



Committee Name FRIENDS OF NORDONIA HILLS SCHOOLS		Office Sought		District
Street Address 8620 EATON DRIVE		City SAGAMORE HILLS	State OH	Zip 44067
Candidate Name OR PAC Registration Number		Treasurer Name ANTHONY J. KEROSKY		Election Date (MM/DD/YYYY) 11/06/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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 2018
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	23,517.62
2. Total monetary contributions (From Forms 31-A and 31-E)	8,367.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	31,884.62
5. Total monetary expenditures (From Forms 31-B and 31-F)	12,397.75
6. Balance on hand (line 4 minus line 5)	19,486.87
7. Value of in-kind contributions received (From Form 31-J-1)	290.00
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 OCT 24 PM 2:11
 OFFICE OF ELECTIONS
 AKRON, OHIO
 # 2521 AVR

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

Anthony J. Kerosky

Signature of Treasurer or Deputy Treasurer

10/24/2018

Date (MM/DD/YYYY)

Contribution Pages 9	Expenditure Pages 3	Other Pages 2	Total Pages 14
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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 WITHHELD
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount \$ 518.00
Full Name of Contributor DURHAM SCHOOL SERVICE			Registration Number, if PAC	
Street Address 2601 NAVISTAR DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LESLI	State OH	Zip Code 60532	Date (MM/DD/YYYY) 08/28/2018	Amount \$ 7,000.00
Full Name of Contributor KIM SETHNA			Registration Number, if PAC	
Street Address 880 SHERWOOD DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 09/22/2018	Amount \$ 100.00
Full Name of Contributor ELIZABETH MCKINLEY			Registration Number, if PAC	
Street Address 1193 LANES END		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 100.00
Full Name of Contributor LAURA GABEL			Registration Number, if PAC	
Street Address 115 HAZEL DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City NORTHFIELD CENTER	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	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 also appear. [R.C. 3517.10(B)(4)]



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS				
Full Name of Contributor NICOLE SHAMBLIN			Registration Number, if PAC	
Street Address 7206 WELLINGTON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/01/2018	Amount \$40.00
Full Name of Contributor HEATHER DiBIASE			Registration Number, if PAC	
Street Address 6792 W. SHERRI DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/01/2018	Amount \$24.00
Full Name of Contributor MELISSA McCLELLAND			Registration Number, if PAC	
Street Address 248 GIRDLER CIRCLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$10.00
Full Name of Contributor AMY FAKULT			Registration Number, if PAC	
Street Address 187 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$10.00
Full Name of Contributor KIM WADSWORTH			Registration Number, if PAC	
Street Address 192 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$10.00

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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 JOHN RIZZO			Registration Number, if PAC	
Street Address 501 CARLIN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 25.00
Full Name of Contributor DONNA JACKSON			Registration Number, if PAC	
Street Address 120 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 20.00
Full Name of Contributor ERIN KREMYAR			Registration Number, if PAC	
Street Address 145 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 10.00
Full Name of Contributor MELISSA DWEN			Registration Number, if PAC	
Street Address 9484 SHEPARD RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 10.00
Full Name of Contributor Laurie Heiser			Registration Number, if PAC	
Street Address 7907 CHAFFEE RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 10.00

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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 BECKY SODER			Registration Number, if PAC	
Street Address 7347 WELLINGTON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 10.00
Full Name of Contributor VANESSA DEBOO			Registration Number, if PAC	
Street Address 7263 WELLINGTON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/01/2018	Amount \$ 10.00
Full Name of Contributor LYNN HERMENSKY			Registration Number, if PAC	
Street Address 9376 SHEPARD RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor JACKIE GUNN			Registration Number, if PAC	
Street Address 8524 EATON DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor AUTUMN RICHMOND			Registration Number, if PAC	
Street Address 54 MARWYK DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City NORTHFIELD CENTER	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00

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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 SUSAN ROGANISH			Registration Number, if PAC	
Street Address 7112 S. BOYDEN RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor KRISTINA ST. GEORGE			Registration Number, if PAC	
Street Address 280 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor BRENDA HAMMEL			Registration Number, if PAC	
Street Address 9240 BRANDYWINE RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor NICHOLE WUNDERLE			Registration Number, if PAC	
Street Address 7890 CHAFFEE RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor DAWN MONROE			Registration Number, if PAC	
Street Address 1562 NEWPORT DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 40.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF MORDONIA HILLS SCHOOLS				
Full Name of Contributor DEB KOPERNA			Registration Number, if PAC	
Street Address 1102 MEADOW WOOD DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/05/2018	Amount \$10.00
Full Name of Contributor SUE WALH			Registration Number, if PAC	
Street Address 3255 SKYLANE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City NORTHFIELD CENTER	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$10.00
Full Name of Contributor TRACY HOVER			Registration Number, if PAC	
Street Address 8795 CHINABERRY CIRCLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/05/2018	Amount \$10.00
Full Name of Contributor DOLORES RESCH			Registration Number, if PAC	
Street Address 1031 BULL CREEK LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/05/2018	Amount \$20.00
Full Name of Contributor KAREN BYERS			Registration Number, if PAC	
Street Address 11716 DUNHAM RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$25.00

