

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |                                       |   |  |                                       |                     |   |                             |                           |  |
|--|---------------------------------------|---|--|---------------------------------------|---------------------|---|-----------------------------|---------------------------|--|
| Full Name of Committee<br><b>FRIENDS OF MARY STORMER COMMITTEE</b>                     |                                       |   |  |                                       |                     |   | Registration Number, if PAC |                           |  |
| Full Name of Candidate<br><b>MARY STORMER</b>  |                                       |   |  |                                       |                     |   |                             |                           |  |
| Street Address<br><b>4509 REX LAKE DRIVE</b>   |                                       |   |  |                                       | Office Sought       |   |                             | District<br><b>SUMMIT</b> |  |
| City<br><b>NEW FRANKLIN</b>  |                                       |   |  |                                       | State<br><b>O H</b> |   | Zip Code<br><b>44319</b>    |                           |  |
| Type of Report<br>(place X to the left of report type)                                 | <input type="checkbox"/> Pre-Primary  | <input type="checkbox"/> Post-Primary   | <input type="checkbox"/> Pre-General       | <input type="checkbox"/> Post-General |                     |   | Annual Year<br><b>2015</b>  |                           |  |
|  | <input type="checkbox"/> July Monthly | <input type="checkbox"/> August Monthly   | <input type="checkbox"/> September Monthly | <input type="checkbox"/> Termination  |                     |   | Semiannual                  |                           |  |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Report Electronically filed?<br><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 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                         | \$ | 2,355.18  |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ |           |
| 3. Total other income (From Form No. 31-A-2)                       | \$ | 0.00      |
| 4. Total funds available for use (Line 1 plus Line 2)              | \$ | 2,355.18  |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ | 0.00      |
| 6. Balance on hand (Line 4 minus Line 5)                           | \$ | 2,355.18  |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)  | \$ | 0.00      |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)      | \$ |           |
| 9. Outstanding loans owed by committee (From Form No. 31-C)        | \$ | 10,000.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N)       | \$ | 1,594.68  |
| 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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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

Mary A Stormer      Mary A Stormer      1/29/18  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 0

