



Committee Name FRIENDS OF MACEDONIA HILLS SCHOOLS		Office Sought		District
Street Address 1498 ELIZABETH LN		City MACEDONIA	State OH	Zip 44056
Candidate Name OR PAC Registration Number		Treasurer Name DOUG MASTELLER		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input 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				
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.

Year
2018

1. Amount brought forward from last report	16,649.62
2. Total monetary contributions (From Forms 31-A and 31-E)	7,103.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	23,752.62
5. Total monetary expenditures (From Forms 31-B and 31-F)	235.00
6. Balance on hand (line 4 minus line 5)	23,517.62
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 JUL 29 AM 8:56

#21830

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

Doug Masteller
Signature of Treasurer or Deputy Treasurer

7/24/18
Date (MM/DD/YYYY)

Contribution Pages 6	Expenditure Pages 3	Other Pages 1	Total Pages 10
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS				
Full Name of Contributor See attached			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYROLL w/H.
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount \$ 888.00
Full Name of Contributor KRISTEN COTRELL			Registration Number, if PAC	
Street Address 536 COUNTRY VIEW PARK		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City NORTHFIELD	State OH	Zip Code 44067	Date (MM/DD/YYYY) 6/18/2018	Amount \$ 150.00
Full Name of Contributor BRYAN SEWARD			Registration Number, if PAC	
Street Address 3595 ANTONETTE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 6/18/2018	Amount \$ 100.00
Full Name of Contributor MATT GAUGLER			Registration Number, if PAC	
Street Address 2961 WALBRIDGE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 6/18/2018	Amount \$ 100.00
Full Name of Contributor MIKE RUSS			Registration Number, if PAC	
Street Address 9373 ANDREW DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City TWINSBURG	State OH	Zip Code 44087	Date (MM/DD/YYYY) 6/18/2018	Amount \$ 85.00

*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 also appear. [R.C. 3517.10(B)(4)]



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Contributor					Registration Number, if PAC	
KAREN OBRATIL						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
12939 KENYAN DR.				CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
CHESTERLAND	OH	44026	6/18/2018	\$105.00		
Full Name of Contributor					Registration Number, if PAC	
TODD STUART						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
143 BEVERLY RD.				CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
HUDSON	OH	44236	6/18/2018	\$125.00		
Full Name of Contributor					Registration Number, if PAC	
MATTHEW FORD.						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
552 BLUEJAY TR.				CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
MACEONIA.	OH	44056	6/18/2018	\$500.00		
Full Name of Contributor					Registration Number, if PAC	
ROBERT SCHREMBECK						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
11541 AMY CIRCLE NW				CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
UNIONTOWN	OH	44685	6/18/2018	\$100.00		
Full Name of Contributor					Registration Number, if PAC	
CASEY WRIGHT						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
2753 WALTON BLVD				CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
TWINSBURG	OH	44087	6/18/2018	\$250.00		

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF NOROONIA HILLS SCHOOLS				
Full Name of Contributor JOE CLARK			Registration Number, if PAC	
Street Address 423 STEPHANIE CIR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WAOSWORTH	State OH	Zip Code 44281	Date (MM/DD/YYYY) 6/18/2018	Amount \$1,000.00
Full Name of Contributor ERIC CARRIE HUTCHINSON			Registration Number, if PAC	
Street Address 2218 DUXBURY DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 6/18/2018	Amount \$100.00
Full Name of Contributor NOROONIA HILLS EDUCATION ASSOC.			Registration Number, if PAC	
Street Address 1046 REEDY DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WAOSWORTH	State OH	Zip Code 44281	Date (MM/DD/YYYY) 6/18/2018	Amount \$1,500.00
Full Name of Contributor MIKE GRIFFEN			Registration Number, if PAC	
Street Address 1005 WOODWARD AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City AKRON	State OH	Zip Code 44310	Date (MM/DD/YYYY) 6/30/2018	Amount \$100.00
Full Name of Contributor (CHAD LAHRMER) LAHRMER AND COMPANY CPA'S			Registration Number, if PAC	
Street Address 9821 OLDE EIGHT RD. L SUITE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City NORTHFIELD	State OH	Zip Code 44067	Date (MM/DD/YYYY)	Amount \$1,000.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF NOROVANIA HILLS SCHOOLS.				
Full Name of Contributor PEPPLE + WAGGONER, LTD. *			Registration Number, if PAC	
Street Address 5005 ROCKSIDE RD. SUITE 260		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK.
City CLEVELAND	State OH	Zip Code 44131-6808	Date (MM/DD/YYYY) 6/28/2018	Amount \$1,000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

