



Committee Name Laymon for Council-at-Large		Office Sought Council-at-Large		District Tallmadge	
Street Address 105 N. Munroe Rd.		City Tallmadge		State OH	Zip 44278
Candidate Name OR PAC Registration Number William C. Laymon			Treasurer Name Trina M. Carter		Election Date (MM/DD/YYYY) 11/07/2017

Type of Report (choose one):
 Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Year
2017

Amended Report Termination Short Form Report (R.C. 3517.10(H))
 No Yes Check this box if the committee wishes to terminate with this report Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	2,985.00
3. Total other income (From Form 31-A-2)	650.00
4. Total funds available (sum of lines 1,2, and 3)	3,635.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	3,429.22
6. Balance on hand (line 4 minus line 5)	205.78
7. Value of in-kind contributions received (From Form 31-J-1)	528.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	650.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 OCT 26 AM 8:55

#1529 AVC

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Trina M. Carter
Signature of Treasurer or Deputy Treasurer

10/24/2017
Date (MM/DD/YYYY)

Contribution Pages 8	Expenditure Pages 5	Other Pages 2	Total Pages 15
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Laymon for Council-at-Large						
Full Name of Contributor Summit County Republican Central Committee				Registration Number, if PAC		
Street Address 1755 Merriman Rd., Suite 250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Akron	State OH	Zip Code 44313	M 0	D 9	Y 0 5 1 7	Amount \$500.00
Full Name of Contributor Contributions received from Form #31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 8	Y 2 8 1 7	Amount \$2,165.00
Full Name of Contributor Eugenia Ruiz				Registration Number, if PAC		
Street Address 341 East Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Tallmadge	State OH	Zip Code 44278	M 0	D 9	Y 1 4 1 7	Amount \$20.00
Full Name of Contributor Jane Cizmar				Registration Number, if PAC		
Street Address 459 Spring Grove Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Tallmadge	State OH	Zip Code 44278	M 0	D 9	Y 1 9 1 7	Amount \$50.00
Full Name of Contributor Thomas C. Allamon				Registration Number, if PAC		
Street Address 2595 Quarry Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 0 8 1 7	Amount \$250.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Laymon for Council-at-Large				
Full Name of Contributor Scott Gale			Registration Number, if PAC	
Street Address 801 Geddes Bluff	Employer/Occupation/Labor Organization*		M D Y 0 8 0 4 1 7	Amount \$35.00
City Sagamore Hills	State OH	Zip Code 44067	Form (Cash, Check, etc.) check	
Full Name of Contributor Bonita Lucien			Registration Number, if PAC	
Street Address 3099 Prior Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 1 7	Amount \$35.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor Dolores Edwards			Registration Number, if PAC	
Street Address 909 Sunset View Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 8 2 5 1 7	Amount \$35.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin Tanner			Registration Number, if PAC	
Street Address 671 North Avenue	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 7	Amount \$70.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor Ted Schneiderman			Registration Number, if PAC	
Street Address 1148 W. Market St., Apt. 412	Employer/Occupation/Labor Organization*		M D Y 0 8 2 2 1 7	Amount \$70.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Bob Stockdale			Registration Number, if PAC	
Street Address 613 East Avenue	Employer/Occupation/Labor Organization*		M D Y 0 8 2 5 1 7	Amount \$70.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas Bower			Registration Number, if PAC	
Street Address 84 Ernest Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 7	Amount \$35.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	

* 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)]

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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$350.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Laymon for Council-at-Large						
Full Name of Contributor			Registration Number, if PAC			
C. W. Stewart						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
279 Parker Lane			0	8	2	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	check			
Full Name of Contributor			Registration Number, if PAC			
Kevin Coughlin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1799 Akron-Peninsula Road			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Akron	OH	44313	check			
Full Name of Contributor			Registration Number, if PAC			
Melanie Wasson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
51 Heritage Drive			0	8	2	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	cash			
Full Name of Contributor			Registration Number, if PAC			
Philip Tanner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
294 Starr Line Drive			0	8	1	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	check			
Full Name of Contributor			Registration Number, if PAC			
Trina Carter						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
731 N. Munroe Road			0	8	2	\$300.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	check			
Full Name of Contributor			Registration Number, if PAC			
Dale Kiefer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
115 N. Munroe Road			0	8	2	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	cash			
Full Name of Contributor			Registration Number, if PAC			
Earlene Laymon						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
105 N. Munroe Road			0	8	2	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Tallmadge	OH	44278	cash			