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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 TRICIA DIETZEN			Registration Number, if PAC	
Street Address 40 LEONARD AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City NORTHFIELD	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 20.00
Full Name of Contributor CECA SARKISSIAN			Registration Number, if PAC	
Street Address 451 FORSYTHE BLVD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 10.00
Full Name of Contributor JOLYNN McFERREN			Registration Number, if PAC	
Street Address 184 SEIBERLING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/05/2018	Amount \$ 20.00
Full Name of Contributor MINDY KILGORE			Registration Number, if PAC	
Street Address 8455 SHORTHORN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 10.00
Full Name of Contributor MAREN LA GUARDIA			Registration Number, if PAC	
Street Address 64 MARWYCK DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City NORTHFIELD CENTER	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 10.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF NORPONIA HILLS SCHOOLS				
Full Name of Contributor ANGELA COGAN			Registration Number, if PAC	
Street Address 7223 WELLINGTON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/13/2018	Amount \$10.00
Full Name of Contributor TAMMY STRONG			Registration Number, if PAC	
Street Address 275 SPRINGWOOD RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$10.00
Full Name of Contributor RENEE PIPER			Registration Number, if PAC	
Street Address 608 CONTINENTAL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$10.00
Full Name of Contributor ANN MARIE GARVEY			Registration Number, if PAC	
Street Address 7565 DORWICK DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City NORTHFIELD CENTER	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$20.00
Full Name of Contributor SHERRI ATHA			Registration Number, if PAC	
Street Address 1379 LAUREL DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City MACEDONIA	State OH	Zip Code 44056	Date (MM/DD/YYYY) 10/13/2018	Amount \$20.00

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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 KIM WATSON			Registration Number, if PAC	
Street Address 528 CANTERBURY LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 20.00
Full Name of Contributor CHRISTIANE SIEWERT			Registration Number, if PAC	
Street Address 8583 SHORTHORN DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 25.00
Full Name of Contributor CHRISTIANE SIEWERT			Registration Number, if PAC	
Street Address 8583 SHORTHORN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 30.00
Full Name of Contributor DEBORAH MCNELLIE			Registration Number, if PAC	
Street Address 8463 SHORTHORN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City SAGAMORE HILLS	State OH	Zip Code 44067	Date (MM/DD/YYYY) 10/13/2018	Amount \$ 20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS			
To Whom Paid SPIDERCAT MARKETING INC		Date (MM/DD/YYYY) 09/17/2018	Amount \$250.00
Street Address 8354 SHEPARD ROAD		Purpose (OCT 1 - NOV 15) ADVERTISING ON NORDONIA HILLS NEWS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1761
To Whom Paid MATT FORD		Date (MM/DD/YYYY) 09/17/2018	Amount \$64.16
Street Address 552 BLUEJAY TRAIL		Purpose REIMBURSEMENT FOR ADVERTISING ON FACEBOOK	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1762
To Whom Paid MATT FORD		Date (MM/DD/YYYY) 09/17/2018	Amount \$119.88
Street Address 552 BLUEJAY TRAIL		Purpose REIMBURSEMENT FOR 1YR of PROMOTIONS ON FRIENDS@FNORDONIA.ORG	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1763
To Whom Paid FRONT BURNER MARKETING, LLC		Date (MM/DD/YYYY) 09/19/2018	Amount \$2,169.36
Street Address 9821 OLDE 8 ROAD, SUITE B		Purpose LAYOUT, PRINT & MAIL POSTCARDS FOR ISSUE #2	
City NORTHFIELD CENTER	State OH	Zip Code 44067	Check Number 1764
To Whom Paid MATT FORD		Date (MM/DD/YYYY) 09/28/2018	Amount 41.61
Street Address 552 BLUEJAY TRAIL		Purpose REIMBURSEMENT FOR OFFICE SUPPLIES, LABELS & SCANNER	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1765

