

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Councilman Michael Dever		Registration Number if PAC	
Full Name of Candidate Michael Dever			
Street Address 14015 Lake Ave.		Office Sought Council At-Large	District Lakewood
City Lakewood		State OH	Zip Code 44107
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year <input type="checkbox"/> Semiannual
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	100405

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election check box No other forms are required for a post-primary or post-general period. if above statement applies See R.C. 3517 10(H) for details

1. Amount brought forward from last report	\$	7812.17
2. Total monetary contributions (From Form No. 31-A)	\$	340.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	8152.17
5. Total monetary expenditures (From Form No. 31-B)	\$	2480.24
6. Balance on hand (line 4 minus line 5)	\$	5671.93
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Michael Dever
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Dever
Signature

5-1-07
Date

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Contribution pages **1**

Expenditure pages **1**

Other pages **1**

Total pages **3**

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS of Councilman MICHAEL DEVER							
Full Name of Contributor ANNA FARAGLIA #351					Registration Number, if STATE PAC		
Street Address 26241 LAKESHORE BLD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 5725		
City EUCLID	State OH	Zip Code 44132	M: 06	D: 08	Y: 05	Amount 25⁰⁰	
Full Name of Contributor JOHN + EILEEN GALLAGHER					Registration Number, if STATE PAC		
Street Address 17850 LAKE AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 2570		
City LAKWOOD	State OH	Zip Code 44107	M: 06	D: 17	Y: 05	Amount 200⁰⁰	
Full Name of Contributor LINDA + ANTHONY BENO					Registration Number, if STATE PAC		
Street Address 14939 LAKWOOD HTS BLD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 4933		
City LAKWOOD	State OH	Zip Code 44107	M: 06	D: 19	Y: 05	Amount 25⁰⁰	
Full Name of Contributor FRIENDS OF FRANKIE GOLDBERG					Registration Number, if STATE PAC		
Street Address 2344 CANAL ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 005		
City CLEVELAND	State OH	Zip Code 44113	M: 06	D: 28	Y: 05	Amount 50⁰⁰	
Full Name of Contributor CLINTON + TARA WEDDELL					Registration Number, if STATE PAC		
Street Address 1116 FOREST ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 6602		
City LAKWOOD	State OH	Zip Code 44107	M: 06	D: 04	Y: 05	Amount 40⁰⁰	
Full Name of Contributor					Registration Number, if STATE PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M:	D:	Y:	Amount	
Full Name of Contributor					Registration Number, if STATE PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M:	D:	Y:	Amount	
Full Name of Contributor					Registration Number, if STATE PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M:	D:	Y:	Amount	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. If contributor is self-employed, occupation 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 appear. R.C. 3517(10)(B)(4)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF Councilman MICHAEL DEVER							
To Whom Paid FERRIS KLEEM				M	D	Y	Amount 500⁰⁰
Address 151 LOU GROZA BLVD		Purpose REIMBURSE					
City BEREA	State OH	Zip Code 44017	Check Number 1180				
To Whom Paid FRIENDS OF ROBERT STEFANIK				M	D	Y	Amount 50⁰⁰
Address 16780 ROYALTON RD		Purpose FUNDRAISER					
City North Royalton	State OH	Zip Code 44133	Check Number 1186				
To Whom Paid Council of ARAB AND Middle Eastern Org.				M	D	Y	Amount 40⁰⁰
Address 4399 W. 52ND STREET		Purpose FUNDRAISER					
City CLEVELAND	State OH	Zip Code 44144	Check Number 1208				
To Whom Paid FRIENDS OF EDWARD FITZGERALD				M	D	Y	Amount 100⁰⁰
Address 1269 OVERLOOK RD		Purpose FUNDRAISER					
City LAKEWOOD	State OH	Zip Code 44107	Check Number 1193				
To Whom Paid LAKEWOOD HIGH School / CHAMPION CARD				M	D	Y	Amount 20⁰⁰
Address 14100 FRANKLIN BLVD		Purpose FUNDRAISER					
City LAKEWOOD	State OH	Zip Code 44107	Check Number 1204				
To Whom Paid LAKEWOOD CATHOLIC ACADEMY				M	D	Y	Amount 310⁰⁰
Address 1599 BELLE AVE		Purpose SPONSORSHIP OF 5K RUN					
City LAKEWOOD	State OH	Zip Code 44107	Check Number 1206				
To Whom Paid MICHAEL DEVER				M	D	Y	Amount 100⁰⁰
Address 14015 LAKE AVE		Purpose REIMBURSEMENT - LAKEWOOD NIGHT VOLUNTEERS					
City LAKEWOOD	State OH	Zip Code 44107	Check Number 1205				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>FRIENDS OF COUNCILMAN MICHAEL DEVER</i>						
To Whom Paid <i>CUYAHOGA County Board of ELECTIONS</i>			M <i>07</i>	D <i>20</i>	Y <i>05</i>	Amount <i>45⁰⁰</i>
Address <i>2925 EVELIO AVE</i>		Purpose <i>FILING FEE</i>				
City <i>CLEVELAND</i>		State <i>OH</i>	Zip Code		Check Number <i>1207</i>	
To Whom Paid <i>Comm. to ELEC BETSEY SHANNESY</i>			M <i>08</i>	D <i>20</i>	Y <i>05</i>	Amount <i>100⁰⁰</i>
Address <i>1268 ANDREWS AVE</i>		Purpose <i>FUNDRAISER</i>				
City <i>LAKEWOOD</i>		State <i>OH</i>	Zip Code <i>44107</i>		Check Number <i>1209</i>	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code		Check Number	

