



Committee Name <b>FRIENDS OF NORDONIA HILLS SCHOOLS</b>		Office Sought		District
Street Address <b>8620 EATON DRIVE</b>		City <b>SAGAMORE HILLS</b>	State <b>OH</b>	Zip <b>44067</b>
Candidate Name OR PAC Registration Number		Treasurer Name <b>ANTHONY J. KEROSKY</b>		Election Date (MM/DD/YYYY) <b>11/06/2018</b>
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <b>2018</b>
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	<b>19,486.87</b>
2. Total monetary contributions (From Forms 31-A and 31-E)	<b>587.00</b>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<b>20,073.87</b>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<b>7,489.30</b>
6. Balance on hand (line 4 minus line 5)	<b>12,584.57</b>
7. Value of in-kind contributions received (From Form 31-J-1)	<b>154.42</b>
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 DEC 10 AM 11:47

SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON OHIO 44314

#2557 Ave

**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

12/10/2018

Date (MM/DD/YYYY)

Contribution Pages <b>6</b>	Expenditure Pages <b>2</b>	Other Pages <b>2</b>	Total Pages <b>10</b>
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>FRIENDS OF NORDONIA HILLS SCHOOLS</i>				
Full Name of Contributor <i>SEE ATTACHED</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>PAYROLL WITHHELD</i>
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount <i>\$222.00</i>
Full Name of Contributor <i>MARIA TYRELL</i>			Registration Number, if PAC	
Street Address <i>990 NAVAJO TRAIL</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>MACEDONIA</i>	State OH	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>10/20/2018</i>	Amount <i>\$10.00</i>
Full Name of Contributor <i>DEB TYKODI</i>			Registration Number, if PAC	
Street Address <i>8053 SUMMERSWEET TRAIL</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>SAGAMORE HILLS</i>	State OH	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>10/20/2018</i>	Amount <i>\$10.00</i>
Full Name of Contributor <i>BRIAN NIRO</i>			Registration Number, if PAC	
Street Address <i>849 MILLSTREAM RUN</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>MACEDONIA</i>	State OH	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>10/20/2018</i>	Amount <i>\$10.00</i>
Full Name of Contributor <i>SHELLY BODNOVICH</i>			Registration Number, if PAC	
Street Address <i>1052 NESBITT RD.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>SAGAMORE HILLS</i>	State OH	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>11/06/2018</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>FRIENDS OF NORDONIA HILLS SCHOOLS</i>					
Full Name of Contributor <i>ANGELA REYNOLDS</i>				Registration Number, if PAC	
Street Address <i>1226 DEEPWOOD DR.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>ANN BERARDINELLI</i>				Registration Number, if PAC	
Street Address <i>7453 FOGHORN DR.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>NORTHFIELD CENTER</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>ALLISON BRUMFIELD</i>				Registration Number, if PAC	
Street Address <i>1208 MIG COURT</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CHECK</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>MELINDA VARIAN</i>				Registration Number, if PAC	
Street Address <i>8466 REDWOOD COURT</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>ERIN BUGARCIC</i>				Registration Number, if PAC	
Street Address <i>9398 RIDGEVIEW DR</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <b>FRIENDS OF NORDONIA HILLS SCHOOLS</b>					
Full Name of Contributor <b>DAWN IRACE</b>				Registration Number, if PAC	
Street Address <b>7501 FANTAIL DR.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>	
City <b>NORTHFIELD CENTER</b>	State <b>OH</b>	Zip Code <b>44067</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 10.00</b>	
Full Name of Contributor <b>LAURA RALLS</b>				Registration Number, if PAC	
Street Address <b>1478 ELIZABETH LANE</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 10.00</b>	
Full Name of Contributor <b>HEATHER SIMPSON</b>				Registration Number, if PAC	
Street Address <b>9130 SHEPARD RD.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 10.00</b>	
Full Name of Contributor <b>JILL MALONE</b>				Registration Number, if PAC	
Street Address <b>1234 ATTERBURY DR.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 30.00</b>	
Full Name of Contributor <b>KELLI YORKEVITZ</b>				Registration Number, if PAC	
Street Address <b>1109 BERKSHIRE DR.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>	
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 10.00</b>	

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>FRIENDS OF NORDONIA HILLS SCHOOLS</i>					
Full Name of Contributor <i>FAITH KOVER</i>				Registration Number, if PAC	
Street Address <i>9378 RIDGEVIEW DR</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>HEATHER PELKO</i>				Registration Number, if PAC	
Street Address <i>1068 ELMWOOD DR.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>MICHELLE BREGITZER</i>				Registration Number, if PAC	
Street Address <i>9075 MCKINLEY DR.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>NORTHFIELD</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>LEAH YAX</i>				Registration Number, if PAC	
Street Address <i>186 SUMMIT AVE</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>NORTHFIELD</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>GIN TEDOR</i>				Registration Number, if PAC	
Street Address <i>10488 VALLEY VIEW RD.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>NORTHFIELD CENTER</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>11/24/2018</i>	Amount <i>\$10.00</i>	

