

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3/05

| | | | | | | | | |
|---|---------------------------------------|--|--|---|--------------------------------------|-----------------------------|-------------------------------------|---|
| Full Name of Committee Sarah G. Norman for Hudson BOE Committee | | | | | | Registration Number, if PAC | | |
| Full Name of Candidate Sarah G. Norman | | | | | | | | |
| Street Address 2212 Edgeview Dr. | | | | Office Sought Board of Educ | | | District Hudson | |
| City Hudson | | | | | | State OH | Zip Code 44236 | |
| Type of Report (place X to the left of report type) | <input type="checkbox"/> Pre-Primary | <input type="checkbox"/> Post-Primary | <input type="checkbox"/> Pre-General | <input type="checkbox"/> Post-General | <input type="checkbox"/> Annual Year | | <input type="checkbox"/> Semiannual | |
| | <input type="checkbox"/> July Monthly | <input type="checkbox"/> August Monthly | <input type="checkbox"/> September Monthly | <input checked="" type="checkbox"/> Termination | | | | |
| 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 |

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 | \$ | \$341.04 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$2.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0.00 |
| 4. Total funds available for campaign (Sum of lines 2, 3) | \$ | \$343.04 |
| 5. Total monetary contributions received (From Form No. 31-A-1) | \$ | \$343.04 |
| 6. Balance on hand (Use column line 5) | \$ | \$0.00 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | \$0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | \$0.00 |
| 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**

2017 JAN 31 PM 1:48

BOARD OF ELECTIONS
AKRON, OH 44303

701 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.

Sarah Norman, dep treas

Sarah Norman

01/28/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--------------------|--|---------------|-----------------------------|---|-------------------------|
| Name of Committee in Full Sarah G. Norman for Hudson BOE Committee | | | | | | |
| Full Name of Contributor Sarah G. Norman | | | | Registration Number, if PAC | | |
| Street Address 2212 Edgeview Dr | | Employer/Occupation/Labor Organization* document support staff | | | Form (Cash, Check, etc.) cash | |
| City Hudson | State OH | Zip Code 44236 | M 0 | D 5 | Y 3 1 1 6 | Amount \$2.00 |
| 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 |
| | OH | | | | | |
| 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 |
| | OH | | | | | |
| 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 |
| | OH | | | | | |
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| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | OH | | | | | |
| 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 |
| | OH | | | | | |
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| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | OH | | | | | |
| 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 |
| | OH | | | | | |
| 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 |
| | OH | | | | | |

* 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 Sarah G. Norman for Hudson BOE Committee | | | | | | | |
| To Whom Paid Citizens Bank | | | | M | D | Y | Amount \$11.99 |
| Address 116 W. Streetsboro St. | | | | Purpose bank fee | | | |
| City Hudson | | State OH | Zip Code 44236 | Check Number EFT | | | |
| To Whom Paid Citizens Bank | | | | M | D | Y | Amount \$11.99 |
| Address 116 W. Streetsboro St | | | | Purpose bank fee | | | |
| City Hudson | | State OH | Zip Code 44236 | Check Number EFT | | | |
| To Whom Paid Citizens Bank | | | | M | D | Y | Amount \$11.99 |
| Address 116 W. Streetsboro St | | | | Purpose bank fee | | | |
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| Address 116 W. Streetsboro St. | | | | Purpose bank fee | | | |
| City Hudson | | State OH | Zip Code 44236 | Check Number EFT | | | |
| To Whom Paid Citizens Bank | | | | M | D | Y | Amount \$11.99 |
| Address 116 W. Streetsboro St. | | | | Purpose bank fee | | | |
| City Hudson | | State OH | Zip Code 44236 | Check Number EFT | | | |
| To Whom Paid Ronald Kennedy, for Bice Family Fund | | | | M | D | Y | Amount \$283.09 |
| Address 217 S. High St. | | | | Purpose charitable contribution to murder-suicide children's fund | | | |
| City Akron | | State OH | Zip Code 44308 | Check Number 995 | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State OH | Zip Code | Check Number | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State OH | Zip Code | Check Number | | | |