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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>FRIENDS OF Councilman MICHAEL DEVER</u>									
To Whom Paid <u>THE HOME DEPOT</u>						M	D	Y	Amount
Address <u>21669 CENTER RIDGE RD.</u>						<u>0</u>	<u>6</u>	<u>28</u>	<u>05</u> <u>43</u> ⁷²
Purpose <u>PARADE FLOAT</u>									
City <u>ROCKY RIVER</u>		State <u>OH</u>	Zip Code <u>44116</u>	Check Number <u>1188</u>					
To Whom Paid <u>PARTY STATION</u>						M	D	Y	Amount
Address <u>15008 DETROIT AVE</u>						<u>0</u>	<u>6</u>	<u>30</u>	<u>05</u> <u>155</u> ²⁷
Purpose <u>PARADE</u>									
City <u>LAKEWOOD</u>		State <u>OH</u>	Zip Code <u>44107</u>	Check Number <u>1192</u>					
To Whom Paid <u>THE HOME DEPOT</u>						M	D	Y	Amount
Address <u>21669 CENTER RIDGE RD.</u>						<u>0</u>	<u>7</u>	<u>01</u>	<u>05</u> <u>52</u> ³³
Purpose <u>PARADE FLOAT SUPPLIES</u>									
City <u>ROCKY RIVER</u>		State <u>OH</u>	Zip Code <u>44116</u>	Check Number <u>1194</u>					
To Whom Paid <u>HELEN KOSKO</u>						M	D	Y	Amount
Address <u>BUNTS ROAD</u>						<u>0</u>	<u>7</u>	<u>02</u>	<u>05</u> <u>150</u> ²⁰
Purpose <u>HELP WITH PARADE SET-UP</u>									
City <u>LAKEWOOD</u>		State <u>OH</u>	Zip Code <u>44107</u>	Check Number <u>1197</u>					
To Whom Paid <u>COSCO COMPANY</u>						M	D	Y	Amount
Address						<u>0</u>	<u>7</u>	<u>01</u>	<u>05</u> <u>494</u> ¹⁵
Purpose <u>FOOD/SUPPLIES FOR PARTY</u>									
City <u>AVON</u>		State <u>OH</u>	Zip Code <u>44011</u>	Check Number <u>1190</u>					
To Whom Paid <u>THE PARTY STATION</u>						M	D	Y	Amount
Address <u>15008 DETROIT AVE</u>						<u>0</u>	<u>7</u>	<u>02</u>	<u>05</u> <u>28</u> ⁸⁹
Purpose <u>PARADE FRONT / PARTY</u>									
City <u>LAKEWOOD</u>		State <u>OH</u>	Zip Code <u>44107</u>	Check Number <u>1195</u>					
To Whom Paid <u>PAT CATANS</u>						M	D	Y	Amount
Address <u>12775 BEREA ROAD</u>						<u>0</u>	<u>7</u>	<u>02</u>	<u>05</u> <u>29</u> ⁰¹
Purpose <u>4th of July PARADE</u>									
City <u>CLEVELAND</u>		State <u>OH</u>	Zip Code	Check Number <u>1191</u>					

Transfer total expenditures for this event to Form No. 31-B. Under the 'To Whom Paid' state 'Expenditures from Form 31-F' and list the date of the event in the date column.

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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF COUNCILMAN MICHAEL DEVER										
To Whom Paid BOB WOJCIK							M	D	Y	Amount
Address 16400 Southland Ave.							0	7	0	100 ⁰⁰
City CLEVELAND							State	Zip Code	Check Number	
							OH	44111	1200	
To Whom Paid MARCS DISCOUNT STORE							M	D	Y	Amount
Address 14861 DETROIT AVE.							0	7	0	15 ¹⁶
City LAKEWOOD							State	Zip Code	Check Number	
							OH	44107	1198	
To Whom Paid MARCS DISCOUNT STORE							M	D	Y	Amount
Address 14861 DETROIT AVE.							0	7	0	12 ²³
City LAKEWOOD							State	Zip Code	Check Number	
							OH	44107	1196	
To Whom Paid TOPS SUPERMARKET							M	D	Y	Amount
Address DETROIT AVE							0	7	0	62 ⁸⁷
City LAKEWOOD							State	Zip Code	Check Number	
							OH	44107	1201	
To Whom Paid BRENNAN'S TRISKETT Party Center							M	D	Y	Amount
Address 13000 TRISKETT ROAD							0	7	0	35 ⁰⁰
City CLEVELAND							State	Zip Code	Check Number	
							OH	44110	1203	
To Whom Paid ALTERNATIVE RENTAL							M	D	Y	Amount
Address 16205 Hilliard Blvd.							0	7	0	36 ⁵⁵
City LAKEWOOD							State	Zip Code	Check Number	
							OH	44107	1202	
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the 'To Whom Paid' state 'Expenditures from Form 31-F' and list the date of the event in the date column.

OLD COPY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05


Full Name of Committee Friends of Councilman Michael Dever						Registration Number, if PAC	
Full Name of Candidate Michael Dever							
Street Address 14015 LAKE AVE.				Office Sought Council-At-Large		District Lakewood	
City LAKewood				State OH		Zip Code 44107	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y
					1	0	0
					4	0	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details

1. Amount brought forward from last report	\$	5671.93
2. Total monetary contributions (From Form No. 31-A)	\$	7175.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	12846.93
5. Total monetary expenditures (From Form No. 31-B)	\$	7785.31
6. Balance on hand (line 4 minus line 5)	\$	5061.62
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION, WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Michael Dever
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

