

*\*LATE\**

30-A  
R.C. 3517.10

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>NORTON SCHOOL LEVY COMMITTEE</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>2952 WILBANKS DR</b>				Office Sought		District			
City <b>NORTON</b>				State <b>O H</b>		Zip Code <b>44203</b>			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> X	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
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	3	1	5 1 6

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	\$	1,197.12
2. Total monetary contributions (From Form No. 31-A)	\$	1,181.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,378.12
5. Total monetary expenditures (From Form No. 31-B)	\$	780.95
6. Balance on hand (beginning of period)	\$	1,597.17
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
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**

2016 MAR -4 AM 9:40  
SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON, OHIO  
# 11,007 Ave

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*  
Signature

2/29/16  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 2

Expenditure pages 1

Other pages 0

Total pages 3

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>NORTON SCHOOL LEVY COMMITTEE</b>									
Full Name of Contributor <b>ANGELINA MAYS</b>						Registration Number, if PAC			
Street Address <b>4032 MEADOWWAY DRIVW</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>0 1</b>	Y <b>1 6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>GLADYS ANDERSON</b>						Registration Number, if PAC			
Street Address <b>3172 WADSWORTH RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>0 1</b>	Y <b>1 6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>NANCY JEFFRIES</b>						Registration Number, if PAC			
Street Address <b>2716 DAL DRIVE</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>2 2</b>	Y <b>1 6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>AMY OLIVIERI</b>						Registration Number, if PAC			
Street Address <b>7977 CHABLIS DR NW</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>MASSILLON</b>		State <b>O H</b>	Zip Code <b>44646</b>		M <b>0 2</b>	D <b>2 2</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JENNIFER BENNETT</b>						Registration Number, if PAC			
Street Address <b>4269 KNOLLBROOK DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>1 6</b>	Y <b>1 6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>CYNTHIA WEBEL</b>						Registration Number, if PAC			
Street Address <b>3152 TROTTER RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>1 5</b>	Y <b>1 6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>KATHRYN KANIS</b>						Registration Number, if PAC			
Street Address <b>1692 WOODS RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>AKRON</b>		State <b>O H</b>	Zip Code <b>44306</b>		M <b>0 2</b>	D <b>2 2</b>	Y <b>1 6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>DENNIS OSWALD</b>						Registration Number, if PAC			
Street Address <b>3155 SHELLHART RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTON</b>		State <b>O H</b>	Zip Code <b>44203</b>		M <b>0 2</b>	D <b>2 1</b>	Y <b>1 6</b>	Amount <b>50.00</b>	

\* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>NORTON SCHOOL LEVY COMMITTEE</b>						
Full Name of Contributor <b>STEPHANIE HAGENBUSH</b>				Registration Number, if PAC		
Street Address <b>4266 KNOLLBROOK DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>NORTON</b>	State <b>O H</b>	Zip Code <b>44203</b>	M <b>0 2</b>	D <b>2 2</b>	Y <b>1 6</b>	Amount <b>100.00</b>
Full Name of Contributor <b>LOUIS ULE</b>				Registration Number, if PAC		
Street Address <b>2316 SHELVA LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COPLEY</b>	State <b>O H</b>	Zip Code <b>44321</b>	M <b>0 2</b>	D <b>2 3</b>	Y <b>1 6</b>	Amount <b>256.00</b>
Full Name of Contributor <b>SQUIRE PATTON BOGGS PAC</b>				Registration Number, if PAC <b>C00401083</b>		
Street Address <b>2550 M STREET NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WASHINGTON</b>	State <b>D C</b>	Zip Code <b>20037</b>	M <b>0 2</b>	D <b>1 8</b>	Y <b>1 6</b>	Amount <b>250.00</b>
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

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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						M	D	Y	Amount			
FIRSTMERIT BANK, N.A.						0	1	3	1	1	6	3.00
Address				Purpose								
295 FIRSTMERIT CIRCLE				BANK FEES - JANUARY								
City		State		Zip Code		Check Number						
AKRON		OH		44307		DEBIT						
To Whom Paid						M	D	Y	Amount			
CYNTHIA WEBEL						0	2	2	4	1	6	771.50
Address				Purpose								
3152 TROTTER RD				CAMPAIGN SIGNS								
City		State		Zip Code		Check Number						
NORTON		OH		44203		397						
To Whom Paid						M	D	Y	Amount			
LISA STEMPLE						0	2	2	4	1	6	6.45
Address				Purpose								
2952 WILBANKS DR.				POSTAGE								
City		State		Zip Code		Check Number						
NORTON		OH		44203		398						
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						