



Committee Name <i>The Woodridge Levy Committee</i>		Office Sought		District
Street Address <i>2381 N. Streetsboro Rd</i>		City <i>Keswick</i>	State <i>OH</i>	Zip <i>44264</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Marilyn Hansen</i>		Election Date (MM/DD/YYYY) <i>May 8, 2018</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <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	<i>925.61</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>5190.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>6115.61</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>3239.21</i>
6. Balance on hand (line 4 minus line 5)	<i>2876.40</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
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**

2018 APR 23 AM 11:46

BOARD OF ELECTIONS
AKRON, OHIO

2071 DT

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Marilyn Hansen, Treasurer
Signature of Treasurer or Deputy Treasurer

04/21/2018
Date (MM/DD/YYYY)

Contribution Pages
13

Expenditure Pages
1

Other Pages
1

Total Pages
15



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>			
To Whom Paid <i>Postmaster (United States)</i>		Date (MM/DD/YYYY) <i>4-13-18</i>	Amount <i>\$922.50</i>
Street Address		Purpose <i>Postage for mailing post cards</i>	
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>441--</i>	Check Number <i>1108</i>
To Whom Paid <i>Postmaster (United States)</i>		Date (MM/DD/YYYY) <i>4- - -18</i>	Amount <i>\$922.50</i>
Street Address		Purpose <i>Postage for mailing postcards</i>	
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>441--</i>	Check Number <i>1109</i>
To Whom Paid <i>Labels & Letters</i>		Date (MM/DD/YYYY) <i>4-16-18</i>	Amount <i>\$1394.21</i>
Street Address <i>1533 Commerce Dr.</i>		Purpose <i>Printing door hangers</i>	
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Check Number <i>1110</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 3239.21



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Dee Woodridge Levy Committee</i>				
Full Name of Contributor <i>Thomas S. Norshouse</i>			Registration Number, if PAC	
Street Address <i>304 Hathaway Drive</i>		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>1-9-2018</i>	Amount <i>1614.00</i>
Full Name of Contributor <i>Megan A. Zimmerman</i>			Registration Number, if PAC	
Street Address <i>3777 Cascades Blvd #102</i>		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check etc.) <i>check</i>
City <i>Kent</i>	State <i>OH</i>	Zip Code <i>44240</i>	Date (MM/DD/YYYY) <i>12-4-2017</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Nicholas A. Mayer</i>			Registration Number, if PAC	
Street Address <i>2439 Applewood Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>12-7-2017</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Charles F. Lawrence</i>			Registration Number, if PAC	
Street Address <i>2916 Wexford Blvd</i>		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>12-05-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Heidi Kaminicki</i>			Registration Number, if PAC	
Street Address <i>7477 Eastail Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) <i>check</i>
City <i>Northfield Center</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>12-02-2017</i>	Amount <i>20.00</i>

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>				
Full Name of Contributor <i>Ben A. Schuep</i>			Registration Number, if PAC	
Street Address <i>841 Gaylord Street</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>12-06-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Carol A. Luy</i>			Registration Number, if PAC	
Street Address <i>323 Orville Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Nicole L. Thompson</i>			Registration Number, if PAC	
Street Address <i>3305 Shade Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Angela Marie Brock</i>			Registration Number, if PAC	
Street Address <i>2562 Buckeye Blvd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Ravenna</i>	State <i>OH</i>	Zip Code <i>44266</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Jesse Hosford</i>			Registration Number, if PAC	
Street Address <i>123 Meadow Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Peninsula</i>	State <i>OH</i>	Zip Code <i>44264</i>	Date (MM/DD/YYYY) <i>11-04-2017</i>	Amount <i>20.00</i>

*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 Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>				
Full Name of Contributor <i>Kimberly Zepp</i>			Registration Number, if PAC	
Street Address <i>3718 Geage St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>12-08-2017</i>	Amount <i>15.00</i>
Full Name of Contributor <i>Nicole Snyder</i>			Registration Number, if PAC	
Street Address <i>2095 Cartebury Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	Date (MM/DD/YYYY) <i>12-08-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Winnie George</i>			Registration Number, if PAC	
Street Address <i>580 Seasons Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Jayne G. Roth</i>			Registration Number, if PAC	
Street Address <i>150 Meadow Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Keninsula</i>	State <i>OH</i>	Zip Code <i>44264</i>	Date (MM/DD/YYYY) <i>12-06-2017</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Nicole C. Ast</i>			Registration Number, if PAC	
Street Address <i>5901 Pown Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Brecksville</i>	State <i>OH</i>	Zip Code <i>44141</i>	Date (MM/DD/YYYY) <i>12-06-2017</i>	Amount <i>25.00</i>