5-1-07
Date

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Contribution pages 4

Expenditure pages 1

Other pages 2

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF Councilman MICHAEL DEJER							
Full Name of Contributor JAMES + URSULA PATTON					Registration Number if PAC		
Street Address 1840 HUNTER'S PT. LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) 4404		
City WESTLAKE	State OH	Zip Code 44145	M 06	D 20	Y 05	Amount 50⁰⁰	
Full Name of Contributor JOSEPH P. GIBBONS					Registration Number, if PAC		
Street Address 1475 W. CLIFTON BLVD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) 1373		
City LAKEWOOD	State OH	Zip Code 44107	M 06	D 30	Y 05	Amount 50⁰⁰	
Full Name of Contributor SAM SALIM					Registration Number, if PAC		
Street Address 13128 DETROIT AVE. # 2		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) 387		
City LAKEWOOD	State OH	Zip Code 44107	M 06	D 23	Y 05	Amount 50⁰⁰	
Full Name of Contributor WILLIAM CROSBY					Registration Number, if PAC KEY BANK		
Street Address 14805 LAKE AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) M.O. 325242055		
City LAKEWOOD	State OH	Zip Code 44107	M 08	D 15	Y 05	Amount 250⁰⁰	
Full Name of Contributor THOMAS MASCOLO					Registration Number, if PAC		
Street Address 5425 NEBRASKA AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) M.O. 7245411344		
City WASHINGTON	State D.C.	Zip Code 20015	M 07	D 08	Y 05	Amount 50⁰⁰	
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)		
City	State	Zip Code	M 10	D 13	Y 05	Amount 6,625⁰⁰	
Full Name of Contributor BOB MYERS					Registration Number, if PAC		
Street Address 22677 BEECHNUT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)		
City ROCKY RIVER	State OH	Zip Code 44107	M 10	D 13	Y 05	Amount 100⁰⁰	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)		
City	State	Zip Code	M	D	Y	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 appear [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<i>FRIENDS OF COUNCILMAN MICHAEL DEVER</i>					
Full Name of Contributor <i>KENNETH LAINO</i>			Registration Number, if PAC		
Street Address <i>1048 HOMEWOOD DR.</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>15</i>	Y <i>05</i>
City <i>LAKEWOOD</i>	State <i>OH</i>	Zip Code <i>44107</i>	Amount <i>25⁰⁰</i>		
Form(Cash, Check, etc) <i>1010</i>					
Full Name of Contributor <i>JOHN + MARGARET M^cCAFFREY</i>					
Street Address <i>18122 WEST CLIFTON RD.</i>			Registration Number, if PAC		
City <i>LAKEWOOD</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>14</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44107</i>		Amount <i>100⁰⁰</i>		
Form(Cash, Check, etc) <i>5476</i>					
Full Name of Contributor <i>SHEILA NELIGAN - RILEY</i>					
Street Address <i>1096 HOMEWOOD DR.</i>			Registration Number, if PAC		
City <i>LAKEWOOD</i>	Employer/Occupation/Labor Organization*		M <i>11</i>	D <i>01</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44107</i>		Amount <i>25⁰⁰</i>		
Form(Cash, Check, etc) <i>6595</i>					
Full Name of Contributor <i>PATRICK + KATHALEEN CORRIGAN</i>					
Street Address <i>17531 DALEVIEW DR.</i>			Registration Number, if PAC		
City <i>LAKEWOOD</i>	Employer/Occupation/Labor Organization*		M <i>11</i>	D <i>02</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44107</i>		Amount <i>100⁰⁰</i>		
Form(Cash, Check, etc) <i>0809</i>					
Full Name of Contributor <i>MARY LOUISE MADAN MADIGAN</i>					
Street Address <i>12900 LAKE AVE. #127</i>			Registration Number, if PAC CP 495		
City <i>LAKEWOOD</i>	Employer/Occupation/Labor Organization* CP		M <i>11</i>	D <i>02</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44107</i>		Amount <i>25⁰⁰</i>		
Form(Cash, Check, etc) <i>1682</i>					
Full Name of Contributor <i>REMINGER + REMINGER CO. LPA</i>					
Street Address <i>1400 MIDLAND BLDG.</i>			Registration Number, if PAC <i>CP 495</i>		
City <i>101 PROSPECT AVE. N.W. CLEVELAND</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>13</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44115</i>		Amount <i>100⁰⁰</i>		
Form(Cash, Check, etc) <i>2395</i>					
Full Name of Contributor <i>CEMENT MASONS LOCAL # 404</i>					
Street Address <i>1417 EAST 25th ST.</i>			Registration Number, if PAC <i>LA 856</i>		
City <i>CLEVELAND</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>28</i>	Y <i>05</i>
State <i>OH</i>	Zip Code <i>44114</i>		Amount <i>200⁰⁰</i>		
Form(Cash, Check, etc) <i>1216</i>					

* 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 appear [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state 'Contributions from form No. 31-E' and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 575⁰⁰

Page Total \$ 575⁰⁰

Event Date 10.13.05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRIENDS OF COUNCILMAN MICHAEL DEVER								
Full Name of Contributor GUY ESTERGALL			Registration Number, if PAC					
Street Address 17218 DARTMOUTH AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
CLEVELAND		OH 44111		1	0	24	05	50⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
CLEVELAND		OH		44111		9756		
Full Name of Contributor MARTIN J. SWEENEY For Council Comm.								
Full Name of Contributor			Registration Number, if PAC					
Street Address 3612 W. 133RD ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
CLEVELAND		OH 44111		1	0	16	05	250.⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
CLEVELAND		OH		44111		1678		
Full Name of Contributor RE-ELECT JUDGE BRIDGET M. McCAFFERTY								
Full Name of Contributor			Registration Number, if PAC					
Street Address 3287 W. 159th ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
CLEVELAND		OH 44111		1	0	13	05	50⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
CLEVELAND		OH		44111		1171		
Full Name of Contributor FRIENDS OF BOB SEELE								
Full Name of Contributor			Registration Number, if PAC					
Street Address 2225 LINCOLN AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
LAKWOOD		OH 44107		1	0	13	05	30⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
LAKWOOD		OH		44107		120		
Full Name of Contributor John + Agnes FOX								
Full Name of Contributor			Registration Number, if PAC					
Street Address 2767 TONAWANDA		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
ROCKY RIVER		OH 44116		1	0	16	05	50³¹
City		State		Zip Code		Form (Cash, Check, etc.)		
ROCKY RIVER		OH		44116		4163		
Full Name of Contributor FRIENDS OF MIKE BYRNE								
Full Name of Contributor			Registration Number, if PAC					
Street Address 7142 ANTHONY LN.		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
PARMA HEIGHTS		OH 44130		1	0	17	05	100⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
PARMA HEIGHTS		OH		44130		718		
Full Name of Contributor BETSY + CHARLES SHAUGHNESSY								
Full Name of Contributor			Registration Number, if PAC					
Street Address 1268 ANDREWS AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
LAKWOODS		OH 44107		1	0	13	05	25⁰⁰
City		State		Zip Code		Form (Cash, Check, etc.)		
LAKWOODS		OH		44107		9636		

