

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>TALLMADGE PRIDE Committee/dba Citizens for Tallmadge Schools</b>						Registration Number, if PAC _____		
Full Name of Candidate _____								
Street Address <b>207 Kensington Park Circle</b>						Office Sought _____		District _____
City <b>Tallmadge</b>						State <b>OH</b>	Zip Code <b>44278</b>	
Type of Report (place X to the left of report type)	Pro-Primary		Post-Primary		Pre-General		Post-General	Annual Year
	July Monthly		August Monthly		September Monthly		Termination	Semimonthly
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 <b>11</b>	D <b>08</b>	Y <b>16</b>

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 for 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	\$	17,461	95
2. Total monetary contributions (From Form No. 31-A)	\$	1,810	00
3. Total other income (From Form No. 31-A-2)	\$	—	—
4. Total funds available (sum of lines 1, 2, 3)	\$	19,271	95
5. Total monetary expenditures (From Form No. 31-B)	\$	3,851	76
6. Balance on hand (line 4 minus line 5)	\$	15,420	19
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	816	85
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)	\$	—	—
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

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BOARD OF ELECTIONS  
AKRON, OHIO  
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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.

Joie Boughner, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]  
Signature

12/16/16  
Date

Contribution pages 3

Expenditure pages 3

Other pages 1

Total pages 7

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Tallmadge Pride Committee/dba Citizens for Tallmadge Schools</b>						
Full Name of Contributor <b>Karvo Companies</b>				Registration Number, if PAC		
Street Address <b>4524 Hudson Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Stow</b>	State <b>OH</b>	Zip Code <b>44224</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Michael Householder</b>				Registration Number, if PAC		
Street Address <b>2333 Duckcreek</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Payroll Ded.</b>	
City <b>N. Jackson</b>	State <b>OH</b>	Zip Code <b>44451</b>	M <b>1</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$60.00</b>
Full Name of Contributor <b>Contributions from Form 31E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$750.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Tallmadge Pride Committee/dba Citizens for Tallmadge Schools												
To Whom Paid						M	D	Y	Amount			
USPS Postmaster						1	0	2	5	1	6	\$878.61
Address			Purpose									
Northeast Avenue			Postage for Mailing (L&L)									
City		State	Zip Code	Check Number								
Tallmadge		OH	44278	2021								
To Whom Paid						M	D	Y	Amount			
Christine Cipa						1	0	2	5	1	6	\$116.00
Address			Purpose									
478 N. Munroe Road			Banner Purchase									
City		State	Zip Code	Check Number								
Tallmadge		OH	44278	2022								
To Whom Paid						M	D	Y	Amount			
Support Ohio Schools						1	1	0	7	1	6	\$325.00
Address			Purpose									
470 Glenmont Ave			Voter Data/Levy Support									
City		State	Zip Code	Check Number								
Columbus		OH	43214	2024								
To Whom Paid						M	D	Y	Amount			
USPS Postmaster						1	0	2	8	1	6	\$382.62
Address			Purpose									
Northeast Avenue			Postage for Mailing (L&L)									
City		State	Zip Code	Check Number								
Tallmadge		OH	44278	2025								
To Whom Paid						M	D	Y	Amount			
Andrea Kidder						1	1	0	1	1	6	\$154.04
Address			Purpose									
191 Highpoint Circle			Reimburse for sign expenses									
City		State	Zip Code	Check Number								
Tallmadge		OH	44278	2026								
To Whom Paid						M	D	Y	Amount			
The Impact Group						1	1	0	1	1	6	\$520.00
Address			Purpose									
5100 Darrow Road			Postcard Mailers									
City		State	Zip Code	Check Number								
Hudson		OH	44236	2027								
To Whom Paid						M	D	Y	Amount			
Record Publishing						1	1	0	9	1	6	\$500.00
Address			Purpose									
1050 West Main Street			Ad Upgrade (half-full size)									
City		State	Zip Code	Check Number								
Kent		OH	44240	2029								
To Whom Paid						M	D	Y	Amount			
KeyBank						1	1	3	0	1	6	\$98.44
Address			Purpose									
PO Box 93885			Bank Fees/ Check Purchase via account deduct									
City		State	Zip Code	Check Number								
Cleveland		OH	44101	NA								

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Tallmadge Pride Committee</b>												
To Whom Paid <b>Expenditures from 31F</b>						M	D	Y	Amount			
						1	1	0	8	1	6	\$877.05
Address				Purpose <b>WatchEvent Fundraiser</b>								
City		State OH <input type="checkbox"/>	Zip Code		Check Number NA							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH <input type="checkbox"/>	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Tallmadge Pride Committee/dba Citizens for Tallmadge Schools</b>							
Full Name of Contributor <b>Joshuah Becking</b>			Registration Number, if PAC				
Street Address <b>1069 Carol Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	\$70.00
City <b>Tallmadge</b>		State <b>OH</b>	Zip Code <b>44278</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Cheri Stadelman</b>						Registration Number, if PAC	
Street Address <b>675 Senn Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	\$30.00
City <b>Tallmadge</b>		State <b>OH</b>	Zip Code <b>44278</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Contributions Received \$25 or Less</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	\$650.00
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.) <b>Cash/Checks</b>			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			

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Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event  
**\$750.00**

Total expenditures this event.  
**\$877.05**

Page Total \$ **\$750.00**

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Tallmadge Pride Committee/dba Citizens for Tallmadge City Schools</b>							
To Whom Paid <b>Ritchie's Sporting Goods</b>				M	D	Y	Amount
				1	1	08	\$877.05
Address <b>137 South Avenue</b>		Purpose <b>Shirts for WatchEvent</b>					
City <b>Tallmadge</b>		State <b>OH</b>	Zip Code <b>44278</b>	Check Number <b>2028</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

**\$877.05**  
Page Total \$ \_\_\_\_\_

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Tallmadge Pride Commitee/dba Citizens for Tallmadge Schools</b>							
Full Name of Contributor <b>Ohio Education Association</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>225 East Broad Street</b>		Description of Item or Service <b>In Kind - Voter List</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Fair Market Value <b>\$493.65</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor <b>Ohio Education Association</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>225 East Broad Street</b>		Description of Item or Service <b>In Kind - Voter List</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Fair Market Value <b>\$323.20</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

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