Page Total \$ \$2,645.01



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS			
To Whom Paid MATT FORD		Date (MM/DD/YYYY) 07/28/2018	Amount \$5,500.00
Street Address 552 BLUEJAY TRAIL		Purpose RE-IMBURSEMENT FOR POSTAGE STAMPS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1766
To Whom Paid KIMPTON PRINTING & SPECIALTIES COMPANY		Date (MM/DD/YYYY) 10/01/2018	Amount \$78.00
Street Address 400 EAST HIGHLAND ROAD		Purpose NORDONIA LEVY ISSUE 2 NOTECARDS/BOOKMARKS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1767
To Whom Paid KIMPTON PRINTING & SPECIALTIES COMPANY		Date (MM/DD/YYYY) 10/02/2018	Amount \$1,318.48
Street Address 400 EAST HIGHLAND ROAD		Purpose NORDONIA LEVY ISSUE 2 POSTCARD MAILER & LABELS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1768
To Whom Paid KIMPTON PRINTING & SPECIALTIES COMPANY		Date (MM/DD/YYYY) 10/02/2018	Amount \$115.08
Street Address 400 EAST HIGHLAND ROAD		Purpose NORDONIA LEVY ISSUE 2 T-SHIRTS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1769
To Whom Paid SCRIPTYPE PUBLISHING, INC.		Date (MM/DD/YYYY) 10/06/2018	Amount \$390.00
Street Address 4300 W. STREETSBO RD		Purpose FULL PAGE COLOR AD IN SAGAMORE VOICE	
City RICHFIELD	State OH	Zip Code 44286	Check Number 1770

Page Total \$ 7,401.56



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS			
To Whom Paid KIMPTON PRINTING & SPECIALTIES COMPANY		Date (MM/DD/YYYY) 10/06/2018	Amount \$ 677.50
Street Address 400 EAST HIGHLAND ROAD		Purpose NORDONIA LEVY ISSUE 2 DOOR HANGERS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1771
To Whom Paid KIMPTON PRINTING & SPECIALTIES COMPANY		Date (MM/DD/YYYY) 10/06/2018	Amount \$ 1,373.68
Street Address 400 EAST HIGHLAND ROAD		Purpose NORDONIA LEVY ISSUE 2 BANNERS, FLYERS, ABSENTEE BALLOT POSTCARDS	
City MACEDONIA	State OH	Zip Code 44056	Check Number 1772
To Whom Paid ST. BARNABAS CATHOLIC SCHOOL		Date (MM/DD/YYYY) 10/11/2018	Amount \$ 300.00
Street Address 9451 BRANDYWINE ROAD		Purpose NORDONIA LEVY ISSUE 2 FULL PAGE AD IN ST. BARNABAS "IGNITE" PROGRAM	
City NORTHFIELD CENTER	State OH	Zip Code 44067	Check Number 1773
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 \$ \$ 2,351.18



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee FRIENDS OF NORDONIA HILLS SCHOOLS					
Full Name of Contributor KIMPTON PRINTING & SPECIALTIES COMPANY		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 400 EAST HIGHLAND ROAD		Description of Item or Service PRINTING & ARTWORK SERVICES		Date (MM/DD/YYYY) 9/29/18-10/10/18	
City MACEDONIA		State OH	Zip Code 44056	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Nordonia Schools Employees Payroll Deductions/Contributions

Pay Periods Ending

Contributions	Last name	First Name	Street Address	City	State	Zip Code	Pay Periods Ending									
							7/15/2018	7/31/2018	8/15/2018	8/31/2018	9/15/2018	9/30/2018	10/15/2018			
\$35.00	Beck	Jennifer	9426 Lawnfield Dr.	Twinsburg	OH	44087	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$35.00	Bedingfield	Bernadette	507 Canterbury Lane	Sagamore Hills	OH	44067	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$70.00	Broman	David W.	1866 Gorge Park Blvd	Slow	OH	44224	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
\$21.00	Bzdalka	Michelle E.	8216 Augusta Lane	Sagamore Hills	OH	44067	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
\$35.00	Clark	Joseph P.	423 Stephanie Circle	Wadsworth	OH	44281	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$35.00	Harris	Suzanne A.	8830 Sherril Dr.	Macedonia	OH	44056	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$21.00	Horvorka	Karen	2770 Bancroft Rd.	Fairlawn	OH	44333	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
\$70.00	Huge	Alfred A.	7768 Olde Eight Rd.	Boston Heights	OH	44236	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
\$35.00	Kerns	Michelle	762 Valley Brook Circle	Sagamore Hills	OH	44067	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$35.00	Pyypiak	Andrea K.	7708 Willow Lane	Macedonia	OH	44056	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$21.00	Russ	Lisa A.	561 W. Highland	Sagamore Hills	OH	44067	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
\$35.00	Stuart	Todd	143 Beverly Rd	Hudson	OH	44236	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$35.00	Wright	Casey	2753 Walton Blvd	Twinsburg	OH	44087	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$35.00	Zehner	Lyndy A.	3712 Kenway Blvd	Uniontown	OH	44695	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
\$518.00							\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00

Check # :
Posting Date :
Deposit Date :

371858 7/23/2018
371875 8/6/2018
371693 9/14/2018
371919 9/6/2018
371948 9/15/2018
371989 10/3/2018
372012 10/16/2018