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Name	Street Address	City	State	Zip	Grand Tot	1/15/2018	1/31/2018	2/15/2018	2/28/2018	3/15/2018	3/31/2018	4/15/2018	4/30/2018	5/15/2018	5/31/2018	6/15/2018	6/30/2018
Beck, Jennifer	9426 Lawnfield Dr.	Twinsburg	OH	44087	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Bedingfield, Bernadette	507 Canterbury Lane	Sagamore Hills	OH	44067	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Broman, David W.	1866 Gorge Park Blvd.	Stow	OH	44224	\$ 120.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
Bzdaika, Michelle E	8216 Augusta Ln	Sagamore Hills	OH	44067	\$ 36.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
Clark, Joseph P	423 Stephanie Circle	Wadsworth	OH	44281	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Harris, Suzanne A	8830 Sherri Dr.	Macedonia	OH	44056	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Hovorka, Karen	2770 Bancroft Rd.	Fairlawn	OH	44333	\$ 36.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
Huge, Alfred A	7768 Olde Eight Rd.	Boston Heights	OH	44236	\$ 120.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
Kerns, Michele	762 Valley Brook Circle	Sagamore Hills	OH	44067	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Pylipiak, Andrea K	7708 Willow Lane	Macedonia	OH	44056	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Russ, Lisa A	561 W. Highland	Sagamore Hills	OH	44067	\$ 36.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
Stuart, Todd	143 Beverly Rd	Hudson	OH	44236	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Wright, Casey	2753 Walton Blvd	Twinsburg	OH	44087	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Zehner, Lyndy A	3712 Kenway Blvd	Uniontown	OH	44685	\$ 60.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Totals					\$ 888.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00	\$ 74.00



Pepple & Waggoner, Ltd.

ATTORNEYS AT LAW
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Cleveland, Ohio 44131-6808
(216) 520-0088
Fax (216) 520-0044
www.pepple-waggoner.com

Writer's e-mail:
WPepple@pepple-waggoner.com

June 28, 2018

Friends of Nordonia Hills Schools Political Action Campaign
Attention: Mr. Matt Ford, Chair Person
552 Bluejay Trail
Macedonia, Ohio 44056

Re: Nordonia Hills City School District Levy Campaign
Our File No. 529-1-18

Dear Mr. Ford:

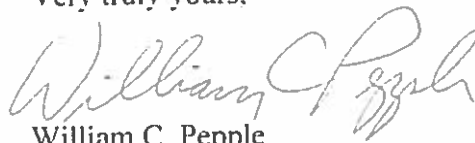
In order to show our continued support of Nordonia Hills City School District, our firm, Pepple & Waggoner, Ltd., is pleased to donate \$1,000.00 to your levy campaign.

Pepple & Waggoner, Ltd. is a limited liability company ("LLC") organized in Ohio. This contribution is to be allocated equally among all of the members of the LLC. As of the date of this contribution, the following individuals are members of the LLC:

- William C. Pepple
- Kevin J. Locke
- Christian M. Williams
- Donna M. Andrew

Our donation is enclosed. On behalf of all of the members, I would like to wish you the best of luck in completing a successful campaign.

Very truly yours,


William C. Pepple

WCP/rmk
Enclosures
cc: Dr. Joseph P. Clark, Superintendent



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS			
To Whom Paid MACEDONIA PARKS & RECREATION		Date (MM/DD/YYYY) 3/20/2018	Amount \$75.00
Street Address 1494 E. AURORA RD.		Purpose NON-PROFIT BOOTH - HOME DAYS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1759
To Whom Paid OHIO SCHOOL BOARD ASSOCIATION (OSBA)		Date (MM/DD/YYYY) 5/14/2018	Amount \$160.00
Street Address 8050 HIGH ST. #100		Purpose SEMINAR (MATT FORD) LEVY UNIVERSITY ATTENDANCE	
City COLUMBUS	State OH	Zip Code 43235	Check Number 1760
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ _____