

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF NORDONIA ^{AKRS} SCHOOLS						Registration Number, if PAC		
Full Name of Candidate								
Street Address 1498 ELIZABETH Lnv.						Office Sought		District
City MACEDONIA						State OH	Zip Code 44056	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
						X		Annual Year 2017
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	\$	14898	.62
2. Total monetary contributions (From Form No. 31-A)	\$	888	.00
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	15786	.62
5. Total monetary expenditures (From Form No. 31-B)	\$	25	.00
6. Balance on hand (line 4 minus line 5)	\$	15761	.62
7. Value of in-kind contributions received (From Form No. 31-A-3)	\$		
8. Value of in-kind contributions made (From Form No. 31-B-3)	\$		
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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AKRON, OHIO
2017 JUL 25 AM 8:48

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SUMMIT COUNTY
DEPT. OF ELECTIONS

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.

DOUG MASTELLER - TREASURER *Doug Masteller* 7/23/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full FRIENDS OF NORDONIA HILLS SCHOOLS						
Full Name of Contributor EMPLOYEE-VOLUNTARY PAYROLL DEDUCTIONS (see attached)					Registration Number, if PAC	
Street Address 9370 OLDE EIGHT RD.		Employer/Occupation/Labor Organization NORDONIA HILLS CITY SCHOOL DISTRICT			Form (Cash, Check, etc.) CHECK (PAYROLL)	
City NORTHFIELD	State OH	Zip Code 44067	M 0	D 6	Y 17	Amount 888.00
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

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

888.00

Friends of Nordonia Hills Schools (payroll contributions).xlsx
 (1/1/17 - 6/30/17)

<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Grand Tot:</u>
Beck, Jennifer	9426 Lawnfield Dr.	Twinsburg	OH	44087	\$ 60.00
Bedingfield, Bernadette	507 Canterbury Lane	Sagamore Hills	OH	44067	\$ 60.00
Broman, David W.	1866 Gorge Park Blvd.	Stow	OH	44224	\$ 120.00
Bzdafka, Michelle E	8216 Augusta Ln	Sagamore Hills	OH	44067	\$ 36.00
Clark, Joseph P	423 Stephanie Circle	Wadsworth	OH	44281	\$ 60.00
Harris, Suzanne A	8830 Sherri Dr.	Macedonia	OH	44056	\$ 60.00
Hovorka, Karen	2770 Bancroft Rd.	Fairlawn	OH	44333	\$ 36.00
Huge, Alfred A	7768 Olde Eight Rd.	Boston Heights	OH	44236	\$ 120.00
Kerns, Michele	762 Valley Brook Circle	Sagamore Hills	OH	44067	\$ 60.00
Pylypiak, Andrea K	7708 Willow Lane	Macedonia	OH	44056	\$ 60.00
Russ, Lisa A	561 W. Highland	Sagamore Hills	OH	44067	\$ 36.00
Stuart, Todd	143 Beverly Rd	Hudson	OH	44236	\$ 60.00
Wright, Casey	2753 Walton Blvd	Twinsburg	OH	44087	\$ 60.00
Zehner, Lyndy A	3712 Kenway Blvd.	Uniontown	OH	44685	\$ 60.00
Totals					\$ 888.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NORDONIA HILLS SCHOOLS									
To Whom Paid OHIO SECRETARY OF STATE						M	D	Y	Amount
Address P.O. BOX 670						030317 25.00			
Purpose FILING FEE- AGENT NOTIFICATION									
City COLUMBUS		State OH	Zip Code 43216		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				
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				