

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		X 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 1 1	D 0 7	Y 1 7

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	\$ 1,285.82
2. Total monetary contributions (From Form No. 31-A)	\$ 2,030.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,315.82
5. Total monetary expenditures (From Form No. 31-B)	\$ 838.62
6. Balance on hand (From Form No. 31-D)	\$ 2,477.20
7. Value of in-kind contributions received (From Form No. 31-E)	\$ 156.62
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)	\$ 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

2917 OCT 26 AM 8:26

1525 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

LISA M STEMPLE, TREASURER

Lisa M Stemple
Signature

10/25/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages <u> 3 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 3 </u>

Total pages <u> 8 </u>

Statement of Contributions Received

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE						
Full Name of Contributor LISA BOWEN				Registration Number, if PAC		
Street Address 711 DEERCREST DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH	State O H	Zip Code 44281	M 0 9	D 0 7	Y 1 7	Amount 50.00
Full Name of Contributor PATRICK SANTELLI				Registration Number, if PAC		
Street Address 3109 FAIR OAKS		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 9	D 06 1	Y 1 7	Amount 100.00
Full Name of Contributor LEAH CASCALDO				Registration Number, if PAC		
Street Address 2342 SHELVA LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COPLEY	State O H	Zip Code 44321	M 0 9	D 0 7	Y 1 7	Amount 50.00
Full Name of Contributor NANCY JEFFRIES				Registration Number, if PAC		
Street Address 2716 DAL DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 9	D 0 6	Y 1 7	Amount 100.00
Full Name of Contributor ROBERT HOWERTON				Registration Number, if PAC		
Street Address 3126 SPARROWS CREST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44319	M 0 8	D 1 5	Y 1 7	Amount 100.00
Full Name of Contributor CYTHIA WEBEL				Registration Number, if PAC		
Street Address 3152 TROTTER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 8	D 1 6	Y 1 7	Amount 100.00
Full Name of Contributor JENNIFER BENNETT				Registration Number, if PAC		
Street Address 4269 KNOLLBROOK DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 8	D 1 9	Y 1 7	Amount 100.00
Full Name of Contributor REBECCA NEILSEN				Registration Number, if PAC		
Street Address 2741 RUSH RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 8	D 1 6	Y 1 7	Amount 100.00

* 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)]

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE						
Full Name of Contributor GLADYS ANDERSON				Registration Number, if PAC		
Street Address 3172 WADSWORTH RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 8	D 1 6	Y 1 7	Amount 100.00
Full Name of Contributor ANGELA WAGLER				Registration Number, if PAC		
Street Address 3746 S. HAMETOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 8	D 1 6	Y 1 7	Amount 100.00
Full Name of Contributor AMY OLIVIERI				Registration Number, if PAC		
Street Address 7977 CHABLIS DR NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MASSILLON	State O H	Zip Code 44646	M 0 8	D 1 4	Y 1 7	Amount 50.00
Full Name of Contributor RYAN SHANOR				Registration Number, if PAC		
Street Address 6144 SLAVIN CIR NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CANAL FULTON	State O H	Zip Code 44614	M 0 8	D 1 4	Y 1 7	Amount 200.00
Full Name of Contributor STEPHANIE HAGENBUSH				Registration Number, if PAC		
Street Address 4266 KNOLLBROOK DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0 9	D 0 6	Y 1 7	Amount 100.00
Full Name of Contributor GINA BENNETT/GAMEDAY SPORTSWEAR				Registration Number, if PAC		
Street Address 951 WEST NIMISILA ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44319	M 1 0	D 0 3	Y 1 7	Amount 400.00
Full Name of Contributor LAUREN BUTCHER				Registration Number, if PAC		
Street Address 8223 CRYSTAL CREEK RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTHFIELD	State O H	Zip Code 44067	M 0 9	D 0 8	Y 1 7	Amount 20.00
Full Name of Contributor JACOB CORMANY				Registration Number, if PAC		
Street Address 9808 AKRON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City RITTMAN	State O H	Zip Code 44270	M 0 9	D 1 3	Y 1 7	Amount 50.00

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE						
Full Name of Contributor AMBER WHEATLEY				Registration Number, if PAC		
Street Address 552 MAIN ST UNIT E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH	State O H	Zip Code 44281	M 0	D 9	Y 1 8 1 7	Amount 115.00
Full Name of Contributor JODI DOBBEN				Registration Number, if PAC		
Street Address 1105 WILBUR AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 1 8 1 7	Amount 35.00
Full Name of Contributor DEBRA SAIBEN				Registration Number, if PAC		
Street Address 3577 IRA RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44333	M 0	D 9	Y 1 1 1 7	Amount 50.00
Full Name of Contributor BRADY SACKETT				Registration Number, if PAC		
Street Address 2435 16TH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 8	Y 1 4 1 7	Amount 40.00
Full Name of Contributor WENDY MINNE				Registration Number, if PAC		
Street Address 460 STONEWOOD ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CANAL FULTON	State O H	Zip Code 44614	M 0	D 8	Y 1 4 1 7	Amount 40.00
Full Name of Contributor DENNIS OSWALD				Registration Number, if PAC		
Street Address SHELLHART RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City NORTON	State O H	Zip Code	M 0	D 8	Y 1 6 1 7	Amount 30.00
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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE										
To Whom Paid PPABC						M	D	Y	Amount	
						0	9	1	7	
Address PO Box						Purpose Football program ad			1	7
City NORTON						State	Zip Code	Check Number		
						O	H	44230	293	
To Whom Paid CYNTHIA WEBEL						M	D	Y	Amount	
						0	9	1	7	
Address 3152 TROTTER RD						Purpose YARD SIGNS				
City NORTON						State	Zip Code	Check Number		
						OH	44203	292		
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount	
						0	9	1	7	
Address PO BOX 1558 EA1W37						Purpose BANK FEES JUN-OCT				
City COLUMBUS						State	Zip Code	Check Number		
						O	H	43216	DEBIT	
To Whom Paid CYNTHIA WEBEL						M	D	Y	Amount	
						1	0	0	7	
Address 3152 TROTTER RD						Purpose PARADE CANDY				
City NORTON						State	Zip Code	Check Number		
						O	H	44203	294	
To Whom Paid						M	D	Y	Amount	
Address										
City						State	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount	
Address										
City						State	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount	
Address										
City						State	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount	
Address										
City						State	Zip Code	Check Number		

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE			
Full Name of Contributor Ohio Education Association		Employer, Occupation, Labor Organization * Labor Organization	
Street Address 225 E BROAD ST		Description of Item or Service STAFF TIME	
City COLUMBUS		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Ohio Education Association		Employer, Occupation, Labor Organization * Labor Organization	
Street Address 225 E BROAD ST		Description of Item or Service VOTER LIST	
City COLUMBUS		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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