Expenditure pages 2

Other pages 2

Total pages 4

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|  |  |  |  |                     |   |  |   |  |   |    |
|--|--|--|--|---------------------|---|--|---|--|---|----|
| Full Name of Committee<br><b>FRIENDS OF MARY STORMER COMMITTEE</b> |  |  |  |                     |   |  |   |  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                     |   | Prior Amount<br><b>459.95</b>                    |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                     |   | Item or Purpose for Debt<br><b>SUPPLIES</b>      |   | Outstanding Balance<br><b>495.95</b>     |   |    |
| City<br><b>NEW FRANKLIN</b>  |  |  |  | State<br><b>O H</b> |   | Zip Code<br><b>44319</b>                         |   | Payments Made This Period                |   |    |
|  |  |  |  |                     |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                   | D | Y  | M | D  | Y | \$ |
|  |  |  |  | 0                   | 8 | 2  | 5 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                     |   | M  | D | Y  |   |    |
|  |  |  |  |                     |   | M  | D | Y  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                     |   | Prior Amount<br><b>459.95</b>                    |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                     |   | Item or Purpose for Debt<br><b>SUPPLIES</b>      |   | Outstanding Balance<br><b>562.38</b>     |   |    |
| City<br><b>NEW FRANKLIN</b>  |  |  |  | State<br><b>O H</b> |   | Zip Code<br><b>44319</b>                         |   | Payments Made This Period                |   |    |
|  |  |  |  |                     |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                   | D | Y  | M | D  | Y | \$ |
|  |  |  |  | 0                   | 9 | 2  | 0 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                     |   | M  | D | Y  |   |    |
|  |  |  |  |                     |   | M  | D | Y  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                     |   | Prior Amount<br><b>562.38</b>                    |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                     |   | Item or Purpose for Debt<br><b>SIGN SUPPLIES</b> |   | Outstanding Balance<br><b>655.18</b>     |   |    |
| City<br><b>NEW FRANKLIN</b>  |  |  |  | State<br><b>O H</b> |   | Zip Code<br><b>44319</b>                         |   | Payments Made This Period                |   |    |
|  |  |  |  |                     |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                   | D | Y  | M | D  | Y | \$ |
|  |  |  |  | 0                   | 9 | 2  | 1 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                     |   | M  | D | Y  |   |    |
|  |  |  |  |                     |   | M  | D | Y  |   |    |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 655.18 (also record on cover page)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|  |  |  |  |                    |   |  |   |  |   |    |
|--|--|--|--|--------------------|---|--|---|--|---|----|
| Full Name of Committee<br><b>FRIENDS OF MARY STORMER COMMITTEE</b> |  |  |  |                    |   |  |   |  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                    |   | Prior Amount<br><b>655.18</b>                  |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                    |   | Item or Purpose for Debt<br><b>PROMO ITEMS</b> |   | Outstanding Balance<br><b>1049,37</b>    |   |    |
| City<br><b>AKRON</b>   |  |  |  | State<br><b>OH</b> |   | Zip Code<br><b>44319</b>                       |   | Payments Made This Period                |   |    |
|  |  |  |  |                    |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D | Y  | M | D  | Y | \$ |
|  |  |  |  | 0                  | 6 | 1  | 6 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                    |   | M  | D | Y  |   |    |
|  |  |  |  |                    |   | M  | D | Y  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                    |   | Prior Amount<br><b>1,049.37</b>                |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                    |   | Item or Purpose for Debt<br><b>SUPPLIES</b>    |   | Outstanding Balance<br><b>1,128.14</b>   |   |    |
| City<br><b>NEW FRANKLIN</b>  |  |  |  | State<br><b>OH</b> |   | Zip Code<br><b>44319</b>                       |   | Payments Made This Period                |   |    |
|  |  |  |  |                    |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D | Y  | M | D  | Y | \$ |
|  |  |  |  | -                  | 6 | 2  | 6 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                    |   | M  | D | Y  |   |    |
|  |  |  |  |                    |   | M  | D | Y  |   |    |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                    |   | Prior Amount<br><b>1,128.14</b>                |   | Amt. Incurred this Period<br><b>0.00</b> |   |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                    |   | Item or Purpose for Debt<br><b>PROMO ITEMS</b> |   | Outstanding Balance<br><b>1,572.33</b>   |   |    |
| City<br><b>NEW FRANKLIN</b>  |  |  |  | State<br><b>OH</b> |   | Zip Code<br><b>44319</b>                       |   | Payments Made This Period                |   |    |
|  |  |  |  |                    |   | Date   |   | Amount                                   |   |    |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D | Y  | M | D  | Y | \$ |
|  |  |  |  | 0                  | 7 | 2  | 4 | 0  | 8 |    |
| Registration Number, if PAC  |  |  |  |                    |   | M  | D | Y  |   |    |
|  |  |  |  |                    |   | M  | D | Y  |   |    |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,572.33 (also record on cover page)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

|  |  |  |  |                    |                          |   |                           |  |   |
|--|--|--|--|--------------------|--------------------------|---|---------------------------|--|---|
| Full Name of Committee<br><b>FRIENDS OF MARY STORMER COMMITTEE</b> |  |  |  |                    |                          |   |                           |  |   |
| To Whom Owed<br><b>BARRY &amp; MARY STORMER</b>                    |  |  |  |                    |                          | Prior Amount<br><b>1,572.33</b>             |                           | Amt. Incurred this Period<br><b>0.00</b> |   |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |  |  |                    |                          | Item or Purpose for Debt<br><b>SUPPLIES</b> |                           | Outstanding Balance<br><b>1,594.68</b>   |   |
| City<br><b>AKRON</b>   |  |  |  | State<br><b>OH</b> | Zip Code<br><b>44319</b> |   | Payments Made This Period |  |   |
|  |  |  |  |                    |                          |   | Date                      | Amount                                   |   |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D                        | Y   | M                         | D  | Y |
|  |  |  |  | 0                  | 9                        | 29  | 6                         | 0  | 8 |
| Registration Number, if PAC  |  |  |  |                    |                          | M   | D                         | Y  |   |
|  |  |  |  |                    |                          |   |                           |  |   |
| To Whom Owed   |  |  |  |                    |                          | Prior Amount                                |                           | Amt. Incurred this Period                |   |
| Address  |  |  |  |                    |                          | Item or Purpose for Debt                    |                           | Outstanding Balance                      |   |
| City   |  |  |  | State              | Zip Code                 |   | Payments Made This Period |  |   |
|  |  |  |  |                    |                          |   | Date                      | Amount                                   |   |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D                        | Y   | M                         | D  | Y |
|  |  |  |  |                    |                          |   |                           |  |   |
| Registration Number, if PAC  |  |  |  |                    |                          | M   | D                         | Y  |   |
|  |  |  |  |                    |                          |   |                           |  |   |
| To Whom Owed   |  |  |  |                    |                          | Prior Amount                                |                           | Amt. Incurred this Period                |   |
| Address  |  |  |  |                    |                          | Item or Purpose for Debt                    |                           | Outstanding Balance                      |   |
| City   |  |  |  | State              | Zip Code                 |   | Payments Made This Period |  |   |
|  |  |  |  |                    |                          |   | Date                      | Amount                                   |   |
| Date Debt was originally Incurred                                  |  |  |  | M                  | D                        | Y   | M                         | D  | Y |
|  |  |  |  |                    |                          |   |                           |  |   |
| Registration Number, if PAC  |  |  |  |                    |                          | M   | D                         | Y  |   |
|  |  |  |  |                    |                          |   |                           |  |   |

