

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee NORTON SCHOOL LEVY COMMITTEE						Registration Number, if PAC				
Full Name of Candidate										
Street Address 2952 WILBANKS DR					Office Sought		District			
City NORTON					State O H		Zip Code 44203			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General		Annual Year
	July			August		September		Termination		Semiannual
	Monthly			Monthly		Monthly				
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	D	Y
						0 5		0 8	1	8

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	\$ 3,142.90
2. Total monetary contributions (From Form No. 31-A)	\$ 1,592.53
3. Total other income (From Form No. 31-D)	\$ 0.00
4. Total funds available (Sum of lines 1, 2, 3)	\$ 4,735.43
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,411.38
6. Balance on hand (line 4 minus line 5)	\$ 3,324.05
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 650.00
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)	\$ 0.00
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	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUN 14 AM 8:37

#2209 Ave

BOARD OF ELECTIONS
ANDRON, OHIO

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

LISA M STEMPLE, TREASURER *Lisa M Stemple* 6/8/18
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 5

Expenditure pages 1

Other pages 1

Total pages 8

Statement of Contributions Received

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor ANGELA BARNHART					Registration Number, if PAC		
Street Address 610 MEGGLEN AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44303	M 0 4	D 1 2	Y 1 8	Amount 22.00	
Full Name of Contributor JENNA MITCHELL					Registration Number, if PAC		
Street Address 873 KARLA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CLINTON	State O H	Zip Code 44216	M 0 4	D 1 0	Y 1 8	Amount 22.00	
Full Name of Contributor PEGGY DIETZ					Registration Number, if PAC		
Street Address 2165 STONY HILL RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HINCKLEY	State O H	Zip Code 44233	M 0 4	D 1 1	Y 1 8	Amount 22.00	
Full Name of Contributor JENNIFER GREGORY					Registration Number, if PAC		
Street Address 4198 EASTERN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DOYLESTOWN	State O H	Zip Code 44230	M 0 4	D 1 2	Y 1 8	Amount 22.00	
Full Name of Contributor TYLER PACIFICO					Registration Number, if PAC		
Street Address 154 YONKER ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BARBERTON	State O H	Zip Code 44203	M 0 4	D 1 9	Y 1 8	Amount 22.00	
Full Name of Contributor LOUIS ULE					Registration Number, if PAC		
Street Address 2316 SHELVA LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COPLEY	State O H	Zip Code 44321	M 0 4	D 2 3	Y 1 8	Amount 40.00	
Full Name of Contributor ANN MAYER					Registration Number, if PAC		
Street Address 81 CENTER ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44319	M 0 4	D 1 3	Y 1 8	Amount 22.00	
Full Name of Contributor JAMES MCBRIDE					Registration Number, if PAC		
Street Address 7886 CAMBRIDGE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BRECKSVILLE	State O H	Zip Code 44141	M 0 4	D 1 6	Y 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor TIFFANY EVANS					Registration Number, if PAC		
Street Address 4309 WILCOR DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44319	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor ELAINE WILLIAMS					Registration Number, if PAC		
Street Address 230 35TH ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BARBERTON	State O H	Zip Code 44203	M 0	D 4	Y 1 3 1 8	Amount 22.00	
Full Name of Contributor ELIZABETH GRUBB					Registration Number, if PAC		
Street Address 169 TANGLEWOOD TRL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 1 6 1 8	Amount 22.00	
Full Name of Contributor KAREN RINEHART					Registration Number, if PAC		
Street Address 337 HIDDEN LAKE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CLINTON	State O H	Zip Code 44216	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor TRACEY CAMPAN					Registration Number, if PAC		
Street Address 1830 BUTTERNUT ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTH CANTON	State O H	Zip Code 44720	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor KARYN KASER					Registration Number, if PAC		
Street Address 600 SHADY LEDGE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44313	M 0	D 4	Y 1 1 1 8	Amount 22.00	
Full Name of Contributor CADIE M JOHNSTON					Registration Number, if PAC		
Street Address 3970 STATE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MEDINA	State O H	Zip Code 44256	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor EILEEN WOOD					Registration Number, if PAC		
Street Address 45 SCUPPER LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTHFIELD	State O H	Zip Code 44067	M 0	D 4	Y 1 1 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor SHERI DRUCKENBROD					Registration Number, if PAC		
Street Address 3369 FORESTVIEW NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CANTON	State O H	Zip Code 44721	M 0	D 4	Y 1 1 1 8	Amount 22.00	
Full Name of Contributor REGINA KOVAC					Registration Number, if PAC		
Street Address 6585 RIVER STYX RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MEDINA	State O H	Zip Code 44256	M 0	D 4	Y 1 3 1 8	Amount 22.00	
Full Name of Contributor ALICE WEATHERLY					Registration Number, if PAC		