* 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 appear [R.C. 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state Contributions from form No 31-E and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 555.⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF Councilman MICHAEL DEVER							
Full Name of Contributor ROBERT C. KLAIBER JR.		Registration Number, if PAC					
Street Address 19485 Lytle		Employer/Occupation/Labor Organization*		10	13	05	25 ⁰⁰
City North Royalton		State OH	Zip Code 44133	Form (Cash, Check, etc) 3064			
Full Name of Contributor THOMAS McMillen		Registration Number, if PAC					
Street Address 19505 Purnell		Employer/Occupation/Labor Organization*		10	13	05	25 ⁰⁰
City Rocky River		State OH	Zip Code 44116	Form (Cash, Check, etc) 0874			
Full Name of Contributor EDWARD + GLADYS FAVRE		Registration Number, if PAC					
Street Address 17413 Hilliard Road		Employer/Occupation/Labor Organization*		10	13	05	50 ⁰⁰
City Lakewood		State OH	Zip Code 44107	Form (Cash, Check, etc) 5961			
Full Name of Contributor FRIENDS OF TOM GEORGE		Registration Number, if PAC					
Street Address 1369 Summit Ave		Employer/Occupation/Labor Organization*		10	13	05	100 ⁰⁰
City Lakewood		State OH	Zip Code 44107	Form (Cash, Check, etc) 1047			
Full Name of Contributor MARYLOU + BILL CALL		Registration Number, if PAC					
Street Address 14713 Lake Avenue		Employer/Occupation/Labor Organization*		10	13	05	50 ⁰⁰
City Lakewood		State OH	Zip Code 44107	Form (Cash, Check, etc) 3474			
Full Name of Contributor Nillie Dever		Registration Number, if PAC					
Street Address 3033 N.W. 33rd Ave.		Employer/Occupation/Labor Organization*		10	30	05	500 ⁰⁰
City Fort Lauderdale, FL		State FL	Zip Code 33311-1123	Form (Cash, Check, etc) 1858			
Full Name of Contributor John T. Patton		Registration Number, if PAC					
Street Address 2781 Wilkes Lane		Employer/Occupation/Labor Organization*		10	25	05	50 ⁰⁰
City Westlake		State OH	Zip Code 44145	Form (Cash, Check, etc) 4868			

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$

800⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
FRIENDS OF COUNCILMAN MICHAEL DEVER						
Full Name of Contributor				Registration Number, if PAC		
PETER CORRIGAN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1825 Hampton Road			10	13	05	50⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44116	969			
Full Name of Contributor				Registration Number, if PAC		
FRIENDS OF FRANK HOLMES						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1500 WYANDOTTE AVE			10	13	05	500⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
LAKEWOOD	OH	44107	517			
Full Name of Contributor				Registration Number, if PAC		
Donald + Diane Ehlerz						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3679 W. 165th STREET			10	13	05	100⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44111-5750	1543			
Full Name of Contributor				Registration Number, if PAC		
TERENCE P. JOYCE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
19601 THORNBRIDGE			10	14	05	100⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44135	177			
Full Name of Contributor				Registration Number, if PAC		
CATHERINE / JAMES CONWAY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
23800 CURTIS DR.			10	13	05	25⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
NORTH OLMSTED	OH	44070	4921			
Full Name of Contributor				Registration Number, if PAC		
JOE CONWAY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
24340 ELM ROAD			10	13	05	25⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
NORTH OLMSTED	OH	44070	366			
Full Name of Contributor				Registration Number, if PAC		
John MYERS						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
15818 NORWAY			10	13	05	50⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44111	9067			

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state Contributions from form No. 31-E and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **850⁰⁰**

Page Total \$ **850⁰⁰**

Event Date 10.13.05
Page 10

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF COUNCILMAN MICHAEL DEVER					
Full Name of Contributor NORA + KEITH HURLEY				Registration Number, if PAC	
Street Address 1267 ANDREWS AVE		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 25⁰⁰
City LAKWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc) 8060	
Full Name of Contributor A. STEVEN DEVER				Registration Number, if PAC	
Street Address 2126 WOOSTER ROAD		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 250⁰⁰
City ROCKY RIVER		State OH	Zip Code 44116	Form (Cash, Check, etc) 5836	
Full Name of Contributor MAUREEN CLANCY				Registration Number, if PAC	
Street Address 1180 CHALTER OAK LN		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 25⁰⁰
City WESTLAKE		State OH	Zip Code 44145	Form (Cash, Check, etc) 3567	
Full Name of Contributor DOUGLAS + PEGGY FAIRBAIN				Registration Number, if PAC	
Street Address 26624 SUDBURY DRIVE		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 75⁰⁰
City NORTH OLMS TED		State OH	Zip Code 44070	Form (Cash, Check, etc) 5462	
Full Name of Contributor THOMAS + BRIDGET MACKIN				Registration Number, if PAC	
Street Address 1310 MELROSE DR.		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 25⁰⁰
City WESTLAKE		State OH	Zip Code 44145	Form (Cash, Check, etc) 605	
Full Name of Contributor SARAH + FRANK GAUL				Registration Number, if PAC	
Street Address 17119 ERNADALE		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 50⁰⁰
City CLEVELAND		State OH	Zip Code 44111	Form (Cash, Check, etc) 4474	
Full Name of Contributor FRIENDS OF FITZGERALD				Registration Number, if PAC	
Street Address 1269 OVERLOOK DR.		Employer/Occupation/Labor Organization*		M D Y 10 13 05	Amount 25⁰⁰
City LAKWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc) 511	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$

475⁰⁰

Event Date 10.13.05
Page 11

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<i>FRIENDS OF Councilman MICHAEL DEVER</i>					
Full Name of Contributor				Registration Number, if PAC	
<i>Joseph DANGELO</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>2002 RICKLANDS Apt. 5</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>50.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>LAKEWOOD</i>	<i>OH</i>	<i>44107</i>		<i>306</i>	
Full Name of Contributor				Registration Number, if PAC	
<i>John + Rosemary Conway</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>1077 ABBIESHIRE AVE</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>25.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>LAKEWOOD</i>	<i>OH</i>	<i>44107</i>		<i>1748</i>	
Full Name of Contributor				Registration Number, if PAC	
<i>HUGH GALLAGHER</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>11643 HARBORVIEW DR.</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>100.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>CLEVELAND</i>	<i>OH</i>	<i>44102</i>		<i>4505</i>	
Full Name of Contributor				Registration Number, if PAC	
<i>ANGELA GUNTHER</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>3206 PROSPECT #23A</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>25.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>CLEVELAND</i>	<i>OH</i>	<i>44115</i>		<i>993</i>	
Full Name of Contributor				Registration Number, if PAC	
<i>CAROL + KIRT TOMPKINS</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>1028 BATES RD.</i>					<i>50.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>ROCKY RIVER</i>	<i>OH</i>	<i>44116</i>			
Full Name of Contributor				Registration Number, if PAC	
<i>MICHAEL + LINDA CHESSER</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>1097 Whittlesay LN.</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>50.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>ROCKY RIVER</i>	<i>OH</i>	<i>44116</i>		<i>5981</i>	
Full Name of Contributor				Registration Number, if PAC	
<i>RAYMOND REALI</i>					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
<i>3201 WEST 165th ST.</i>		<i>10</i>	<i>13</i>	<i>05</i>	<i>25.00</i>
City	State	Zip Code		Form (Cash, Check, etc)	
<i>CLEVELAND</i>	<i>OH</i>	<i>44111</i>		<i>834</i>	