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 665.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Laymon for Council-at-Large				
Full Name of Contributor Jack Sarver			Registration Number, if PAC	
Street Address 498 Eastwood Avenue	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$70.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor Carol Ernst			Registration Number, if PAC	
Street Address 719 Penwood Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$25.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Stokes			Registration Number, if PAC	
Street Address 8957 Olde 8 Road	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$235.00
City Northfield	State OH	Zip Code 44067	Form (Cash, Check, etc.) check	
Full Name of Contributor Janet D'Antonio			Registration Number, if PAC	
Street Address 4292 Maplepark Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$35.00
City Stow	State OH	Zip Code 44224	Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Elect James M. Iona			Registration Number, if PAC	
Street Address 675 Dominic Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$35.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Elect Russ Iona			Registration Number, if PAC	
Street Address 675 Dominic Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$35.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor Lynne Callahan			Registration Number, if PAC	
Street Address 2275 Rickel Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$75.00
City Akron	State OH	Zip Code 44333	Form (Cash, Check, etc.) check	

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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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 510.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Laymon for Council-at-Large					
Full Name of Contributor			Registration Number, if PAC		
Lynn Heller					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1153 Morningview Drive		0	8	2817	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Tallmadge	OH	44278	check		
Full Name of Contributor			Registration Number, if PAC		
Stephen Burr					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
450 N. Munroe Rd.		0	8	2817	\$70.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Tallmadge	OH	44278	check		
Full Name of Contributor			Registration Number, if PAC		
Larry Brewer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
554 Knollwood Avenue		0	8	2817	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Tallmadge	OH	44278	check		
Full Name of Contributor			Registration Number, if PAC		
Mike Callahan					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
137 S. Main St., Suite 300		0	8	2817	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44308	check		
Full Name of Contributor			Registration Number, if PAC		
George Emershaw					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
120 E. Mill St., Suite 437		0	8	2817	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44308	check		
Full Name of Contributor			Registration Number, if PAC		
Barbara Van Dyke					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3489 Curtis Street		0	8	3017	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Mogadore	OH	44260	cash		
Full Name of Contributor			Registration Number, if PAC		
James Nuznoff					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
727 Deerwood Drive		0	8	3017	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Tallmadge	OH	44278	check		

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 450.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Laymon for Council-at-Large				
Full Name of Contributor James Murphy			Registration Number, if PAC	
Street Address 1767 Bent Bow Road	Employer/Occupation/Labor Organization*		M D Y 0 8 3 0 1 7	Amount \$70.00
City Akron	State OH	Zip Code 44313	Form (Cash, Check, etc.) check	
Full Name of Contributor Rosemary Acker			Registration Number, if PAC	
Street Address 2665 Copley Road	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 7	Amount \$50.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, etc.) check	
Full Name of Contributor Ed Sekowski			Registration Number, if PAC	
Street Address 752 Atwood Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 1 7	Amount \$70.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	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 OH	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 OH	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 OH	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 190.00



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Laymon for Council-at-Large			
Full Name of Contributor Loans received from Form 31-C		Registration Number, if PAC	
Street Address	Type* Loan Payments Received	Date (MM/DD/YYYY) 07/10/2017	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount 650.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large						
From Whom Received Earlene Laymon				Prior Amount 0.00	Amt. Incurred this Period 650.00	
Street Address 105 N. Munroe Rd.					Outstanding Balance 650.00	
City Tallmadge	State OH	Zip Code 44278	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY) 07/10/2017	Date of Loan (MM/DD/YYYY) 07/10/2017	Amount 500.00	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 10/12/2017	Amount 150.00	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State OH	Zip Code	Loans Received This Period		Payments Received This Period	
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 0.00

Total Received This Period \$ 650.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ (also record on Form 31-B)

Total Outstanding Balance \$ 650.00 (also record on Form 30-A)



