CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATEORCO	MMITTEE						
July 7. 2022 2.b. IF COMMITTEE, NAME OF CANDIDATE NA	Drew 1	v. Lyer		3. ELECTION DATE	, 2022				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 252 S. Kay Fd.	Portland	T	State	Zip Code ろ<i>148</i>	Phone 440 615 4799				
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.a.) City	\$	State	Zip Code	Phone				
5. OFFICE SOUGHT (include district number, County Commission 1234)	if applicable)	6. NAME OF	POLITICAL T	REASURER (may be o	andidate)				
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH R QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD 423-22		8.b. ENDING D	6-30						
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 								
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate of for any other no signature of candidate.	ions and expenditure s swear or affirm that	es required to be r t no campaign cor	reported by the atributions had ederal internal	e candidate committee re be in expended for the	by the Campaign				
11. WITNESS SIGNATURE Signature of witness	7 <u>-15-22</u>	2	ond!	ture of Miness	> 1/15/21				
12. SUMMARY a. BALANCE ON HAND LAST REPORT				s 1206!	<u>6</u>				
b. TOTAL RECEIPTS THIS PERIOD				\$					
c. TOTAL DISBURSEMENTS THIS PERIOD) 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$					
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	FILED	PM	\$	1206 1				
e. TOTAL LOANS OUTSTANDING		JUL 1 5 20		, <u>S</u>					
f. TOTAL OBLIGATIONS OUTSTANDING	S	UMNER COUN	IΤΥ	\$					
	にした	CHON COMMIS	MAISS						

SUMMARY PAGE - CANDIDATE

RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period) b. Hemized Contributions (\$100 or less from each source this period) c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) 16. LOANS RECEIVED THIS REPORTING PERIOD 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL RECEIPTS (add 15.c., 15., and 17.) (must be shown in item 12.b.) DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gascline) \$ \$ \$ \$ \$ \$ \$ Total of Expenditures (\$100 or less each payee) b. Itemized Expenditures (\$100 or less each payee) c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) 20. LOANREPAYMENTS MADE THIS PERIOD 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
a. Unitemized Contributions (\$100 or less from each source this period) b. Itemized Contributions (\$100 or less from each source this period) c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15 a. and 15.b.) 16. LOANS RECEIVED THIS REPORTING PERIOD 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in Item 12.b.) DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category e.g., printing, postage, gasoline) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Bront N. Dy	FROM: 433-33 TO. 6-80-73
b. Itemized Contributions (over \$100 from each source this period)	15. CONTRIBUTIONS (other than loans and interest)	~
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) 16. LOANS RECEIVED THIS REPORTING PERIOD. 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) 5	a. Unitemized Contributions (\$100 or less from each source this period)	\$
16. LOANS RECEIVED THIS REPORTING PERIOD 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) DISBURSEMENTS 19. EXPENDITURES (other than foan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b. Itemized Contributions (over \$100 from each source this period)	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	16. LOANS RECEIVED THIS REPORTING PERIOD	\$ \
DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s &s
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) \$	DISBURSEMENTS	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	19. EXPENDITURES (other than loan payments)	
S	a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)
S	\$ _	
S	\$	
S	<u> </u>	
S	\$	
Total of Expenditures (\$100 or less each payee)	\$	
Total of Expenditures (\$100 or less each payee)	\$	
Total of Expenditures (\$100 or less each payee)	\$	
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)	<u> </u>	
b. Itemized Expenditures (Over \$100 each payee this period)	The Community of 100 or loss cost naves)	s 0
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) 20. LOAN REPAYMENTS MADE THIS PERIOD	i	
20. LOAN REPAYMENTS MADE THIS PERIOD	1	6 A
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		
22.IN-KIND CONTRIBUTIONS	The state of the s	es e
