

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)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		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	D	Y	
						0	5	0	8 1 8

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	\$ 1,077.90
2. Total monetary contributions (From Form No. 31-A)	\$ 2,601.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,678.90
5. Total monetary expenditures (From Form No. 31-B)	\$ 536.00
6. Balance on hand (line 4 minus line 5)	\$ 3,142.90
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 9,894.39
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	\$

#213008

SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO

2018 APR 26 AM 8:22

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

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

Print Name and Title (Treasurer and Deputy Treasurer only)

Lisa M Stemple
Signature

4/25/18
Date

Contribution pages 8

Expenditure pages 1

Other pages 1

Total pages 11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor AARON BURNETTE					Registration Number, if PAC		
Street Address 1479 HAGEY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BARBERTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 2 3 1 8	Amount 40.00	
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 <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 3 0 1 8	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 <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 2 0 1 8	Amount 100.00	
Full Name of Contributor CYNTHIA WEBEL					Registration Number, if PAC		
Street Address 3152 TROTTER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 2 0 1 8	Amount 100.00	
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 <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 4	Y 0 1 1 8	Amount 40.00	
Full Name of Contributor SARAH FRIDDLE					Registration Number, if PAC		
Street Address 2808 CARILLON DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 3 0 1 8	Amount 30.00	
Full Name of Contributor ERICA WATHEY					Registration Number, if PAC		
Street Address 3448 CHADWICK DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UNIONTOWN	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	M 0	D 3	Y 2 7 1 8	Amount 40.00	
Full Name of Contributor RICHARD BOOTH					Registration Number, if PAC		
Street Address 5161 S HAMETOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 3	Y 2 3 1 8	Amount 40.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor CALLIE BUTCHER					Registration Number, if PAC		
Street Address 3615 WOODDALE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0 3	D 2 0	Y 1 8	Amount 100.00	
Full Name of Contributor JENNIFER BENNETT					Registration Number, if PAC		
Street Address 4269 KNOLLBROOK		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0 4	D 1 0	Y 1 8	Amount 160.00	
Full Name of Contributor THOMAS 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 4	D 0 9	Y 1 8	Amount 40.00	
Full Name of Contributor BETTY DOLFEN					Registration Number, if PAC		
Street Address 2807 GREENRIDGE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 0 4	D 1 0	Y 1 8	Amount 40.00	
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 4	D 1 0	Y 1 8	Amount 617.00	
Full Name of Contributor MATT KUTSCHBACH					Registration Number, if PAC		
Street Address 4465 SMITHVIEW AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MASSILLON	State O H	Zip Code 44647	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor KATHLEEN LOCKWOOD					Registration Number, if PAC		
Street Address 2258 NORTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City STOW	State O H	Zip Code 44224	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor MARTIN DAVIS					Registration Number, if PAC		
Street Address 1824 BROWN STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44301	M 0 4	D 0 9	Y 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE						
Full Name of Contributor ALYCE HILLIARD				Registration Number, if PAC		
Street Address 183 TOLBERT ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 0 9 1 8	Amount 22.00
Full Name of Contributor STACY CARPENTER				Registration Number, if PAC		
Street Address 200 REIMER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH	State O H	Zip Code 44281	M 0	D 4	Y 0 9 1 8	Amount 22.00
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	D 4	Y 0 9 1 8	Amount 22.00
Full Name of Contributor ERIN FABISH-RUPERT				Registration Number, if PAC		
Street Address 5295 SUMMERWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SEVILLE	State O H	Zip Code 44273	M 0	D 4	Y 0 8 1 8	Amount 22.00
Full Name of Contributor EDWARD ZETTS				Registration Number, if PAC		
Street Address 400 TONAWANDA TRL SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City HARTVILLE	State O H	Zip Code 44632	M 0	D 4	Y 0 9 1 8	Amount 22.00
Full Name of Contributor MARYANNE ARNOLD				Registration Number, if PAC		
Street Address 4124 BURNHAM AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TOLEDO	State O H	Zip Code 43612	M 0	D 4	Y 0 9 1 8	Amount 22.00
Full Name of Contributor JENNIFER BILINOVICH				Registration Number, if PAC		
Street Address 4160 FOX MEADOW DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MEDINA	State O H	Zip Code 44256	M 0	D 4	Y 1 0 1 8	Amount 22.00
Full Name of Contributor LYNN KANE				Registration Number, if PAC		
Street Address 3094 HOUSTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0	D 4	Y 1 0 1 8	Amount 22.00

