



Committee Name <i>The Woodridge Levy Committee</i>		Office Sought		District
Street Address <i>2381 W. Streetsboro Rd</i>		City <i>Levinola</i>	State <i>OH</i>	Zip <i>44264</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Narilyn Hansen</i>		Election Date (MM/DD/YYYY) <i>Nov. 6, 2018</i>
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
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>4928.72</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>1910.00</i>
3. Total other income (From Form 31-A-2)	<i>0.00</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>6838.72</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>520.00</i>
6. Balance on hand (line 4 minus line 5)	<i>6318.72</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)	

2018 OCT 23 AM 9:21
 BOARD OF ELECTIONS
 AKRON, OHIO
 # 2447

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 SUMMIT COUNTY
 BOARD OF ELECTIONS

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

<i>Narilyn Hansen</i>	<i>10-22-2018</i>
Signature of Treasurer or Deputy Treasurer	Date (MM/DD/YYYY)

Contribution Pages <i>4</i>	Expenditure Pages <i>1</i>	Other Pages <i>3</i>	Total Pages <i>8</i>
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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>The Woodridge Foundation</i>			Registration Number, if PAC	
Street Address <i>4411 Zuck Road</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Lerinsula</i>	State <i>OH</i>	Zip Code <i>44264</i>	Date (MM/DD/YYYY) <i>08-08-2018</i>	Amount <i>\$500.00</i>
Full Name of Contributor <i>Jeffrey Landon 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>08-29-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>D. Maureen Garris</i>			Registration Number, if PAC	
Street Address <i>1479 Woodbine Ave</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>08-29-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Rose Parsch</i>			Registration Number, if PAC	
Street Address <i>1785 Storey Field</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>08-24-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Charles S. Laurence</i>			Registration Number, if PAC	
Street Address <i>2916 Meyford 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>08/24/2018</i>	Amount <i>5.00</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>Chelby L. Besson</i>			Registration Number, if PAC	
Street Address <i>828 Millfield Dr Apt 1105</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Northfield</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>8-24-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Thomas B Morehouse</i>			Registration Number, if PAC	
Street Address <i>304 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>8-29-2018</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Cynthia K. Preisig</i>			Registration Number, if PAC	
Street Address <i>139 Parker Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Pallnadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Date (MM/DD/YYYY) <i>8-24-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Lisa A. Coburn - Wagner</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>8-24-2018</i>	Amount <i>5.00</i>
Full Name of Contributor <i>Kathrine Robison</i>			Registration Number, if PAC	
Street Address <i>190 Highland Avenue</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Nurroe Falls</i>	State <i>OH</i>	Zip Code <i>44262</i>	Date (MM/DD/YYYY) <i>8-24-2018</i>	Amount <i>10.00</i>

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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>Heather Abramm</i>			Registration Number, if PAC	
Street Address <i>3640 Eukins 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>08-24-2018</i>	Amount <i>20.00</i>
Full Name of Contributor <i>Thomas B. Nowhouse</i>			Registration Number, if PAC	
Street Address <i>304 Hittaway 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>08-30-2018</i>	Amount <i>467.00</i>
Full Name of Contributor <i>Jason Livingston, mgr. Kovacs Road House</i>			Registration Number, if PAC	
Street Address <i>4310 Lakepointe Corporate Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Money Order</i>
City <i>Stow</i>	State <i>OH</i>	Zip Code <i>44224</i>	Date (MM/DD/YYYY) <i>09-24-18</i>	Amount <i>243.00</i>
Full Name of Contributor <i>Woodridge Music Club</i>			Registration Number, if PAC	
Street Address <i>P.O. Box 3067 - 4440 Zwick Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls, Ohio Peninsula</i>	State <i>OH</i>	Zip Code <i>44264</i>	Date (MM/DD/YYYY) <i>10-02-2018</i>	Amount <i>500.00</i>
Full Name of Contributor <i>Kevin Hearty</i>			Registration Number, if PAC	
Street Address <i>2188 Firebrook Trl.</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>10-03-2018</i>	Amount <i>100.00</i>

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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee <i>The Woodrider Levy Committee</i>				
Full Name of Contributor <i>Thomas B. Morehouse</i>			Registration Number, if PAC	
Street Address <i>304 Hathaway Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Cuyahoga Falls</i>	State OH	Zip Code 44223	Date (MM/DD/YYYY) 9-17-2018	Amount 10.00
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

*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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Shes Woodridge Levy Committee</i>			
To Whom Paid <i>Labels + Letters</i>		Date (MM/DD/YYYY) <i>09-17-2018</i>	Amount <i>\$425.00</i>
Street Address <i>1533 Commerce Dr.</i>		Purpose <i>labels + postcards printed</i>	
City <i>Stow</i>	State OH	Zip Code <i>44224</i>	Check Number <i>1112</i>
To Whom Paid <i>Labels + Letters</i>		Date (MM/DD/YYYY) <i>09-25-2018</i>	Amount <i>\$95.00</i>
Street Address <i>1533 Commerce Dr.</i>		Purpose <i>post cards</i>	
City <i>Stow</i>	State OH	Zip Code <i>44224</i>	Check Number <i>1113</i>
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 \$ *520.00*