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>					
Full Name of Contributor <i>Kate E. Katoey</i>				Registration Number, if PAC	
Street Address <i>87 E. Overdale Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Dallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Jill Klise</i>				Registration Number, if PAC	
Street Address <i>3291 Alderwood Way</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Lisa A. Coburn-Tapper</i>				Registration Number, if PAC	
Street Address <i>2839 Norwood St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Kathryn M. Hodgson</i>				Registration Number, if PAC	
Street Address <i>2749 Northampton Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Alyssa M. Novak</i>				Registration Number, if PAC	
Street Address <i>2841 Highpoint Ln.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-06-2017</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>					
Full Name of Contributor <i>Nicole DeFrang</i>				Registration Number, if PAC	
Street Address <i>197 Chart Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-06-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Kevin Hearty</i>				Registration Number, if PAC	
Street Address <i>2188 Linbrook Trail</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>25.00</i>	
Full Name of Contributor <i>Leah Norris</i>				Registration Number, if PAC	
Street Address <i>702 Long Run Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Medina</i>	State <i>OH</i>	Zip Code <i>44256</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Margaret M. Loh</i>				Registration Number, if PAC	
Street Address <i>1723 - 9th Street</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Amelia Kelsch</i>				Registration Number, if PAC	
Street Address <i>2525 Abington Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Fairlawn</i>	State <i>OH</i>	Zip Code <i>44333</i>	Date (MM/DD/YYYY) <i>12-03-2017</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>					
Full Name of Contributor <i>Niranda Rockhold</i>				Registration Number, if PAC	
Street Address <i>1298 Mockingbird Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Adrienne A. Dougherty</i>				Registration Number, if PAC	
Street Address <i>392 Hathaway Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Lauren A. Lyer</i>				Registration Number, if PAC	
Street Address <i>1215 Creeklidge Ct</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>
City <i>Streetsboro</i>	State <i>OH</i>	Zip Code <i>44241</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Jessica Antal</i>				Registration Number, if PAC	
Street Address <i>299 Crestop Spur</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Rose Nussl</i>				Registration Number, if PAC	
Street Address <i>1785 Stoney Hill Dr</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>12-04-2017</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levee Committee</i>				
Full Name of Contributor <i>Squire Patton Boggs Political Action Committee</i>			Registration Number, if PAC	
Street Address <i>2560 M Street N.W.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Washington</i>	State <i>D.C.</i>	Zip Code <i>20037</i>	Date (MM/DD/YYYY) <i>2/22/2018</i>	Amount <i>250.00</i>
Full Name of Contributor <i>Lauren M. Witsman</i>			Registration Number, if PAC	
Street Address <i>2620 Sylvan Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check.</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>3-23-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Naureen Urban</i>			Registration Number, if PAC	
Street Address <i>9315 June Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Streetsboro</i>	State <i>OH</i>	Zip Code <i>44241</i>	Date (MM/DD/YYYY) <i>03/23/2018</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Eric P. Kousak</i>			Registration Number, if PAC	
Street Address <i>808 W. Stebbins Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>03/23/2018</i>	Amount <i>10.00</i>
Full Name of Contributor <i>Charles G. Lawrence</i>			Registration Number, if PAC	
Street Address <i>2916 Heyford Blvd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>3/23/18</i>	Amount <i>.10.00</i>

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>				
Full Name of Contributor <i>Kate E. Natwey</i>			Registration Number, if PAC	
Street Address <i>87 E. Kvedale Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Date (MM/DD/YYYY) <i>03/20/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Kathryn M. Hodgson</i>			Registration Number, if PAC	
Street Address <i>2749 Northcreek Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Bonnie Luke</i>			Registration Number, if PAC	
Street Address <i>5851 Brewster Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Teresa A. Norman</i>			Registration Number, if PAC	
Street Address <i>101 Whittlesey Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Elizabeth A. Morrison</i>			Registration Number, if PAC	
Street Address <i>2435 Quercusbury Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Alliance</i>	State <i>OH</i>	Zip Code <i>44601</i>	Date (MM/DD/YYYY) <i>03/21/2018</i>	Amount <i>20.00</i>

