

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 type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General			Annual Year	
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination			Semannual	
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 1 1	D 0 6	Y 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	\$ 3,324.05
2. Total monetary contributions (From Form No. 31-A)	\$ 2,960.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 6,284.05
5. Total monetary expenditures (From Form No. 31-B)	\$ 673.71
6. Balance on hand (line 4 minus line 5)	\$ 5,610.34
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 OCT 24 AM 8:39
 SUMMIT COUNTY BOARD OF ELECTIONS
 AKRON, OHIO
 # 2813 ASR

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 *Lisa M Stemple* 10/23/2018
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>14</u>	Expenditure pages <u>1</u>	Other pages <u>1</u>	Total pages <u>16</u>
------------------------------	----------------------------	----------------------	-----------------------

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE						
Full Name of Contributor AMY OLIVIERI				Registration Number, if PAC		
Street Address 7977 CHABLIS DRIVE NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MASSILLON	State O H	Zip Code 44646	M 1	D 0	Y 0918	Amount 100.00
Full Name of Contributor SHARLENE SANTELLI				Registration Number, if PAC		
Street Address 3109 FAIR OAKS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 0918	Amount 100.00
Full Name of Contributor ELISA STAATS				Registration Number, if PAC		
Street Address 4318 BROOKHAVEN DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 0918	Amount 100.00
Full Name of Contributor ANN MAYER				Registration Number, if PAC		
Street Address 81 CENTER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44319	M 0	D 9	Y 2818	Amount 20.00
Full Name of Contributor LAURY BRYANT				Registration Number, if PAC		
Street Address 489 BEECH ROW DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2618	Amount 20.00
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 9	Y 2818	Amount 20.00
Full Name of Contributor JENNIFER RICHARDS				Registration Number, if PAC		
Street Address 217 FAIRVIEW AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DOYLESTOWN	State O H	Zip Code 44230	M 0	D 9	Y 2818	Amount 20.00
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 9	Y 2818	Amount 20.00

* 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 KARYN KASER					Registration Number, if PAC		
Street Address 600 SHADY LEDGE DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44313	M 0	D 9	Y 2 7 1 8	Amount 20.00	
Full Name of Contributor MELISSA ANICAS					Registration Number, if PAC		
Street Address 695 S. MUNROE RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TALLMADGE	State O H	Zip Code 44278	M 0	D 9	Y 2 8 1 8	Amount 20.00	
Full Name of Contributor LINDSAY AKERS					Registration Number, if PAC		
Street Address 510 AMBERLEY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City UNIONTOWN	State O H	Zip Code 44685	M 0	D 9	Y 2 8 1 8	Amount 20.00	
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	D 9	Y 2 8 1 8	Amount 20.00	
Full Name of Contributor JULIE SNYDER-LEE					Registration Number, if PAC		
Street Address 1097 GARDNER BLVD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 0 1 1 8	Amount 20.00	
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 O H	Zip Code 44314	M 0	D 9	Y 2 6 1 8	Amount 20.00	
Full Name of Contributor SUSAN WARD					Registration Number, if PAC		
Street Address 2745 MAPLEWOOD ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 9	Y 2 6 1 8	Amount 20.00	
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 9	Y 2 8 1 8	Amount 20.00	

* 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 AMBER WHEATLEY					Registration Number, if PAC		
Street Address 552 MAIN ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WADSWORTH	State O H	Zip Code 44281	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor KELLY BLAIR					Registration Number, if PAC		
Street Address 2847 BROOKFIELD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor JENNIFER CASPER					Registration Number, if PAC		
Street Address 1111 JEFFERSON AVE APT A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City AKRON	State O H	Zip Code 44313	M 1	D 0	Y 0	Amount 20.00	
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 9	Y 2	Amount 20.00	
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 9	Y 2	Amount 20.00	
Full Name of Contributor JENNIFER ABERNATHY					Registration Number, if PAC		
Street Address 925 REXDALE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44221	M 0	D 9	Y 2	Amount 20.00	
Full Name of Contributor SUZANNE HICKS					Registration Number, if PAC		
Street Address 9221 WOODLAND BLUE CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City SEVILLE	State O H	Zip Code 44273	M 0	D 9	Y 2	Amount 20.00	
Full Name of Contributor TAYLOR FARLEY					Registration Number, if PAC		
Street Address 2030 13TH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CUYAHOGA FALLS	State O H	Zip Code 44223	M 0	D 9	Y 2	Amount 20.00	

