

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 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 0 3	D 1 5	Y 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	\$	1,597.17
2. Total monetary contributions (From Form No. 31-A)	\$	268.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,865.17
5. Total monetary expenditures (From Form No. 31-B)	\$	635.79
6. Balance on hand (line 4 minus line 5)	\$	1,229.38
7. Value of in-kind contributions received (From Form No. 31-J-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	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

2016 APR 20 AM 10:37

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

#11,040 AVC

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

4/17/16

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u> 1 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 0 </u>

Total pages <u> 2 </u>

Statement of Contributions Received

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor DAVID DUNN					Registration Number, if PAC		
Street Address 516 JEROME DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City ORRVILLE	State O H	Zip Code 44667	M 0 3	D 0 8	Y 1 6	Amount 200.00	
Full Name of Contributor DEBRA RUMBLE					Registration Number, if PAC		
Street Address 4303 STIMSON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0 3	D 1 2	Y 1 6	Amount 50.00	
Full Name of Contributor KATHY WINES					Registration Number, if PAC		
Street Address 229 E. CASSELL AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BARBERTON	State O H	Zip Code 44203	M 0 3	D 0 7	Y 1 6	Amount 6.00	
Full Name of Contributor MISTY STOTTLER					Registration Number, if PAC		
Street Address 173 MEADOWCREEK APT 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City WADSWORTH	State O H	Zip Code 44281	M 0 3	D 0 7	Y 1 6	Amount 6.00	
Full Name of Contributor LIZ HARDY					Registration Number, if PAC		
Street Address 3714 CLEVE-MASS RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 0 3	D 0 7	Y 1 6	Amount 6.00	
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 NORTON SCHOOL LEVY COMMITTEE												
To Whom Paid FIRSTMERIT BANK, N.A.						M	D	Y	Amount			
Address 295 FIRSTMERIT CIRCLE						0	3	3	1	1	6	6.00
Purpose BANK FEES - FEBRUARY, MARCH												
City AKRON		State OH	Zip Code 44307	Check Number DEBIT								
To Whom Paid CYNTHIA WEBEL						M	D	Y	Amount			
Address 3152 TROTTER RD						0	3	1	2	1	6	429.84
Purpose ADVERTISEMENT - NORTON POST												
City NORTON		State OH	Zip Code 44203	Check Number 399								
To Whom Paid NORTON CITY SCHOOLS						M	D	Y	Amount			
Address 4128 S. CLEVE-MASS RD						0	3	2	9	1	6	199.95
Purpose PRINTING COSTS - FLYERS												
City NORTON		State OH	Zip Code 44203	Check Number 400								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address												
City		State	Zip Code	Check Number								