

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		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	
						1 1		0 8		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	\$ 1,079.98
2. Total monetary contributions (From Form No. 31-A)	\$ 250.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (Sum of lines 1, 2, & 3)	\$ 1,329.98
5. Total monetary expenditures (From Form No. 31-F)	\$ 617.51
6. Balance on hand (From Form No. 31-F)	\$ 712.47
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-G)	\$
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 DEC 15 AM 11:35

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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

LISA M STEMPLE, TREASURER

Lisa M Stemple

12/13/16

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages <u> 1 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 0 </u>

Total pages <u> 2 </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor SQUIRE PATTON BOGGS PAC					Registration Number, if PAC C00401083		
Street Address 2550 M STREET NW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WASHINGTON		State D C	Zip Code 20037	M 1	D 0	Y 12	Amount 250.00
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
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

* 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			
						0	3	3	1	1	6	6.00
Address 295 FIRSTMERIT CIRCLE			Purpose BANK FEES - OCOBER TO NOVEMBER									
City AKRON		State OH	Zip Code 44307		Check Number DEBIT							
To Whom Paid CYNTHIA WEBEL						M	D	Y	Amount			
						1	1	1	2	1	6	429.76
Address 3152 TROTTER RD			Purpose ADVERTISEMENT, PARADE SUPPLIES									
City NORTON		State OH	Zip Code 44203		Check Number 282							
To Whom Paid PANTHER PARENTS ATHLETIC BOOSTER CLUB						M	D	Y	Amount			
						1	2	0	5	1	6	150.00
Address PO BOX 1119			Purpose FOOTBALL PROGRAM ADVERTISEMENT									
City NORTON		State OH	Zip Code 44203		Check Number 283							
To Whom Paid NORTON CITY SCHOOLS						M	D	Y	Amount			
						1	2	0	5	1	6	31.75
Address 4128 S. CLEVE-MASS RD			Purpose COPIES, PAPER									
City NORTON		State OH	Zip Code 44203		Check Number 284							
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							