* 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 MARYANNE ARNOLD					Registration Number, if PAC		
Street Address 4124 BURNHAM AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TOLEDO		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 43612	M 0	D 9	Y 2 5 1 8	Amount 20.00
Full Name of Contributor ALISON BLAKE					Registration Number, if PAC		
Street Address 120 WEST STREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44281	M 0	D 9	Y 2 6 1 8	Amount 20.00
Full Name of Contributor MELISSA BERLIN					Registration Number, if PAC		
Street Address 4699 BRIAR HILL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City RAVENNA		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44266	M 0	D 9	Y 2 5 1 8	Amount 20.00
Full Name of Contributor KRISTI MORISAK					Registration Number, if PAC		
Street Address 4291 CHANNEL DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44319	M 0	D 9	Y 2 5 1 8	Amount 20.00
Full Name of Contributor JOYCE GERBER					Registration Number, if PAC		
Street Address 2917 BANCROFT RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44333	M 1	D 0	Y 0 3 1 8	Amount 20.00
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 <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44224	M 1	D 0	Y 0 1 1 8	Amount 20.00
Full Name of Contributor HALLIE JOHNSON					Registration Number, if PAC		
Street Address 3900 JOHNSON RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON		State <input type="radio"/> M <input checked="" type="radio"/> H	Zip Code 44203	M 1	D 0	Y 0 1 1 8	Amount 20.00
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"/> M <input checked="" type="radio"/> H	Zip Code 44645	M 0	D 9	Y 2 5 1 8	Amount 20.00

* 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 DARLA RUFF					Registration Number, if PAC		
Street Address 767 DAVIDS CV			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WADSWORTH		State O H	Zip Code 44281	M 1	D 0	Y 0	Amount 20.00
Full Name of Contributor TRICIA PLETCHER					Registration Number, if PAC		
Street Address 2760 BROOKFIELD DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON		State O H	Zip Code 44203	M 1	D 0	Y 0	Amount 20.00
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 O H	Zip Code 44216	M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor TYLER PACIFICO					Registration Number, if PAC		
Street Address 154 YONKER ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BARBERTON		State O H	Zip Code 44203	M 1	D 0	Y 0	Amount 20.00
Full Name of Contributor JANETTE MISKELL					Registration Number, if PAC		
Street Address 885 INDIAN HILL TRL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44313	M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor REBECCA LADA					Registration Number, if PAC		
Street Address 3940 REIMER RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON		State O H	Zip Code 44203	M 1	D 0	Y 0	Amount 20.00
Full Name of Contributor GLEN KRUGER					Registration Number, if PAC		
Street Address 1400 SUNSET WAY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City KENT		State O H	Zip Code 44240	M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor REGINA KOVAC					Registration Number, if PAC		
Street Address 6585 RIVER STYX RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MEDINA		State O H	Zip Code 44256	M 0	D 9	Y 2	Amount 20.00

* 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 TIFFANY EVANS					Registration Number, if PAC		
Street Address 4309 WILCOR DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44319	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor LEAH CASCALDO					Registration Number, if PAC		
Street Address 2342 SHELVA LANDE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COPLEY	State O H	Zip Code 44321	M 0	D 9	Y 2	Amount 20.00	
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	D 9	Y 2	Amount 20.00	
Full Name of Contributor SHARON EADER					Registration Number, if PAC		
Street Address 3206 CRANWOOD CIR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2	Amount 20.00	
Full Name of Contributor ELAINE WILLIAMS					Registration Number, if PAC		
Street Address 230 35TH ST SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BARBERTON	State O H	Zip Code 44203	M 0	D 9	Y 2	Amount 20.00	
Full Name of Contributor JULIE STONE					Registration Number, if PAC		
Street Address 2156 KRUMROY RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON	State O H	Zip Code 44312	M 0	D 9	Y 2	Amount 20.00	
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	D 9	Y 2	Amount 20.00	
Full Name of Contributor SARA BROOKS					Registration Number, if PAC		
Street Address 4204 KNOLLBROOK DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2	Amount 20.00	