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor MELISSA BERLIN					Registration Number, if PAC		
Street Address 4699 BRIAR HILL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City RAVENNA	State O H	Zip Code 44266	M 0	D 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor DAWN THOMPSON					Registration Number, if PAC		
Street Address 3841 HIGHLAND AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City STOW	State O H	Zip Code 44224	M 0	D 4	Y 1 0 1 8	Amount 22.00	
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 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor STACEY TASSONE					Registration Number, if PAC		
Street Address 147 GAYLORD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MUNROE FALLS	State O H	Zip Code 44262	M 0	D 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor LYNN FAHEY					Registration Number, if PAC		
Street Address 5778 WILD ROSE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44319	M 0	D 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor MEGAN ZITA					Registration Number, if PAC		
Street Address 3565 LITTLE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0	D 4	Y 1 0 1 8	Amount 22.00	
Full Name of Contributor RENEE HESTON					Registration Number, if PAC		
Street Address 10142 BEAR RUN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DOYLESTOWN	State O H	Zip Code 44230	M 0	D 4	Y 0 9 1 8	Amount 22.00	
Full Name of Contributor RACHEL VARGA					Registration Number, if PAC		
Street Address 534 EASTERN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DOYLESTOWN	State O H	Zip Code 44230	M 0	D 4	Y 1 0 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor C CAMILLETTI					Registration Number, if PAC		
Street Address 3782 WICKHAM ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UNIONTOWN	State O H	Zip Code 44685	M 0 4	D 1 0	Y 1 8	Amount 22.00	
Full Name of Contributor MICHELLE EBERHARDT					Registration Number, if PAC		
Street Address 7112 GALENA AVE NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CANAL FULTON	State O H	Zip Code 44614	M 0 4	D 1 0	Y 1 8	Amount 22.00	
Full Name of Contributor TERESA KOZAK					Registration Number, if PAC		
Street Address 3211 WEBER DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0 4	D 1 0	Y 1 8	Amount 22.00	
Full Name of Contributor TERI MOATS					Registration Number, if PAC		
Street Address 535 CATAWBA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor JANINE DUDONES					Registration Number, if PAC		
Street Address 3043 BUCKLERS ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UNIONTOWN	State O H	Zip Code 44685	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor JULIE STONE					Registration Number, if PAC		
Street Address 2156 KRUMROY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44312	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor ANN REED					Registration Number, if PAC		
Street Address 187 STAUFFER DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0 4	D 0 9	Y 1 8	Amount 22.00	
Full Name of Contributor ANTHONY OATMAN					Registration Number, if PAC		
Street Address 531 HOUSEHOLDER CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 0 4	D 0 9	Y 1 8	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor HALEY MYERS					Registration Number, if PAC		
Street Address 3308 MINUET DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City CLINTON	State O H	Zip Code 44216	M 0	D 4	Y 0	Amount 22.00	
Full Name of Contributor JOY KONCZ					Registration Number, if PAC		
Street Address 5786 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City DOYLESTOWN	State O H	Zip Code 44230	M 0	D 4	Y 0	Amount 22.00	
Full Name of Contributor SARA HADLEY					Registration Number, if PAC		
Street Address 4206 BENWOOD DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City STOW	State O H	Zip Code 44224	M 0	D 4	Y 0	Amount 22.00	
Full Name of Contributor SARA BROOKS					Registration Number, if PAC		
Street Address 4204 KNOLLBROOK		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City NORTON	State O H	Zip Code 44203	M 0	D 4	Y 0	Amount 22.00	
Full Name of Contributor LANDRY BOHNAK					Registration Number, if PAC		
Street Address 1697 BROWN ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City AKRON	State O H	Zip Code 44301	M 0	D 4	Y 0	Amount 22.00	
Full Name of Contributor HALLIE BALL					Registration Number, if PAC		
Street Address 204 E HOWE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City KENT	State O H	Zip Code 44240	M 0	D 4	Y 1	Amount 22.00	
Full Name of Contributor DEVON KRUGER					Registration Number, if PAC		
Street Address 1400 SUNSET WAY BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City KENT	State O H	Zip Code 44240	M 0	D 4	Y 1	Amount 22.00	
Full Name of Contributor ANNMARIE TUNISON					Registration Number, if PAC		
Street Address 288 PEMBROKE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) CHECK		
City FAIRLAWN	State O H	Zip Code 44333	M 0	D 4	Y 0	Amount 22.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
Full Name of Contributor MICHELLE BRYAN					Registration Number, if PAC		
Street Address 334 CASTLE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	M 0	D 4	Y 0918	Amount 22.00	
Full Name of Contributor DENNIS OSWALD					Registration Number, if PAC		
Street Address 3155 SHELLHART RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 4	Y 1018	Amount 22.00	
Full Name of Contributor RODNEY ROWELL					Registration Number, if PAC		
Street Address 5511 BONHAM AVE NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CANAL FULTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44614	M 0	D 4	Y 1018	Amount 22.00	
Full Name of Contributor JANETTE MISKELL					Registration Number, if PAC		
Street Address 1885 INDIAN HILLS TRL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	M 0	D 4	Y 0918	Amount 22.00	
Full Name of Contributor HARRY TIMMS					Registration Number, if PAC		
Street Address 2344 9TH ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44314	M 0	D 4	Y 0918	Amount 22.00	
Full Name of Contributor DANIELLE PERELLA-DUTTON					Registration Number, if PAC		
Street Address 6072 S OVAL RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW FRANKLIN	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44216	M 0	D 4	Y 0918	Amount 22.00	
Full Name of Contributor MELANIE SIMMERMAN					Registration Number, if PAC		
Street Address 9946 ETLING DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MARSHALVILLE	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44645	M 0	D 4	Y 0918	Amount 22.00	
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 <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 0	D 4	Y 1018	Amount 40.00	