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state Contributions from form No. 31-E and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 325.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Full Name of Contributor <u>Mr. Dan Gallagher</u>						Registration Number, if PAC		
Street Address <u>11303 Woodrun Drive</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>11303 Woodrun Drive</u>					<u>11</u>	<u>12</u>	<u>05</u>	<u>25⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Strongsville, Ohio</u>	<u>OH</u>	<u>44136</u>		<u>check</u>				
Full Name of Contributor <u>Martin Sulzmann</u>						Registration Number, if PAC		
Street Address <u>24925 Forestview</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>24925 Forestview</u>					<u>11</u>	<u>13</u>	<u>05</u>	<u>200⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Bay Village</u>	<u>OH</u>	<u>44140</u>		<u>check</u>				
Full Name of Contributor <u>Sean Gallagher</u>						Registration Number, if PAC		
Street Address <u>16401 Marguets</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>16401 Marguets</u>					<u>11</u>	<u>13</u>	<u>05</u>	<u>50⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Cleveland</u>	<u>OH</u>	<u>44111</u>		<u>check</u>				
Full Name of Contributor <u>Keith Dewey</u>						Registration Number, if PAC		
Street Address <u>11725 Difton Blvd</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>11725 Difton Blvd</u>					<u>11</u>	<u>13</u>	<u>05</u>	<u>25⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Lakewood</u>	<u>OH</u>	<u>44107</u>		<u>check</u>				
Full Name of Contributor <u>John Chyfa</u>						Registration Number, if PAC		
Street Address <u>1419 Brookview Blvd</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>1419 Brookview Blvd</u>					<u>11</u>	<u>12</u>	<u>05</u>	<u>50⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Parma</u>	<u>OH</u>	<u>44134</u>		<u>check</u>				
Full Name of Contributor <u>Michael Murphy</u>						Registration Number, if PAC		
Street Address <u>1454 Wayne Ave</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>1454 Wayne Ave</u>					<u>11</u>	<u>13</u>	<u>05</u>	<u>50⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Lakewood</u>	<u>OH</u>	<u>44107</u>		<u>check</u>				
Full Name of Contributor <u>Damon Troyer</u>						Registration Number, if PAC		
Street Address <u>300 Kensington Rd</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>300 Kensington Rd</u>					<u>11</u>	<u>13</u>	<u>05</u>	<u>100⁰⁰</u>
City	State	Zip Code		Form (Cash, Check, etc)				
<u>Rocky River</u>	<u>OH</u>	<u>44116</u>		<u>check</u>				

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A Under Full Name of Contributor state Contributions from form No. 31-E and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$

500⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Full Name of Contributor <u>George Dorewen</u>						Registration Number, if PAC		
Street Address <u>1507 W Hassett</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Lakewood</u>		State <u>OH</u>	Zip Code <u>44107</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>50.00</u>
Form (Cash, Check, etc) <u>CASH</u>								
Full Name of Contributor <u>Iron Workers Local No 17</u>						Registration Number, if PAC		
Street Address <u>1544 East 23rd Street</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Cleveland</u>		State <u>OH</u>	Zip Code <u>44114</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>50.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Mike Chambers</u>						Registration Number, if PAC		
Street Address <u>16520 St. Anthony's Lane</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Cleveland</u>		State <u>OH</u>	Zip Code <u>44111</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>60.00</u>
Form (Cash, Check, etc) <u>CASH</u>								
Full Name of Contributor <u>Stan Kosilesky</u>						Registration Number, if PAC		
Street Address <u>10533 Rusty Hollow Lane</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Kirtland</u>		State <u>OH</u>	Zip Code <u>44094</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>25.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>P.M. Zimmer</u>						Registration Number, if PAC		
Street Address <u>5861 N. Oval</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Solon</u>		State <u>OH</u>	Zip Code <u>44139</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>25.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Joseph Conway & Juliann Thomas</u>						Registration Number, if PAC		
Street Address <u>3486 Danberry Dr.</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>N. Olmsted</u>		State <u>OH</u>	Zip Code <u>44070</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>25.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Anne Kerry</u>						Registration Number, if PAC		
Street Address <u>18909 Ferncliffe Ave</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<u>Cleveland</u>		State <u>OH</u>	Zip Code <u>44135</u>		<u>10</u>	<u>13</u>	<u>05</u>	<u>25.00</u>
Form (Cash, Check, etc) <u>Check</u>								

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state Contributions from form No 31-E and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$

210.00

Event Date 10.13.05
Page 14

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF COUNCILMAN MICHAEL DEVER							
Full Name of Contributor				Registration Number, if PAC			
RICHARD + TESS NEFF							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
17620 NARRAGANSETT				10	07	05	25 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKWOOD	OH	44107		5368			
Full Name of Contributor				Registration Number, if PAC			
THOMAS J. REYNOLDS							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1416 MAILE AVE				10	15	05	25 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKWOOD	OH	44107		3124			
Full Name of Contributor				Registration Number, if PAC			
PATRICK CARROLL							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
12650 DETROIT AVE.				10	03	05	100 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKWOOD	OH	44107		574			
Full Name of Contributor				Registration Number, if PAC			
ANTHONY LACERVA							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1077 WILBERT ROAD				10	13	05	50 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKWOOD	OH	44107		4336			
Full Name of Contributor				Registration Number, if PAC			
DAVID LAMBERT							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
17409 OXFORD AVE				10	13	05	50 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
CLEVELAND	OH	44111		903			
Full Name of Contributor				Registration Number, if PAC			
ROSALYN ANELLO							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
24991 PIONE LANE				10	13	05	200 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
BEDFORD HEIGHTS	OH	44146		3398			
Full Name of Contributor				Registration Number, if PAC			
ANDREW GALLAGHER							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
10019 CLIFF DRIVE				10	13	05	100 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
CLEVELAND	OH	44102		2705			