* 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 JANINE DODONES					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 9	D 2 5	Y 1 8	Amount 20.00
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 9	D 2 8	Y 1 8	Amount 20.00
Full Name of Contributor KATHRYN KANIS					Registration Number, if PAC		
Street Address 1692 WOODS ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City AKRON		State O H	Zip Code 44306	M 0 9	D 2 8	Y 1 8	Amount 20.00
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 9	D 2 8	Y 1 8	Amount 20.00
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 9	D 2 6	Y 1 8	Amount 20.00
Full Name of Contributor JORDAN MARTIN					Registration Number, if PAC		
Street Address 3297 WEBER DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NORTON		State O H	Zip Code 44203	M 0 9	D 2 8	Y 1 8	Amount 20.00
Full Name of Contributor DONNA VANCE					Registration Number, if PAC		
Street Address 1565 S LINCOLN ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City KENT		State O H	Zip Code 44240	M 0 9	D 2 8	Y 1 8	Amount 20.00
Full Name of Contributor PEGGY DIETZ					Registration Number, if PAC		
Street Address 2165 STONY HILL RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City HINCKLEY		State O H	Zip Code 44233	M 1 0	D 0 1	Y 1 8	Amount 20.00

* 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 SARA HADLEY					Registration Number, if PAC		
Street Address 4206 BENWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City STOW	State O H	Zip Code 44224	M 0	D 9	Y 2 5 1 8	Amount 40.00	
Full Name of Contributor PATRICIA MILLER					Registration Number, if PAC		
Street Address 3150 DUTT RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2 5 1 8	Amount 40.00	
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 O H	Zip Code 44203	M 0	D 9	Y 1 3 1 8	Amount 100.00	
Full Name of Contributor LISA STEMPLE					Registration Number, if PAC		
Street Address 2952 WILBANKS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2 8 1 8	Amount 80.00	
Full Name of Contributor KARYN KASER					Registration Number, if PAC		
Street Address 600 SHADY LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44313	M 0	D 9	Y 2 8 1 8	Amount 75.00	
Full Name of Contributor HALEY MYERS					Registration Number, if PAC		
Street Address 3308 MINUET DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CLINTON	State O H	Zip Code 44203	M 0	D 9	Y 2 8 1 8	Amount 40.00	
Full Name of Contributor JOY KONCZ					Registration Number, if PAC		
Street Address 5786 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DOYLESTOWN	State O H	Zip Code 44230	M 0	D 9	Y 2 8 1 8	Amount 35.00	
Full Name of Contributor CHARLES KAUFMAN					Registration Number, if PAC		
Street Address 3873 CROYDON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 0	D 9	Y 2 8 1 8	Amount 50.00	

* 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 RICHARD BOOTH					Registration Number, if PAC		
Street Address 5161 S HAMETOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 0918	Amount 40.00	
Full Name of Contributor HALLIE BALL					Registration Number, if PAC		
Street Address 3583 GARY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City MOGADORE	State O H	Zip Code 44260	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor ANGELA BARNHART					Registration Number, if PAC		
Street Address 610 MEGGLEN AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 4430	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor KIMBERLY BRYANT					Registration Number, if PAC		
Street Address 61 E CLINTON ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DOYLESTOWN	State O H	Zip Code 44230	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor TRACEY CAMPAN					Registration Number, if PAC		
Street Address 1830 BUTTERNUT ST NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City N. CANTON	State O H	Zip Code 44720	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor JOBETH CARPENTER					Registration Number, if PAC		
Street Address 3525 YORK RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City ORRVILLE	State O H	Zip Code 44667	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor RICHARD COLLIER					Registration Number, if PAC		
Street Address 13438 INVERNESS		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City UNIONTOWN	State O H	Zip Code 44685	M 1	D 0	Y 0318	Amount 40.00	
Full Name of Contributor ERIN DEEGAN					Registration Number, if PAC		
Street Address 625 JEANETTE ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BRUNSWICK	State O H	Zip Code 44212	M 1	D 0	Y 0318	Amount 20.00	

