



Committee Name Laymon for Council-at-Large		Office Sought Council-at-Large		District
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
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General  Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	205.78
2. Total monetary contributions (From Forms 31-A and 31-E)	50.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	255.78
5. Total monetary expenditures (From Forms 31-B and 31-F)	255.78
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form 31-J-1)	156.60
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	0.00
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 DEC 15 PM 3:37

#1821 Ave

**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*

12/12/2017

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages  
2

Expenditure Pages  
1

Other Pages  
2

Total Pages  
5



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Laymon for Council-at-Large				
<b>Full Name of Contributor</b> Marshal Pitchford			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2165 Stockbridge Rd.		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 10/23/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</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 also appear. [R.C. 3517.10(B)(4)]



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Laymon for Council-at-Large			
<b>To Whom Paid</b> Earlene Laymon		<b>Date (MM/DD/YYYY)</b> 10/21/2017	<b>Amount</b> 115.07
<b>Street Address</b> 105 N. Munroe Rd.		<b>Purpose</b> reimbursement for literature, mailing	
<b>City</b> Tallmadge	<b>State</b> OH	<b>Zip Code</b> 44278	<b>Check Number</b> 1015
<b>To Whom Paid</b> Total loan payments made from form 31-C		<b>Date (MM/DD/YYYY)</b> 11/30/2017	<b>Amount</b> 140.71
<b>Street Address</b>		<b>Purpose</b> partial loan repayment	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b> 1016
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 255.78



**Statement of Loans Received**

Form 31-C  
R.C. 3517.10

<b>Full Name of Committee</b> Laymon for Council-at-Large							
From Whom Received Earlene Laymon					Prior Amount 650.00	Amt. Incurred this Period 0.00	
Street Address 105 N. Munroe Rd.						Outstanding Balance balance forgiven	
City Tallmadge	State OH	Zip Code 44278	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
	Date Loan was Originally Incurred (MM/DD/YYYY) 07/10/2017		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 11/30/2017	Amount 140.71	
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	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
	Date Loan was Originally Incurred (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 \$ 650.00

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

Total Payments Received this Period \$ 140.71 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on Form 30-A)



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> 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)   Fair Market Value 10/21/2017   150.00
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 office supplies		Date (MM/DD/YYYY)   Fair Market Value 10/25/2017   1.60
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 M. 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)   Fair Market Value 11/04/2017   5.00
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)   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		Date (MM/DD/YYYY)   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

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