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 550⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
FRIENDS of Councilman MICHAEL DEVER						
Full Name of Contributor				Registration Number, if PAC		
STEPHEN ANDERSON						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
20441 PRAIRIE MEADOWS PLACE			10	12	05	25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
STRONGSVILLE	OH	44149	5043			
Full Name of Contributor				Registration Number, if PAC		
WILLIAM CARROLL						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7934 MORLEY ROAD			10	12	05	25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CONCORD TWP.	OH	44060	6598			
Full Name of Contributor				Registration Number, if PAC		
TERENCE JOYCE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
19420 WESTOVER AVE			09	04	05	100. ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
ROCKY RIVER	OH	44116	3616			
Full Name of Contributor				Registration Number, if PAC		
PIPE FITTERS LOCAL 120						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6305 HALLE DRIVE			10	03	05	200 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44125	4916			
Full Name of Contributor				Registration Number, if PAC		
FRIENDS OF DALE MILLER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4300 W. 143 ST			10	08	05	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44135	1403			
Full Name of Contributor				Registration Number, if PAC		
TERENCE MINCH						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6234 COLEBROOK DRIVE			10	12	05	25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
PARMA Heights	OH	44130	1662			
Full Name of Contributor				Registration Number, if PAC		
PLUMBERS LOCAL 55 COPE COMMITTEE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
980 KEYNOTE CIRCLE			10	10	05	50. ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc)			
CLEVELAND	OH	44131	4284			

* 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 appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state Contributions from form No. 31-E and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 475.⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>FRIENDS OF COUNCILMAN MICHAEL DEVER</u>							
Full Name of Contributor <u>JAMES MACKIN / MARY SCHRINER</u>				Registration Number, if PAC			
Street Address <u>3880 WEST 229th ST.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>FAIRVIEW PARK</u>		State <u>OH</u>	Zip Code <u>44126</u>	<u>10</u>	<u>10</u>	<u>05</u>	<u>100⁰⁰</u>
Form(Cash, Check, etc) <u>890</u>							
Full Name of Contributor <u>EUGENE KRAMER</u>				Registration Number, if PAC			
Street Address <u>1422 EUCLID AVE. # 706</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>CLEVELAND</u>		State <u>OH</u>	Zip Code <u>44115</u>	<u>10</u>	<u>11</u>	<u>05</u>	<u>50⁰⁰</u>
Form(Cash, Check, etc) <u>1851</u>							
Full Name of Contributor <u>NOREEN & MARY ALICE McCAFFERTY</u>				Registration Number, if PAC			
Street Address <u>2752 CARMEN DRIVE</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>ROCKY RIVER</u>		State <u>OH</u>	Zip Code <u>44116</u>	<u>10</u>	<u>07</u>	<u>05</u>	<u>100⁰⁰</u>
Form(Cash, Check, etc) <u>3870</u>							
Full Name of Contributor <u>CARPENTERS Political Action Comm.</u>				Registration Number, if PAC <u>LA 144</u>			
Street Address <u>3615 CHESTER AVE.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>CLEVELAND</u>		State <u>OH</u>	Zip Code <u>44114</u>	<u>10</u>	<u>07</u>	<u>05</u>	<u>100⁰⁰</u>
Form(Cash, Check, etc) <u>3126</u>							
Full Name of Contributor <u>TERRENCE + KAREN McHUGH</u>				Registration Number, if PAC			
Street Address <u>13460 LAKE AVE</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>LAKWOOD</u>		State <u>OH</u>	Zip Code <u>44107-1445</u>	<u>10</u>	<u>09</u>	<u>05</u>	<u>100⁰⁰</u>
Form(Cash, Check, etc) <u>2916</u>							
Full Name of Contributor <u>MARY ELLEN + JAMES REGO</u>				Registration Number, if PAC			
Street Address <u>16924 EDGEWATER DR.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>LAKWOOD</u>		State <u>OH</u>	Zip Code <u>44107</u>	<u>10</u>	<u>10</u>	<u>05</u>	<u>50⁰⁰</u>
Form(Cash, Check, etc) <u>1729</u>							
Full Name of Contributor <u>MARK + DOREEN PAPAJCİK</u>				Registration Number, if PAC			
Street Address <u>843 CARRIAGE PARK OVAL</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>WESTLAKE</u>		State <u>OH</u>	Zip Code <u>44145</u>	<u>10</u>	<u>07</u>	<u>05</u>	<u>35⁰⁰</u>
Form(Cash, Check, etc) <u>6792</u>							

* 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 appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state Contributions from form No 31-E and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 535.⁰⁰

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
FRIENDS OF COUNCILMAN MICHAEL DEVER							
Full Name of Contributor				Registration Number if PAC			
PATRICK MD ROTH PATTON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
16500 Southland AVE				10	13	05	25 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
CLEVELAND	OH	44111		7042			
Full Name of Contributor				Registration Number if PAC			
EDWARD PATTON							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1114 HOMEWOOD DR.				10	13	05	50 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKEWOOD	OH	44107		5382			
Full Name of Contributor				Registration Number if PAC			
MICHAEL McHALE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1371 LANDER ROAD				10	12	05	25 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
MAYFIELD HEIGHTS	OH	44124		1066			
Full Name of Contributor				Registration Number if PAC			
RICK THEBERGE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
21738 FORESTVIEW CIR.				10	12	05	25 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
BROOK PARK	OH	44142		2598			
Full Name of Contributor				Registration Number if PAC			
LABORERS LOCAL #310							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3250 EUCLID AVE				10	06	05	500 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
CLEVELAND	OH	44115-2520		2999			
Full Name of Contributor				Registration Number if PAC			
JAY STARKOFF							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				10	06	05	50 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKEWOOD	OH	44107		601			
Full Name of Contributor				Registration Number if PAC			
MARY BREINER / CHARLES TARDINO							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1092 HOMEWOOD DR.				10	05	05	100 ⁰⁰
City	State	Zip Code		Form (Cash, Check, etc)			
LAKEWOOD	OH	44107		6253			