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Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
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 4	D 1 0	Y 1 8	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 4	D 0 9	Y 1 8	Amount 50.00	
Full Name of Contributor RICHARD BOOTH					Registration Number, if PAC		
Street Address 5161 HAMETOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 0 3	D 2 0	Y 1 8	Amount 40.00	
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	
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	
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 LISA STEMPLE				M	D	Y	Amount
				0	1	0	8
				1	8		74.00
Address 2952 WILBANKS DR		Purpose REIMBURSE FOR PO BOX					
City NORTON		State <input type="radio"/> O <input type="radio"/> H	Zip Code 4420	Check Number 298			
To Whom Paid HUNTINGTON				M	D	Y	Amount
				0	3	3	2
				1	8		12.00
Address PO BOX 1558 EA1W37		Purpose BANK FEES DEC 2017 - MAR 2018					
City COLUMBUS		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43216	Check Number DEBIT			
To Whom Paid JOEL ROSCOE				M	D	Y	Amount
				0	4	1	7
				1	8		450.00
Address 1939 TOWNSHIP ROAD 555		Purpose SPEAKER ON SCHOOL FINANCE					
City JEROMESVILLE		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44840	Check Number 299			
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	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
OAPSE	LABOR ORGANIZATION			
Street Address	Description of Item or Service	M	D	Y
6805 OAK CREEK DRIVE	TARGETED VOTER LISTS	0	4	0418
City	State	Zip Code	Fair Market Value	
COLUMBUS	O H	43229	300.00	
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		
OAPSE	LABOR ORGANIZATION			
Street Address	Description of Item or Service	M	D	Y
6805 OAK CREEK DRIVE	ROBO CALLING	0	4	1018
City	State	Zip Code	Fair Market Value	
COLUMBUS	O H	43229	200.00	
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		
JAMES & SALLY LITTLE				
Street Address	Description of Item or Service	M	D	Y
920 ROSEMARIE CIR	PRECINCT MAPS	0	3	2018
City	State	Zip Code	Fair Market Value	
WADSWORTH	O H	44281	112.09	
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		
JAMES & SALLY LITTLE				
Street Address	Description of Item or Service	M	D	Y
920 ROSEMARIE CIR	BROCHURE	0	4	0518
City	State	Zip Code	Fair Market Value	
WADSWORTH	O H	44281	1,937.73	
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		
JAMES & SALLY LITTLE				
Street Address	Description of Item or Service	M	D	Y
920 ROSEMARIE CIR	MAP, POSTERS, BANNERS	0	4	1718
City	State	Zip Code	Fair Market Value	
WADSWORTH	O H	44281	669.33	
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		
JLP DEVELOPMENT LLC				
Street Address	Description of Item or Service	M	D	Y
PO BOX 1053	BROCHURE	0	4	1718
City	State	Zip Code	Fair Market Value	
NORTON	O H	44203	6,503.51	
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		
ANGELA WAGLER				
Street Address	Description of Item or Service	M	D	Y
3746 S. HAMETOWN RD	BUTTONS	0	3	3018
City	State	Zip Code	Fair Market Value	
NORTON	O H	44203	51.73	
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		
SARAH FRIDDLE				
Street Address	Description of Item or Service	M	D	Y
2808 CARILLON DR	BUTTONS	0	3	3018
City	State	Zip Code	Fair Market Value	
NORTON	O H	44203	120.00	
Received at Fundraising Event?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

* 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)]