

HAN CO ELECTIONS BOARD
APR 24 '25 AM 11:44

Committee Name Frank For Mayor (33-2746388)		Office Sought Mayor of Cincinnati		District
Street Address 915 Monastery St.	City Cincinnati	State OH	Zip 45202	
Candidate Name OR PAC Registration Number Brian Frank	Treasurer Name Brian Frank		Election Date (MM/DD/YYYY) 11/04/2025	

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
2025

Amended Report

☒ No
 ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	2210.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	2210.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	1388.08
6. Balance on hand (line 4 minus line 5)	821.92
7. Value of in-kind contributions received (From Form 31-J-1)	1351.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
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)	

BPF

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Brian P. Frank

Signature of Treasurer or Deputy Treasurer

04/24/2025

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Frank For Mayor (33-274 6388)				
Full Name of Contributor Sean P. Frank			Registration Number, if PAC	
Street Address 250 SW 17th St.		Employer/Occupation/Labor Organization* Self Employed Dovetail		Form (Cash, Check, etc.) Check
City Pompano	State FL	Zip Code 33-60	Date (MM/DD/YYYY) 2/10/2025	Amount 1,000.00
Full Name of Contributor James A. Berns			Registration Number, if PAC	
Street Address 1220 West North Bend		Employer/Occupation/Labor Organization* retired Republicans For A Greater Cincinnati		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45224	Date (MM/DD/YYYY) 2/22/25	Amount 10.00
Full Name of Contributor BRIAN FRANK			Registration Number, if PAC	
Street Address 915 Monastery St		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City CINTI	State OH	Zip Code 45202	Date (MM/DD/YYYY) 2/10/2025	Amount 1200.00
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)]

2210.00

Page Total 1,010.00

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRANK FOR MAYOR			
To Whom Paid [illegible]		Date (MM/DD/YYYY) [illegible]	Amount [illegible]
Street Address [illegible]		Purpose [illegible]	
City [illegible]	State OH	Zip Code [illegible]	Check Number [illegible]
To Whom Paid made You look Promotions		Date (MM/DD/YYYY) 3/5/2025	Amount 1,000.00
Street Address 4439 Reading Rd.		Purpose support people to carry signs and walk in Backfest Parade	
City Cincinnati	State OH	Zip Code 45229	Check Number cash 101
To Whom Paid Baron Identification Products		Date (MM/DD/YYYY) 03/07/2025	Amount 310.46
Street Address 4131 Glenway Ave		Purpose Corrugated Signs	
City Cincinnati	State OH	Zip Code 45205-1463	Check Number 100
To Whom Paid Republicans For a Greater Cincinnati		Date (MM/DD/YYYY) 03/12/2025	Amount 77.62
Street Address 1220 West North Bend		Purpose 3 posters 24"x32"	
City Cincinnati	State OH	Zip Code 45224	Check Number 102
To Whom Paid [illegible]		Date (MM/DD/YYYY) [illegible]	Amount [illegible]
Street Address [illegible]		Purpose [illegible]	
City [illegible]	State OH	Zip Code [illegible]	Check Number cash

Page Total \$ 1,388.08

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Frank For Mayor (33-2746388)				
Full Name of Contributor James A Berns		Employer, Occupation, Labor Organization* Republicans For A Greater Cincinnati		Registration Number, if PAC
Street Address 1220 West North Bend		Description of Item or Service Printing		Date (MM/DD/YYYY) 2-1-25
City Cincinnati		State OH	Zip Code 45224	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor BRIAN FRANK		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 915 Monastery St		Description of Item or Service obtaining petition signatures		Date (MM/DD/YYYY) 1256.00
City Cinti		State OH	Zip Code 45202	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor Brian Frank		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 915 Monastery St		Description of Item or Service filing fee		Date (MM/DD/YYYY) 45.00
City CINTI		State	Zip Code 45202	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]