* 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 appear [R.C. 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state Contributions from form No 31-E and list the date of the event in the date column

Total contributions this event
6,625⁰⁰

Total expenditures this event
1,061⁰⁰

Page Total \$ 775⁰⁰

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
FRIENDS OF COUNCILMAN MICHAEL DEVER									
To Whom Paid						M	D	Y	Amount
LAKEWOOD KIWANIS CLUB						1	0	27	05 56. ⁰⁰
Address				Purpose					
22368 LORAIN ROAD				FUNDRAISER					
City		State	Zip Code	Check Number					
FAIRVIEW PARK		OH	44126	1231					
To Whom Paid						M	D	Y	Amount
BROTHERS PRINTING						0	0	19	05 1,483. ⁵⁰
Address				Purpose					
2000 EUCLID AVE.				MAILER					
City		State	Zip Code	Check Number					
CLEVELAND		OH	44115	1233					
To Whom Paid						M	D	Y	Amount
U.S.P.S.						0	0	27	05 111. ⁹⁸
Address				Purpose					
1475 WARREN ROAD				POSTAGE					
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1234					
To Whom Paid						M	D	Y	Amount
KEY BANK						1	0	31	05 10. ⁷⁵
Address				Purpose					
P.O. BOX 22114				SERVICE CHARGE					
City		State	Zip Code	Check Number					
ALBANY		OH	44115						
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							
To Whom Paid						M	D	Y	Amount
NET EXPENDITURES FROM FORM 31-F						1	0	13	05 1,061. ⁵⁰
Address				Purpose					
FUNDRAISER									
City		State	Zip Code	Check Number					
DATED 10/13/05		OH							
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid						M	D	Y	Amount	
FRIENDS OF Councilman MICHAEL DEVER										
CLEVELAND LETTER SERVICE						0	9	27	05	1,291. ⁷⁶
Address		Purpose								
2150 ST. CLAIR AVE		MAILER for Primary 10/4								
City		State	Zip Code		Check Number					
CLEVELAND		OH	44114		1217					
FRIENDS OF FRANK PETRO						0	9	15	05	50. ⁰⁰
Address		Purpose								
1181 EAST SPRAGUE ROAD		DONATION								
City		State	Zip Code		Check Number					
SEVEN HILLS		OH	44131		1219					
FRIENDS OF ROBERT KLAMBER						0	9	29	05	50. ⁰⁰
Address		Purpose								
19495 LYLE ROAD		DONATION								
City		State	Zip Code		Check Number					
NORTH Royalton		OH	44133		1220					
FRIENDS OF DANIAL BRENNAN						0	9	29	05	100. ⁰⁰
Address		Purpose								
2175 LAKEWOOD AVE.		DONATION								
City		State	Zip Code		Check Number					
LAKEWOOD		OH	44107		1221					
USPS						0	0	03	05	111. ⁰⁰
Address		Purpose								
1475 WARREN ROAD		MAILER / POSTAGE								
City		State	Zip Code		Check Number					
LAKEWOOD		OH	44107		1224 1227					
BROTHERS PRINTING						1	0	06	05	1640. ⁴⁵
Address		Purpose								
2000 EUCLID AVE		Palm Cards								
City		State	Zip Code		Check Number					
CLEVELAND		OH	44115		1225					
LAKEWOOD CHAMBER OF COMMERCE						1	0	16	05	10. ⁰⁰
Address		Purpose								
14701 DETROIT Rd. #130		CANDIDATES Night FEE								
City		State	Zip Code		Check Number					
LAKEWOOD		OH	44107		1226					
USPS						1	0	19	05	185. ⁷⁴
Address		Purpose								
1475 WARREN ROAD		POSTAGE								
City		State	Zip Code		Check Number					
LAKEWOOD		OH	44107		1230					

3,438.⁹⁵
Page Total \$0.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
FRIENDS OF COUNCILMAN MICHAEL DEVER										
To Whom Paid						M	D	Y	Amount	
FRIENDS OF KEVIN BUTLER						0	8	30	05	100 ⁰⁰
Address				Purpose						
17517 LAKEWOOD HTS BLVD.				DONATION						
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1199				
To Whom Paid						M	D	Y	Amount	
WINTERHURST HOCKEY ASSOCIATION						0	8	05	05	50 ⁰⁰
Address				Purpose						
1602 ARTHUR AVE.										
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1210				
To Whom Paid						M	D	Y	Amount	
LAKEWOOD HIGH SCHOOL FOOTBALL (B.O.E.)						0	8	15	05	10 ⁰⁰
Address				Purpose						
14100 FRANKLIN BLVD.				FUNDRAISER DONATION						
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1211				
To Whom Paid						M	D	Y	Amount	
COMM. TO ELECT JUDGE KATHY KEOUGH						0	9	01	05	100 ⁰⁰
Address				Purpose						
ROSEMARY AVENUE										
City		State		Zip Code		Check Number				
CLEVELAND		OH		441		1212				
To Whom Paid						M	D	Y	Amount	
MADISON GRAPHICS						0	9	06	05	1,177. ¹³
Address				Purpose						
13130 DETROIT AVE.				LAWN SIGNS						
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1213				
To Whom Paid						M	D	Y	Amount	
CUYAHOGA COUNTY BOARD OF ELECTIONS						0	9	12	05	25 ⁰⁰
Address				Purpose						
2925 EUCLID AVE				ABSENTEES OCT/NOV.						
City		State		Zip Code		Check Number				
CLEVELAND		OH		44114		1214				
To Whom Paid						M	D	Y	Amount	
FRIENDS OF STATE REP. MICHAEL SKIMMEL						0	9	12	05	50 ⁰⁰
Address				Purpose						
16800 DELAWARE AVE.				DONATION						
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1215				
To Whom Paid						M	D	Y	Amount	
USPS						0	9	13	05	111. ⁰⁰
Address				Purpose						
1475 WARREN ROAD				ABSENTEE POSTAGE						
City		State		Zip Code		Check Number				
LAKEWOOD		OH		44107		1216				