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>				
Full Name of Contributor <i>Dina Gik Visovich</i>			Registration Number, if PAC	
Street Address <i>2749 Middleton Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>03/23/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Jill Klise</i>			Registration Number, if PAC	
Street Address <i>3291 Alderwood Way</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Nicole L. Thompson</i>			Registration Number, if PAC	
Street Address <i>3305 Shade Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44383</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Andela Marie Horack</i>			Registration Number, if PAC	
Street Address <i>2562 Buckeye Blvd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Ravenna</i>	State <i>OH</i>	Zip Code <i>44266</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Sharon Allersbach</i>			Registration Number, if PAC	
Street Address <i>5357 Rockelle Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodrider Legacy Committee</i>					
Full Name of Contributor <i>Kristi J. Berber</i>				Registration Number, if PAC	
Street Address <i>7616 Megan Meadows Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>03/20/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Lauren M. Salzer</i>				Registration Number, if PAC	
Street Address <i>1215 Creeklodge Ct.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Streetsboro</i>	State <i>OH</i>	Zip Code <i>44241</i>	Date (MM/DD/YYYY) <i>03/23/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Laurel Fabbe</i>				Registration Number, if PAC	
Street Address <i>4447 Windham Way</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Date (MM/DD/YYYY) <i>03/21/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Noles Snyder</i>				Registration Number, if PAC	
Street Address <i>2095 Canterbury Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44333</i>	Date (MM/DD/YYYY) <i>03/22/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Nichelle Alves</i>				Registration Number, if PAC	
Street Address <i>4212 Americas</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>03/21/2018</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>					
Full Name of Contributor <i>Michelle Huston</i>				Registration Number, if PAC	
Street Address <i>245 Washington Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Carol Lany</i>				Registration Number, if PAC	
Street Address <i>323 Orville Ave.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>03/12/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Vannie George</i>				Registration Number, if PAC	
Street Address <i>580 Seasons Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>03/12/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>James Roth Trustee</i>				Registration Number, if PAC	
Street Address <i>150 Meadow Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Perinsula</i>	State <i>OH</i>	Zip Code <i>44264</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Patricia A. Nowoski</i>				Registration Number, if PAC	
Street Address <i>1358 Beechnut Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44312</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>					
Full Name of Contributor <i>Rose Marsh</i>				Registration Number, if PAC	
Street Address <i>1785 Storey Hill Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Hudson</i>	State <i>OH</i>	Zip Code <i>44236</i>	Date (MM/DD/YYYY) <i>03/20/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Laura B Kover</i>				Registration Number, if PAC	
Street Address <i>1292 North Howard St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44310</i>	Date (MM/DD/YYYY)	Amount <i>25.00</i>	
Full Name of Contributor <i>Kathleen Klamut</i>				Registration Number, if PAC	
Street Address <i>3635 Argonne St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Mogadore</i>	State <i>OH</i>	Zip Code <i>44260</i>	Date (MM/DD/YYYY) <i>03/22/2018</i>	Amount <i>25.00</i>	
Full Name of Contributor <i>Learna Deluca</i>				Registration Number, if PAC	
Street Address <i>3211 Wilson St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44221</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Jessica Astal</i>				Registration Number, if PAC	
Street Address <i>299 Prestopigne</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Copley</i>	State <i>OH</i>	Zip Code <i>44321</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>	

*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 Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>The Woodridge Levy Committee</i>				
Full Name of Contributor <i>Jennifer L. Carter</i>			Registration Number, if PAC	
Street Address <i>545 High Streets</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dougestown</i>	State <i>OH</i>	Zip Code <i>44230</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Thomas Harehouse</i>			Registration Number, if PAC	
Street Address <i>304 Harlawyn Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>03/30/2018</i>	Amount <i>2036.00</i>
Full Name of Contributor <i>Kevin Hearty</i>			Registration Number, if PAC	
Street Address <i>2188 Linbrook Trail</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44223</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Karen J. Heiter Harehouse</i>			Registration Number, if PAC	
Street Address <i>2350 Spruce Trail</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>03/20/2018</i>	Amount <i>40.00</i>
Full Name of Contributor <i>Leah Norris</i>			Registration Number, if PAC	
Street Address <i>702 Long Farm Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Medina</i>	State <i>OH</i>	Zip Code <i>44256</i>	Date (MM/DD/YYYY) <i>03/19/2018</i>	Amount <i>25.00</i>

*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)]