

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Justin Berns						Registration Number, if PAC			
Full Name of Candidate Justin Berns									
Street Address 25113 Bridgeton Drive						Office Sought City Council		District	
City Beachwood						State O H		Zip Code 44122	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X Semiaual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 1	D 1	Y 0	3 1

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 at 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	\$ 223.49
2. Total monetary contributions (From Form No. 31-A)	\$ 9,915.50
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 10,138.99
5. Total monetary expenditures (From Form No. 31-B)	\$ 9,843.06
6. Balance of fund (line 4 minus line 5)	\$ 295.93
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,350.14
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	\$

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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

Steven Shore, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

12/8/15

Contribution pages <u> 1 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 1 </u>

Total pages <u> 3 </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Justin Berns							
Full Name of Contributor Lynn H. Sowards				Registration Number, if PAC			
Street Address 7341 Claddaugh Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0	D 9	Y 1 2 1 5	Amount 200.00	
Full Name of Contributor Justin Berns				Registration Number, if PAC			
Street Address 26935 Hurlingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1 7 1 5	Amount 4,000.00	
Full Name of Contributor Gary Goldstein				Registration Number, if PAC			
Street Address 25118 Bridgeton Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1 0 1 5	Amount 215.50	
Full Name of Contributor Tamra F. Gould, Trust, Tamra F. Gould, Trustee				Registration Number, if PAC			
Street Address 23811 Chagrin Blvd., Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 2 6 1 5	Amount 500.00	
Full Name of Contributor Jonathan Berns				Registration Number, if PAC			
Street Address 2883 Nottingham Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hunting Valley	State O H	Zip Code 44022	M 1	D 1	Y 0 5 1 5	Amount 5,000.00	
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	

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Justin Berns												
To Whom Paid Network Laser Art						M	D	Y	Amount			
						1	0	1	8	1	5	2,891.79
Address 26601 Bernwood Road				Purpose Graphic Design / Printed Materials - Inv. 8167								
City Beachwood		State O H		Zip Code 44122		Check Number 107						
To Whom Paid Weekley's Mailing Service, Inc.						M	D	Y	Amount			
						1	0	1	8	1	5	1,277.43
Address 1420 West Bagley Road				Purpose Mailing Printed Material - Inv. 66050								
City Berea		State O H		Zip Code 44017		Check Number 108						
To Whom Paid Network Laser Art						M	D	Y	Amount			
						1	1	0	6	1	5	2,850.00
Address 26601 Bernwood Road				Purpose Graphic Design / Printed Materials - Invs. 8186. 8187								
City Beachwood		State O H		Zip Code 44122		Check Number 110						
To Whom Paid Winking Lizard						M	D	Y	Amount			
						1	1	1	0	1	5	486.00
Address 25800 Central Parkway				Purpose Community Event								
City Beachwood		State O H		Zip Code 44122		Check Number 111						
To Whom Paid Beachwood Buzz						M	D	Y	Amount			
						1	1	1	9	1	5	629.00
Address P.O. Box 22194				Purpose Advertising								
City Beachwood		State O H		Zip Code 44122		Check Number 112						
To Whom Paid Justin Berns						M	D	Y	Amount			
						1	1	1	9	1	5	1,708.84
Address 26935 Hurlingham Road				Purpose Reimb.-Cleve. Jewish News, AMM Political Strat., Postage								
City Beachwood		State O H		Zip Code 44122		Check Number 113						
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						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Justin Berns												
From Whom Received Justin Berns							Prior Amount 11,350.14		Amt. Incurred this Period 0.00			
Address 26935 Hurlingham Road									Outstanding Balance 11,350.14			
City Beachwood		State OH	Zip Code 44122		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		7	1	6	1	3						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 11,350.14
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,350.14 (To Form No. 30-A)