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <u>FRIENDS OF COUNCILMAN MICHAEL DEVER</u>							
To Whom Paid <u>USPS</u>				M	D	Y	Amount <u>111⁰⁰</u>
Address <u>1475 WARREN ROAD</u>		Purpose <u>POSTAGE</u>					
City <u>LAKWOOD</u>	State <u>OH</u>	Zip Code <u>44107</u>	Check Number <u>1218</u>				
To Whom Paid <u>CAMPAIGN PRESS</u>				M	D	Y	Amount <u>285⁰⁰</u>
Address <u>8965 COLUMBIA ROAD</u>		Purpose <u>INVITATION TO FUNDRAISER</u>					
City <u>OLMSTED FALLS</u>	State <u>OH</u>	Zip Code <u>44138</u>	Check Number <u>1222</u>				
To Whom Paid <u>CLEVELAND LETTER SERVICE</u>				M	D	Y	Amount <u>40⁰⁰</u>
Address <u>2150 ST. CLAIR AVE.</u>		Purpose <u>INVITE PREPARATION</u>					
City <u>CLEVELAND</u>	State <u>OH</u>	Zip Code <u>44114</u>	Check Number <u>1223</u>				
To Whom Paid <u>AROUND THE CORNER - 54100N + CAFE</u>				M	D	Y	Amount <u>625⁰⁰</u>
Address <u>18616 DETROIT AVE</u>		Purpose <u>EVENT</u>					
City <u>LAKWOOD</u>	State <u>OH</u>	Zip Code <u>44107</u>	Check Number <u>1229</u>				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No 31-B Under the To Whom Paid state Expenditures from Form 31-F and list the date of the event in the date column

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Councilman Michael Dever						Registration Number if PAC					
Full Name of Candidate Michael Dever											
Street Address 14015 Lake Ave.				Office Sought Council-at-Large		District					
City Lakewood				State OH		Zip Code 44107					
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y			
						1	1	0	8	0	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election check box No other forms are required for a post-primary or post-general period, if above statement applies See R.C. 3517.10(H) for details

1 Amount brought forward from last report	\$	5061.62
2 Total monetary contributions (From Form No. 31-A)	\$	225.00
3 Total other income (From Form No. 31-A-2)	\$	
4 Total funds available (sum of lines 1, 2, 3)	\$	5286.62
5 Total monetary expenditures (From Form No. 31-B)	\$	2769.47
6 Balance on hand (line 4 minus line 5)	\$	2517.15
7 Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8 Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9 Outstanding loans owed by committee (From Form No. 31-C)	\$	
10 Outstanding debts owed by committee (From Form No. 31-N)	\$	
11 Outstanding loans owed to committee (From Form No. 31-K)	\$	
12 Value of independent expenditures made (From Form No. 31-U)	\$	
13 For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Michael Dever
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Dever
Signature

5-1-07
MAY08'07 AM 11:44 CWS

Contribution pages 0

Expenditure pages 0

Other pages 1

Total page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF COUNCILMAN MICHAEL DEVER									
Full Name of Contributor MARIE + PAUL COREY						Registration Number, if PAC			
Street Address 7755 CANDLEWOOD LN			Employer/Occupation/Labor Organization*				Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 2634		
City COLUMBUS		State OH	Zip Code 43235-1625		M 10	D 07	Y 05	Amount 100.⁰⁰	
Full Name of Contributor FRANCIS D. MURTAUGH, JR.						Registration Number, if PAC			
Street Address 1065 LAKELAND AVE			Employer/Occupation/Labor Organization*				Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 2535		
City LAKELAND		State OH	Zip Code 44107		M 11	D 07	Y 05	Amount 100.⁰⁰	
Full Name of Contributor JACK SIMON						Registration Number, if PAC			
Street Address 1372 LAKELAND AVE			Employer/Occupation/Labor Organization*				Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 1671		
City LAKELAND		State OH	Zip Code 44107		M 10	D 26	Y 05	Amount 25.⁰⁰	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check etc)		
City		State	Zip Code		M	D	Y	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 appear [R C 3517 10(B)(4)]

\$ 225.⁰⁰

Page Total \$ ~~0.00~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
FRIENDS OF COUNCILMAN MICHAEL DEVER									
To Whom Paid						M	D	Y	Amount
LAKEWOOD BOARD OF EDUCATION						1	0	2005	100. ⁰⁰
Address		Purpose							
14100 FRANKLIN BLVD.		DONATION - HIGH SCHOOL ORCHESTRA							
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1232					
To Whom Paid						M	D	Y	Amount
MIDWEST PRE-SORT MAILING SERVICE						1	0	3105	1,767. ³³
Address		Purpose							
2222 WEST 110 th STREET		MAILING							
City		State	Zip Code	Check Number					
CLEVELAND		OH	44102	1235					
To Whom Paid						M	D	Y	Amount
U.S. POSTAL SERVICE						1	1	0405	90. ⁰⁰
Address		Purpose							
1475 WARREN ROAD		STAMPS							
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1227					
To Whom Paid						M	D	Y	Amount
THE PARTY STATION						1	1	0805	13. ⁵⁵
Address		Purpose							
15008 DETROIT AVE		DECORATIONS - Victory Party							
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1238					
To Whom Paid						M	D	Y	Amount
CATHERINE CHAMBERS Photography						1	1	1105	180. ⁰⁰
Address		Purpose							
2244 WOOSTER ROAD		CAMPAIGN Photography							
City		State	Zip Code	Check Number					
ROCKY RIVER		OH	44116	1237					
To Whom Paid						M	D	Y	Amount
STAPLES BUSINESS SUPPLIES						1	1	1305	22. ⁸⁴
Address		Purpose							
2150 WEST 117 th STREET		COPIES - INK							
City		State	Zip Code	Check Number					
CLEVELAND		OH	44111	1241					
To Whom Paid						M	D	Y	Amount
AROUND THE CORNER TAVERN						1	2	2005	585. ⁰⁰
Address		Purpose							
18616 DETROIT AVE		Victory Party							
City		State	Zip Code	Check Number					
LAKEWOOD		OH	44107	1242					
To Whom Paid						M	D	Y	Amount
KEY BANK						1	1	3005	10. ⁷⁵
Address		Purpose							
P.O. BOX 22114		SERVICE CHARGE							
City		State	Zip Code	Check Number					
ALBANY		NY	12201-2114						