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,594.68 (also record on cover page)

# Statement of Loans Received

Prescribed by Secretary of State 3/05

|  |  |                    |                          |   |                            |   |        |                                  |                      |   |        |    |
|--|--|--------------------|--------------------------|---|----------------------------|---|--------|----------------------------------|----------------------|---|--------|----|
| Full Name of Committee<br><b>FRIENDS OF MARY STORMER COMMITTEE</b> |  |                    |                          |   |                            |   |        |                                  |                      |   |        |    |
| From Whom Received<br><b>BARRY STORMER</b>                         |  |                    |                          |   |                            |   |        | Prior Amount<br><b>10,000.00</b> |                      | Amt. Incurred this Period               |        |    |
| Address<br><b>4509 REX LAKE DRIVE</b>                              |  |                    |                          |   |                            |   |        |                                  |                      | Outstanding Balance<br><b>10,000.00</b> |        |    |
| City<br><b>NEW FRANKLIN</b>  |  | State<br><b>OH</b> | Zip Code<br><b>44319</b> |   | Loans Received This Period |   |        |                                  | Payments This Period |   |        |    |
|  |  |                    |                          |   | Date                       |   | Amount |                                  | Date                 |   | Amount |    |
| Date Loan was originally Incurred                                  |  | M                  | D                        | Y | M                          | D | Y      | \$                               | M                    | D                                       | Y      | \$ |
| Registration Number, if PAC  |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |
| Employer/Occupation/Labor Organization*                            |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |
| From Whom Received   |  |                    |                          |   |                            |   |        | Prior Amount                     |                      | Amt. Incurred this Period               |        |    |
| Address  |  |                    |                          |   |                            |   |        |                                  |                      | Outstanding Balance                     |        |    |
| City   |  | State              | Zip Code                 |   | Loans Received This Period |   |        |                                  | Payments This Period |   |        |    |
|  |  |                    |                          |   | Date                       |   | Amount |                                  | Date                 |   | Amount |    |
| Date Loan was originally Incurred                                  |  | M                  | D                        | Y | M                          | D | Y      | \$                               | M                    | D                                       | Y      | \$ |
| Registration Number, if PAC  |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |
| Employer/Occupation/Labor Organization*                            |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |
| From Whom Received   |  |                    |                          |   |                            |   |        | Prior Amount                     |                      | Amt. Incurred this Period               |        |    |
| Address  |  |                    |                          |   |                            |   |        |                                  |                      | Outstanding Balance                     |        |    |
| City   |  | State              | Zip Code                 |   | Loans Received This Period |   |        |                                  | Payments This Period |   |        |    |
|  |  |                    |                          |   | Date                       |   | Amount |                                  | Date                 |   | Amount |    |
| Date Loan was originally Incurred                                  |  | M                  | D                        | Y | M                          | D | Y      | \$                               | M                    | D                                       | Y      | \$ |
| Registration Number, if PAC  |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |
| Employer/Occupation/Labor Organization*                            |  |                    |                          |   | M                          | D | Y      |                                  | M                    | D                                       | Y      |    |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 10,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 10,000.00 (To Form No. 30-A)