt. Incurred this Period
Jonathan Schoenike		2,000
Street Address	[redacted]	**Outstanding Balance**
2721 E. Middletown Rd.		

City	State	Zip Code	Loans Received This Period		Payments This Period	
Poland	OH	44514				
[redacted] Date Loan was Originally Incurred (MM/DD/YYYY) 06/29/2022			Date of Loan (MM/DD/YYYY) 6/29/2022	Amount 2,000	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

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address	[redacted]	**Outstanding Balance**

City	State	Zip Code	Loans Received This Period		Payments This Period	
[redacted] 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 $ _____

Total Received This Period $ 2,000 (also record on Form 31-A-2)

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

Total Outstanding Balance $ 2,000 (also record on Form 30-A)

Frank LaRose
Ohio Secretary of State

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jonathan Schoenike		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2721 E. Middletown Rd.	Domain Name Registrations	06/18/2022	97.92

City	State	Zip Code	Received at Fundraising Event?
Poland	OH	44514	☐ 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

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

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Page Total $ 97.92

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name	Office Sought	District
Committee to Elect Lynn Maro Mahoning County Prosecutor	Prosecutor	

Street Address	City	State	Zip
7081 West Blvd., Suite 4	Boardman	OH	44512

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Lynn Maro	Jonathan Schoenike	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	2000.00
2. Total monetary contributions (From Forms 31-A and 31-E)	4.36
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	2004.36
5. Total monetary expenditures (From Forms 31-B and 31-F)	108.68
6. Balance on hand (line 4 minus line 5)	1895.68
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	2000.00
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)	

MAHONING CO BOARD OF ELECTIONS
2023 JAN 23 PM3:39

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

01/23/2023
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages

Last Updated 09/2017

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Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

Full Name of Contributor				Registration Number, if PAC
RMH Creative, LLC - Richard Hahn				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
201 Federal St #203				EFT / PayPal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Youngstown	OH	44503	12/18/2022	4.36

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.)**
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 1

Frank LaRose
Ohio Secretary of State

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

To Whom Paid	Date (MM/DD/YYYY)	Amount	Street Address	Purpose	City	State	Zip Code	Check Number
Farmers National Bank		15.00	20 South Broad Street	Bank Fees	Canfield	OH	44406	EFTs
Deluxe Checks	07/26/2022	93.68	PO Box 4656	Checks	Carol Stream	IL	60197	EFT
						OH		
						OH		
						OH		

Page Total $ 108.68

Frank LaRose
Ohio Secretary of State

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

From Whom Received: Jonathan Schoenike
Prior Amount: 2000
Amt. Incurred this Period: 0
Street Address: 2721 E. Middletown Rd.
Outstanding Balance: 2000
City: Poland
State: OH
Zip Code: 44514

Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY): 06/29/2022			
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

Loans Received This Period		Payments This Period	
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	

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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 $ 2000.00

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

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

Total Outstanding Balance $ 2000.00 (also record on Form 30-A)

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name	Office Sought	District
Committe to Elect Lynn Maro Mahoning County Prosecutor	Prosecutor	

Street Address	City	State	Zip
7081 West Blvd., Suite 4	Boardman	OH	44512

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Lynn Maro	Jonathan Schoenike	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	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	2000.00
2. Total monetary contributions (From Forms 31-A and 31-E)	5.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	2005.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	109.32
6. Balance on hand (line 4 minus line 5)	1895.68
7. Value of in-kind contributions received (From Form 31-J-1)	120.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	2000.00
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)	

MAHONING CO BOARD OF ELECTIONS
2023 JAN 26 PM2:35

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

01/26/2023
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Jonathan Schoenike				
Street Address	**Description of Item or Service**	**Date (MM/DD/YYYY)**	**Fair Market Value**	
7081 West Blvd., Suite 4	Office Space		$120	
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		
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	

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	

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Page Total $ 120.00

Frank LaRose
Ohio Secretary of State

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Committee to Elect Lynn Maro Mahoning County Prosecutor

To Whom Paid	Date (MM/DD/YYYY)	Amount
Farmers National Bank		15.00

Street Address	Purpose
20 South Broad Street	Bank Fees

City	State	Zip Code	Check Number
Canfield	OH	44406	EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
Deluxe Checks	07/26/2022	93.68

Street Address	Purpose
PO Box 4656	Checks

City	State	Zip Code	Check Number
Carol Stream	IL	60197	EFT

To Whom Paid	Date (MM/DD/YYYY)	Amount
PayPal		.64

Street Address	Purpose
2211 N. First St.	Processing Fee

City	State	Zip Code	Check Number
San Jose	CA	95131	NA

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 109.32

OH Mahoning Maro, Lynn EY 2024

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

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