Street Address 1827 WEST 58TH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CLEVELAND	State O H	Zip Code 44102	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor JENNIFER ABERNATHY					Registration Number, if PAC		
Street Address 925 REXDALE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor ALISON BLAKE					Registration Number, if PAC		
Street Address 120 WEST STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor JAMEX CERK					Registration Number, if PAC		
Street Address 2355 CONGRESS LAKE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MOGADORE	State O H	Zip Code 44260	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor SUSAN WARD					Registration Number, if PAC		
Street Address 2745 MAPLEWOOD ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 4	Y 1 1 1 8	Amount 22.00	
Full Name of Contributor SARA MAJEWSKI					Registration Number, if PAC		
Street Address 14121 REDDING AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MAPLE HTS	State O H	Zip Code 44137	M 0	D 4	Y 1 2 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor LISA FLYNN					Registration Number, if PAC		
Street Address 1844 HUNTINGTON CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BRUNSWICK	State O H	Zip Code 44212	M 0	D 4	Y 1 1 1 8	Amount 22.00	
Full Name of Contributor ELIZABETH DEAN					Registration Number, if PAC		
Street Address 2170 FORDHAM LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BROADVIEW HEIGHTS	State O H	Zip Code 44147	M 0	D 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor DANIEL GAUGLER					Registration Number, if PAC		
Street Address 200 BAIRD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 1 1 1 8	Amount 22.00	
Full Name of Contributor TAYLOR FARLEY					Registration Number, if PAC		
Street Address 2030 13TH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 4	Y 1 2 1 8	Amount 22.00	
Full Name of Contributor MARY CALHOUN					Registration Number, if PAC		
Street Address 523 HIGHLAND AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 1 1 1 8	Amount 25.00	
Full Name of Contributor DARLA RUFF					Registration Number, if PAC		
Street Address 767 DAVIDS CV		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 1 6 1 8	Amount 25.00	
Full Name of Contributor AMBER WHEATLEY					Registration Number, if PAC		
Street Address 552 MAIN ST UNIT E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 2 3 1 8	Amount 583.00	
Full Name of Contributor JOYCE GERBER					Registration Number, if PAC		
Street Address 2917 BANCROFT RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44333	M 0	D 4	Y 2 0 1 8	Amount 25.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor DONALD SHIMEK JR					Registration Number, if PAC		
Street Address 7451 BYRON CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTH CANTON		State O H	Zip Code 44721	M 0	D 4	Y 1 2 1 8	Amount 25.00
Full Name of Contributor CHARLES SEIBERLING					Registration Number, if PAC		
Street Address 4117 GREENWICH RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON SCHOOL LEVY COMMITTEE		State O H	Zip Code 44203	M 0	D 4	Y 1 3 1 8	Amount 50.00
Full Name of Contributor COMMITTEE TO ELECT CHRIS INKS					Registration Number, if PAC		
Street Address 3925 HOLIDAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON SCHOOL LEVY COMMITTEE		State O H	Zip Code 44203	M 0	D 5	Y 1 5 1 8	Amount 125.53
Full Name of Contributor CHRISTOPHER INKS					Registration Number, if PAC		
Street Address 3925 HOLIDAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON SCHOOL LEVY COMMITTEE		State O H	Zip Code 44203	M 0	D 4	Y 1 6 1 8	Amount 100.00
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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
To Whom Paid CYNTHIA WEBEL				M	D	Y	Amount
				0	4	25	18
							1,405.38
Address 3152 TROTTER RD		Purpose YARD SIGNS					
City NORTON		State O H	Zip Code 44203	Check Number 300			
To Whom Paid HUNTINGTON				M	D	Y	Amount
				0	4	30	18
							6.00
Address PO BOX 1558 EA1W37		Purpose BANK FEES - APRIL & MAY 2018					
City COLUMBUS		State O H	Zip Code 43216	Check Number DEBIT			
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			
To Whom Paid				M	D	Y	Amount

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE				
Full Name of Contributor JOEL ROSCOE		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1939 TOWNSHIP ROAD 555		Description of Item or Service SPEAKER FOR INFO EVENT		M D Y Fair Market Value 0 5 0 3 1 8 450.00
City JEROMESVILLE		State O H	Zip Code 44840	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor OAPSE		Employer, Occupation, Labor Organization * LABOR ORGANIZATION		Registration Number, if PAC
Street Address 6805 OAK CREEK DRIVE		Description of Item or Service ROBO CALLING		M D Y Fair Market Value 0 5 0 7 1 8 200.00
City COLUMBUS		State O H	Zip Code 43229	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		M D Y Fair Market Value
City		State	Zip Code	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		M D Y Fair Market Value
City		State	Zip Code	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		M D Y Fair Market Value
City		State	Zip Code	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		M D Y Fair Market Value
City		State	Zip Code	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		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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