Leitemized in kind contributions (\$100 or less from each source this period)	the state of the descriptions (6100 or loss from each source this period)	s —
A second of the		· 70
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)		
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)		s
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVER	RING THE PERIOD		
Brent N. Dec	<u> </u>			FROM: 4-23-22	TO: 6-30-22
TOTAL ITEMIZED CAMPAIGN CONTRIBUTION	NS FR	OM PRECEDING PA	AGE (enter \$0 if first itemized p	page)	4
COMPLETE THE APPROPRIATE ITEMS FOR EAC	H ITEMI	ZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributo	r)
	diddle Nan		Contribution Received For:	Amount of Contribution	
st Name/Organizaton Name		<u> </u>	Primary Election	General Election	
			Runoff (Local Election	one Oalv)	
ddress					Aggregate This Election
v // K	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation					
nployer					}
irst Name	Middle N	arne	Contribution Received F	or:	Amount of Contribution
ast Name/Organization Name	L		Primary Election	General Election	
		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Elect	ions Only)	
Address					Aggregate This Election
City	State	Zip Code	Date of Contribution		Aggregate Mila Election
Occupation	<u> </u>				
Employer					:
					A Contibution
First Name	Middle N	lame	Contribution Received f	or:	Amount of Contribution
Last Name/Organization Name	<u> </u>	<u> </u>	Primary Election	General Election	
Address			Runoff (Local Elec	ctions Only)	
	State	Zip Code	Date of Contribution		Aggregate This Election
City	State	Zip Code	Bate or contaction		
Occupation					
Employer					
	Tanın .		Cantribution Received F	Or.	Amount of Contribution
First Name	Middle	Name	·	_	
Last Name/Organization Name			Primary Election	General Election	1
Address			Runoff (Local Ele	ctions Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
	<u> </u>				
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount mu	es of this f	orm are used.)	v)		
(If this is the last page of continuutions, this amount mu	iat L/6 \$1101	ATTENDED TO CONTROL OF SURE PARTY		7 /	7

Page ______ of _____

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMM	ALTTEE			2. REPORT COVER	ING THE PERIOD		
NAME OF CANDIDATE OR COMM	Dur		FROM: 4.3.2	TO: 6-30-20			
TOTAL ITEMIZED IN-KIND CONT	/1	RECEDING PAG	E (enter \$0 if first itemized page	e)	-0		
COMPLETE THE APPROPRIATE ITEM	AS FOR EACH ITEMIZE	D IN-KIND CONTR	BUTION (in-kind contributions totaling	more than \$100 from any cor	ntnbutor during the period]		
rst Name	Middle Name			In-Kind Contribution Received For:			
		Primary Election	General Election				
ist Name/Organization Name			Runoff (Local Election	ins Only)	A Election		
ddress			Date of In-Kind Contribution		Aggregate this Election		
ity \	State Zip Code			n			
ccupation	Employer						
ι γ					La companya da calcada		
irst Name	Middle Nam	e	In-Kind Contribution Receiv Primary Election	red For: General Election	Value of In-Kind Contribution		
ast Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		Runoff (Local Electi	ons Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
Sity	State	Zip Code	Description of In-Kind Contribution	on			
Occupation	Employer	L'					
xxxpanon							
irst Name	e Middle Name			In-Kind Contribution Received For:			
ast Name/Organization Name			Primary Election	General Election			
			Runoff (Local Elect	ions Only)	Aggregate this Election		
Address					73.5		
City	Stale	Zip Code	Description of In-Kind Contribut	.on			
Occupation	Employer						
	Table 1		In-Kind Contribution Rece	uvad For	Value of In-Kind Contributi		
First Name	Middle Na	me 	Primary Election	General Election	Value of Mi-Auto Contradito		
Last Name/Organization Name			Runoff (Local Elec	tions Only)			
Address	1 /		Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribu	tion			
Occupation	impluyer						
-							
First Name	Middle Na	me	In-Kind Contribution Rec	ceived For: General Election	Value of In-Kind Contribu		
Last Name/Organization Name	1		Primary Election Runoff (Local Elec	_			
Address	- //	/	Date of In-Kind Contribution	addie Omjj	Aggregate this Election		
	V Catale	Zip Code	Description of In-Kind Contribu	rtion			
City	1	Eip Gode					
Occupation	Employer						
5. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIONS						
(Carry forward to item 3, of next page if (If this is the last page of in-kind contrib	additional pages of this form utions, this amount must be	i are used.) shown in item 22b. of s	summary.)				
