

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>NORTON SCHOOL LEVY COMMITTEE</b>						Registration Number, if PAC					
Full Name of Candidate											
Street Address <b>2952 WILBANKS DR</b>						Office Sought			District		
City <b>NORTON</b>						State <b>O H</b>		Zip Code <b>44203</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semannual		
	Monthly		Monthly		Monthly						
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 <b>1 1 0 7 1 7</b>		

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	\$ 2,477.20
2. Total monetary contributions (From Form No. 31-A)	\$ 350.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,827.20
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,749.30
6. Balance on hand (From Form No. 31-E)	\$ 1,077.90
7. Value of in-kind contributions received (From Form No. 31-J)	\$ 46.00
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-L)	\$
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

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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*

12/13/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages <u>  1  </u>
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Expenditure pages <u>  1  </u>
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Other pages <u>  1  </u>
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Total pages <u>  4  </u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>NORTON SCHOOL LEVY COMMITTEE</b>						
Full Name of Contributor <b>ANGELA BARNHART</b>				Registration Number, if PAC		
Street Address <b>610 MEGGLEN AVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>4430</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>10.00</b>
Full Name of Contributor <b>BARBARA MOORE</b>				Registration Number, if PAC		
Street Address <b>11844 CLINTON RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DOYLESTOWN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44230</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>10.00</b>
Full Name of Contributor <b>REGINA KOVAC</b>				Registration Number, if PAC		
Street Address <b>6585 RIVER STYX RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MEDINA</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44256</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>75.00</b>
Full Name of Contributor <b>TRACEY COLECCHI</b>				Registration Number, if PAC		
Street Address <b>3098 JAY ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>RAVENNA</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44266</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>40.00</b>
Full Name of Contributor <b>DONALD SHIMEK</b>				Registration Number, if PAC		
Street Address <b>7451 BYRON CIRCLE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>NORTH CANTON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44721</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor <b>MELANIE SIMMERMAN</b>				Registration Number, if PAC		
Street Address <b>9946 ETLING DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MARSHALVILLE</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44645</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
Full Name of Contributor <b>DEVON KRUGER</b>				Registration Number, if PAC		
Street Address <b>1400 SUNSET WAY BLVD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>KENT</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44240</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>15.00</b>
Full Name of Contributor <b>JULIE SNYDER-LEE</b>				Registration Number, if PAC		
Street Address <b>1097 GARDNER BLVD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>NORTON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>

\* 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 <b>NORTON SCHOOL LEVY COMMITTEE</b>								
To Whom Paid <b>INAGEN PRODUCTIONS, LLC</b>				M	D	Y	Amount	
				1	1	0	7	
Address <b>7714 BERTHA AVE</b>				Purpose <b>"I Believe in Norton" video</b>			1	7
City <b>PARMA</b>				State	Zip Code	Check Number		
				O	H	295		
To Whom Paid <b>NORTON CITY SCHOOLS</b>				M	D	Y	Amount	
				1	1	0	9	
Address <b>4128 S. CLEVE-MASS RD</b>				Purpose <b>reimburse for newspaper ads, postcards, printing</b>			1	7
City <b>NORTON</b>				State	Zip Code	Check Number		
				OH	44203	296		
To Whom Paid <b>HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				1	1	1	5	
Address <b>PO BOX 1558 EA1W37</b>				Purpose <b>BANK FEES NOVEMBER</b>			1	7
City <b>COLUMBUS</b>				State	Zip Code	Check Number		
				O	H	DEBIT		
To Whom Paid <b>NORTON CITY SCHOOLS</b>				M	D	Y	Amount	
				1	1	1	4	
Address <b>4128 S. CLEVE-MASS RD</b>				Purpose <b>reimburse postage</b>			1	7
City <b>NORTON</b>				State	Zip Code	Check Number		
				O	H	297		
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 <b>NORTON SCHOOL LEVY COMMITTEE</b>				
Full Name of Contributor <b>DANA ADDIS</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>615 OAKCREST DR</b>		Description of Item or Service <b>BUSINESS CARDS</b>		M   D   Y   Fair Market Value <b>0   9   3   0   1   7   46.00</b>
City <b>WADSWORTH</b>		State <b>O</b>   <b>H</b>	Zip Code <b>44281</b>	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		M   D   Y   Fair Market Value
City		State	Zip Code	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		M   D   Y   Fair Market Value
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		M   D   Y   Fair Market Value
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		M   D   Y   Fair Market Value
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		M   D   Y   Fair Market Value
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		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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