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large			
To Whom Paid Harland Clarke		Date (MM/DD/YYYY) 07/19/2017	Amount 12.47
Street Address 15955 La Cantera Pkwy.		Purpose endorsement stamp	
City San Antonio	State TX	Zip Code 78256	Check Number electronic withdrawal
To Whom Paid Harland Clarke		Date (MM/DD/YYYY) 07/19/2017	Amount 11.99
Street Address 15955 LaCantera Pkwy.		Purpose checks	
City San Antonio	State TX	Zip Code 78256	Check Number electronic withdrawal
To Whom Paid Harland Clarke		Date (MM/DD/YYYY) 07/19/2017	Amount 6.77
Street Address 15955 LaCantera Pkwy.		Purpose deposit tickets	
City San Antonio	State TX	Zip Code 78256	Check Number electronic withdrawal
To Whom Paid Expenditures from Form #31-F		Date (MM/DD/YYYY) 08/28/2017	Amount 583.40
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 08/30/2017	Amount 45.00
Street Address 105 N. Munroe Rd.		Purpose reimburse- filing fees	
City Tallmadge	State OH	Zip Code 44278	Check Number 1002

Page Total \$ 659.63



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large			
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 08/30/2017	Amount 27.80
Street Address 105 N. Munroe Rd.		Purpose reimburse- voters' walking list	
City Tallmadge	State OH	Zip Code 44278	Check Number 1003
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 08/30/2017	Amount 76.22
Street Address 105 N. Munroe Rd.		Purpose reimburse- t shirts	
City Tallmadge	State OH	Zip Code 44278	Check Number 1004
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 09/10/2017	Amount 450.60
Street Address 105 N. Munroe Rd.		Purpose reimburse- literature	
City Tallmadge	State OH	Zip Code 44278	Check Number 1005
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 09/19/2017	Amount 375.76
Street Address 105 N. Munroe Rd.		Purpose reimburse- literature	
City Tallmadge	State OH	Zip Code 44278	Check Number 1007
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 09/19/2017	Amount 617.50
Street Address 105 N. Munroe Rd.		Purpose reimburse- yard signs	
City Tallmadge	State OH	Zip Code 44278	Check Number 1008

Page Total \$ 1,547.88



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large			
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 09/26/2017	Amount 229.51
Street Address 105 N. Munroe Rd.		Purpose reimburse- note pads	
City Tallmadge	State OH	Zip Code 44278	Check Number 1009
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 10/02/2017	Amount 502.20
Street Address 105 N. Munroe Rd.		Purpose reimburse- advertising	
City Tallmadge	State OH	Zip Code 44278	Check Number 1010
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/03/2017	Amount 49.00
Street Address 162 Northeast Ave.		Purpose postage	
City Tallmadge	State OH	Zip Code 44278	Check Number 1011
To Whom Paid U.S. Post Office		Date (MM/DD/YYYY) 10/11/2017	Amount 196.00
Street Address 162 Northeast Ave.		Purpose postage	
City Tallmadge	State OH	Zip Code 44278	Check Number 1012
To Whom Paid Trina M. Carter		Date (MM/DD/YYYY) 10/17/2017	Amount 147.00
Street Address 731 N. Munroe Rd.		Purpose reimburse- postage	
City Tallmadge	State OH	Zip Code 44278	Check Number 1013

Page Total \$ 1,123.71



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large			
To Whom Paid Earlene Laymon		Date (MM/DD/YYYY) 10/18/2017	Amount 98.00
Street Address 105 N. Munroe Rd.		Purpose reimburse- postage	
City Tallmadge	State OH	Zip Code 44278	Check Number 1014
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 98.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large				
To Whom Paid El Tren Grill			Date (MM/DD/YYYY) 08/28/2017	Amount 512.20
Street Address 70 East Ave.		Purpose food and beverages		
City Tallmadge	State OH	Zip Code 44278	Check Number 1001	
To Whom Paid Earlene Laymon			Date (MM/DD/YYYY) 09/15/2017	Amount 71.20
Street Address 105 N. Munroe Rd.		Purpose reimburse. for invitations		
City Tallmadge	State OH	Zip Code 44278	Check Number 1006	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

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.

Page Total \$ 583.40



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Laymon for Council-at-Large					
Full Name of Contributor Kevin Fowler		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 5919 Lakewood Rd.		Description of Item or Service printing literature		Date (MM/DD/YYYY) 09/14/2017	
City Ravenna		State OH	Zip Code 44266	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Earlene Laymon		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 105 N. Munroe Rd.		Description of Item or Service campaign photos		Date (MM/DD/YYYY) 09/14/2017	
City Tallmadge		State OH	Zip Code 44278	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Trina Carter		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 731 N. Munroe Rd.		Description of Item or Service mailing labels		Date (MM/DD/YYYY) 10/17/2017	
City Tallmadge		State OH	Zip Code 44278	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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