* 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 SHERRI DRUKENBROD					Registration Number, if PAC		
Street Address 3369 FORESTVIEW NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTH CANTON	State O H	Zip Code 44721	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor ADAM GIBSON					Registration Number, if PAC		
Street Address 400 NORTHWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DOYLESTOWN	State O H	Zip Code 44230	M 1	D 0	Y 03	Amount 40.00	
Full Name of Contributor JENNIFER GREGORY					Registration Number, if PAC		
Street Address 4198 EASTERN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DOYLESTOWN	State O H	Zip Code 44230	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor ELIZABETH GRUBB					Registration Number, if PAC		
Street Address 3358 GREENWICH RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 03	Amount 40.00	
Full Name of Contributor TAMMY HACKENBERG					Registration Number, if PAC		
Street Address 565 VINYARD WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DOYLESTOWN	State O H	Zip Code 44230	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor LIZ HARDY					Registration Number, if PAC		
Street Address 3203 EASTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor BRITTANY HAUGHT					Registration Number, if PAC		
Street Address 312 CLINTON AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44301	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor KELLY HOOPER					Registration Number, if PAC		
Street Address 68 WAYNE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44301	M 1	D 0	Y 03	Amount 20.00	

* 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 ROBERT HOWERTON					Registration Number, if PAC		
Street Address 3126 SPARROWS CREST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44319	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor CARLY JONES					Registration Number, if PAC		
Street Address 2724 SILVER SPRINGS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor DONNA KLEINHEINZ					Registration Number, if PAC		
Street Address 3372 BRENNER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BARBERTON	State O H	Zip Code 44203	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor KARA KOLESAR					Registration Number, if PAC		
Street Address 3124 ENGLEWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City SILVER LAKE	State O H	Zip Code 44224	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor CYNTHIA KOONTZ					Registration Number, if PAC		
Street Address 2930 RIES ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor TROY KOVICK					Registration Number, if PAC		
Street Address 749 DENSHIRE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CANAL FULTON	State O H	Zip Code 44614	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor JULIE LAURY					Registration Number, if PAC		
Street Address 2921 GIVENS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1 0	D 0 3	Y 1 8	Amount 20.00	
Full Name of Contributor KATHERINE LOWE					Registration Number, if PAC		
Street Address 567 RIPLEY AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44203	M 1 0	D 0 3	Y 1 8	Amount 20.00	

* 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 JAMES MCBRIDE					Registration Number, if PAC		
Street Address 7886 CAMBRIDGE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BRECKSVILLE	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44141	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor MEGAN MCMULLEN					Registration Number, if PAC		
Street Address 894 MOHAWK TR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City AKRON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44312	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor JANICE MERRICK					Registration Number, if PAC		
Street Address 3177 CREEKSIDE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City NORTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor JACKIE MOHSENIYA					Registration Number, if PAC		
Street Address 3864 APRIL DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City UNIONTOWN	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor LAURA NICHOLS					Registration Number, if PAC		
Street Address 3809 DICK STREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City MOGADORE	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	M 1	D 0	Y 03	Amount 20.00	
Full Name of Contributor ANTHONY OATMAN					Registration Number, if PAC		
Street Address 531 HOUSEHOLDER CIRCLE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WADSWORTH	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44281	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor CINDY PERKINS					Registration Number, if PAC		
Street Address 1421 HAGEY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BARBERTON	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44281	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor CHELSEY PHENNEY					Registration Number, if PAC		
Street Address 3140 HOLLY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BRUNSWICK	State <input type="radio"/> O <input type="radio"/> H	Zip Code 44212	M 1	D 0	Y 3	Amount 20.00	