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER		
- Bront N.D	W/			FROM: 1332	TO: 6-30-20-	
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	r URES FRO	IM PRECEDING PA	GE (enter \$0 if first itemized pa	age)	1	
4. COMPLETE THE APPROPRIATE ITEMS FOR					riod)	
First Name	Middle Nar		Purpose of Expenditure			
Last Name/Business Name	_1					
Address Na						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		<u></u>				
Address						
City	State	Zip Code				
First Name	Middle Na	ıme	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	,					
City / Jac	State	Zip Code				
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	/					
Cây	State	Zip Code				
First Name	Middle Na	3me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	/					
City	State	Zip Code				
First Name	Middle Na	arne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	~ /					
Address	D					
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional page (If this is the last page of expenditures, this amount of the page of expenditures).			1			
SS-1129 (Rev. 4/02)	ariom(i	o. o. summu j.		Page <u>5</u> of <u>1</u>	RDA 1159	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR CO	MMITTEE					2. REPO	ORT COVERING	
COMPLETE THE APPROPRIA	E ITEMS E	OR FACH ITE	MIZED LOAN	(loans totaling m	ore than \$100 from	423- n any source during	the period)	30-20
		0112101111				<u></u>	<u></u>	
complete the Following for the Source First Name	Middle Nam	e		Loan Balance	Loans	Loan Payments		fing Loan Balance and of Period)
	1		(Beginning	of Period)	Received	Fayinents	10.	ag gr i choop
ast Name/Organization Name						<u> </u>		
Address			Loan Recei		☐ General Ete	}	e of Loan	
City /	State	Zip Code		ry Election ff (Local Elections		Chort		
	Lak All Endo	nom ne Guaran		<u> </u>		ease attach a pag	ne)	
First Name	LISTAII ENGO	Middle Name	IDIS IOI ADOVE CO	First Name		, , , , , , , , , , , , , , , , , , ,	Middle Na	me
		<u> </u>		l ast Name/Or	ganization Name			
Last Name/Organization Name								
Address	,			Address				
City) /	State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstanding	<u> </u>	<u>. </u>	<u> </u>	Amount Guara	inteed Cutstandin	9		
		Middle Name		First Name		_ · · · ·	Middle N	ame
First Name		IVII GGE I TOTTE					<u> </u>	
Last Name/Organization Name			 	Lasi Name/O	rganization Name			
Address				Address				
City	<u> </u>	State	Zip Code	City			State	Z:p Code
	W		<u> </u>	Amount Guar	anteed Outstandir			
Amount Guaranteed Outstanding				Amoditosia	BILLET OF GLORIES			
First Name	1	Middle Name		First Name			Middle	Name
Last Name/Organization Name		<u>. I</u>		Las! Name/C	rganization Name			
Address				Address		<u> </u>	 -	
	<u> </u>	1	15.0.2	Cibi			State	Zip Code
City	10/	State	Zip Code	City			Side	
Amount Guaranteed Outstanding				Amount Gua	ranteed Outstandi	ng		
First Name	1	Middle Nam		First Name			Middle	Name
Last Name/Organization Name				Last Name/	Organization Nami	9		
·	<u> </u>							
Address	10.1	/	. <u>.</u>	Address				
City	100	State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstanding	V			Amount Gua	ranteed Outstand	ing		
4. Totals for all Loans (complete	on last page	of itemized lo	ans)	Outstanding	Loan Balance	Loans	Loan	Outstanding Loan Bal
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.)			e.) e.)	(Beginnii	ng of Period)	Received	Payments	(End of Period)
(Total outstanding loan balance should a	lso be shown in	item 12.e. on fron	l nana l	1		 /		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR OWN	2. REPORT COVERING THE PERIOD					
Knowt N. L	Supe		FROM: 423-22 TO: 6-30-22			
 COMPLETE THE APPROPRIATE OBLIGATION (obligations totaling n person/vendor at the end of the rep 	nore than \$100 ow	HITEMIZED red to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outslanding Balance (End of Period)
First Name	Middle Na	HTIE				
Last Name/Business Name		<u> </u>				
Address						
City (V)	State	Zip Code				
Description of Obligation					J	
First Name	Middle N	ame				
Last Name/Business Name		<u></u>				
Address						
City	State	Zip Code				
Description of Obligation				1	<u></u>	
First Name	Middle N	ame				
Last Name/Business Name						
Address	^/					
City	State	Zip Code				
Description of Obligation				_ _	1	
First Name	Middle N	lame		-		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	1			<u></u>		
First Name	Middle !	Jama			1	
Last Name/Business Name	1 Stooliki	turite				
Address	1-	/-				
City	State	Zip Code				
Description of Obligation	(0)					
4. TOTALS					1	
(Total from Outstanding Balance - (End in item 23b. on summary page.)	of Perod) column m	iust also be showr	0	-0	10	10
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