* 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 TRACY RANIER					Registration Number, if PAC		
Street Address 3741 MT VERNON BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON SCHOOL LEVY COMMITTEE	State O H	Zip Code 44203	M 1	D 0	Y 0318	Amount 60.00	
Full Name of Contributor ASHLEY RAYBUCK					Registration Number, if PAC		
Street Address 1083 HOMESTEAD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City TALLMADGE	State O H	Zip Code 44278	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor STEPHEN REINHARDT					Registration Number, if PAC		
Street Address 13920 CANNON OVAL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTH ROYALTON	State O H	Zip Code 44133	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor RODNEY ROWELL					Registration Number, if PAC		
Street Address 511 BONHAM AVE NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CANAL FULTON	State O H	Zip Code 44614	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor KAREN RINEHART					Registration Number, if PAC		
Street Address 337 HIDDEN LAKE DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CLINTON	State O H	Zip Code 44216	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor REBECCA SCHOOL					Registration Number, if PAC		
Street Address 7269 SELWORTHY LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City SOLOM	State O H	Zip Code 44139	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor DON SHIMEK					Registration Number, if PAC		
Street Address 7451 BYRON CIRCLE NEW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CANTON	State O H	Zip Code 44721	M 1	D 0	Y 0318	Amount 20.00	
Full Name of Contributor DIANE SLAUGHTER					Registration Number, if PAC		
Street Address 1697 S CLEVE-MASS RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44321	M 1	D 0	Y 0318	Amount 20.00	

* 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 KATHERINE STEPHENS					Registration Number, if PAC		
Street Address 1245 BELLEVIEW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BARBERTON	State O H	Zip Code 44203	M 1	D 0	Y 3	Amount 40.00	
Full Name of Contributor ANNMARIE TUNISON					Registration Number, if PAC		
Street Address 288 PEMBROKE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City FAIRLAWN	State O H	Zip Code 44333	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor BRIAN UNDERWOOD					Registration Number, if PAC		
Street Address 6331 CLEVE-MASS RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City CLINTON	State O H	Zip Code 44216	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor JESSICA WILLIAMS					Registration Number, if PAC		
Street Address 1634 OAKWOOD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City AKRON	State O H	Zip Code 44301	M 1	D 0	Y 3	Amount 20.00	
Full Name of Contributor ELAINE WILLIAMS					Registration Number, if PAC		
Street Address 230 35TH ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BARBERTON	State O H	Zip Code 44203	M 1	D 0	Y 3	Amount 40.00	
Full Name of Contributor DENNIS OSWALD					Registration Number, if PAC		
Street Address 3155 SHELLHART RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City NORTON	State O H	Zip Code 44203	M 1	D 0	Y 3	Amount 80.00	
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	

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full NORTON SCHOOL LEVY COMMITTEE							
To Whom Paid CYNTHIA WEBEL				M	D	Y	Amount
				1	0	09	18
							488.80
Address 3152 TROTTER RD		Purpose YARD SIGNS					
City NORTON	State O	H	Zip Code 44203	Check Number 302			
To Whom Paid HUNTINGTON				M	D	Y	Amount
				0	9	30	18
							12.00
Address PO BOX 1558 EA1W37		Purpose BANK FEES - JUNE - SEPT 2018					
City COLUMBUS	State O	H	Zip Code 43216	Check Number DEBIT			
To Whom Paid PATRICK SANTELLI				M	D	Y	Amount
				1	0	06	18
							114.34
Address 3109 FAIR OAKS DR		Purpose BUSINESS CARDS, BANNERS					
City NORTON	State O	H	Zip Code 44203	Check Number 301			
To Whom Paid PATRICK SANTELLI				M	D	Y	Amount
				1	0	17	18
							58.57
Address 3109 FAIR OAKS DR		Purpose CARD STOCK					
City NORTON	State O	H	Zip Code 44203	Check Number 303			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State		Zip Code	Check Number			