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <b>FRIENDS OF NORDONIA HILLS SCHOOLS</b>				
Full Name of Contributor <b>MATT FORD</b>			Registration Number, if PAC	
Street Address <b>552 BLUEJAY TRAIL</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City <b>MACEDONIA</b>	State <b>OH</b>	Zip Code <b>44056</b>	Date (MM/DD/YYYY) <b>11/24/2018</b>	Amount <b>\$ 25.00</b>
Full Name of Contributor <b>JENNIFER STALZER</b>			Registration Number, if PAC	
Street Address <b>7530 ANCHOR LANE</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City <b>NORTHFIELD CENTER</b>	State <b>OH</b>	Zip Code <b>44067</b>	Date (MM/DD/YYYY) <b>12/01/2018</b>	Amount <b>\$ 50.00</b>
Full Name of Contributor <b>MANDY DUNN</b>			Registration Number, if PAC	
Street Address <b>400 WEST AURORA ROAD, #58</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City <b>SAGAMORE HILLS</b>	State <b>OH</b>	Zip Code <b>44067</b>	Date (MM/DD/YYYY) <b>12/01/2018</b>	Amount <b>\$ 20.00</b>
Full Name of Contributor <b>KATIE MATUSKA</b>			Registration Number, if PAC	
Street Address <b>8075 AUGUSTA LANE</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City <b>SAGAMORE HILLS</b>	State <b>OH</b>	Zip Code <b>44067</b>	Date (MM/DD/YYYY) <b>12/01/2018</b>	Amount <b>\$ 20.00</b>
Full Name of Contributor <b>RENEE VENTRI</b>			Registration Number, if PAC	
Street Address <b>59 JAMES PLACE</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City <b>NORTHFIELD</b>	State <b>OH</b>	Zip Code <b>44067</b>	Date (MM/DD/YYYY) <b>12/01/2018</b>	Amount <b>\$ 10.00</b>

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>FRIENDS OF NORDONIA HILLS SCHOOLS</i>					
Full Name of Contributor <i>CARRIE MITCHNER</i>				Registration Number, if PAC	
Street Address <i>344 TROUBADOUR DR.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>SAGAMORE HILLS</i>	State <i>OH</i>	Zip Code <i>44067</i>	Date (MM/DD/YYYY) <i>12/01/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor <i>JACKIE OLESKY</i>				Registration Number, if PAC	
Street Address <i>9128 SEMINOLE LANE</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>	
City <i>MACEDONIA</i>	State <i>OH</i>	Zip Code <i>44056</i>	Date (MM/DD/YYYY) <i>12/01/2018</i>	Amount <i>\$10.00</i>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount	

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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF NORDONIA HILLS SCHOOLS			
<b>To Whom Paid</b> KIMPTON PRINTING & SPECIALTIES COMPANY		<b>Date (MM/DD/YYYY)</b> 10/22/2018	<b>Amount</b> \$ 1,041.00
<b>Street Address</b> 400 EAST HIGHLAND ROAD		<b>Purpose</b> NORDONIA LEVY ISSUE #2 HANDOUTS, STICKERS, FLYERS & BANNERS	
<b>City</b> MACEDONIA	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Check Number</b> 1774
<b>To Whom Paid</b> KIMPTON PRINTING & SPECIALTIES COMPANY		<b>Date (MM/DD/YYYY)</b> 10/24/2018	<b>Amount</b> \$ 2,538.10
<b>Street Address</b> 400 EAST HIGHLAND ROAD		<b>Purpose</b> NORDONIA LEVY ISSUE #2 DOOR HANGERS & YARD SIGNS	
<b>City</b> MACEDONIA	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Check Number</b> 1775
<b>To Whom Paid</b> MARY KATHERINE DONNELLY		<b>Date (MM/DD/YYYY)</b> 11/01/2018	<b>Amount</b> \$ 712.03
<b>Street Address</b> 8545 YARMOUTH COURT		<b>Purpose</b> NORDONIA LEVY ISSUE #2 FACEBOOK ADS (REIMBURSEMENT FOR)	
<b>City</b> SAGAMORE HILLS	<b>State</b> OH	<b>Zip Code</b> 44067	<b>Check Number</b> 1776
<b>To Whom Paid</b> THE RECORD COURIER		<b>Date (MM/DD/YYYY)</b> 11/16/2018	<b>Amount</b> \$ 1,418.00
<b>Street Address</b> P.O. BOX 719		<b>Purpose</b> NORDONIA LEVY ISSUE #2 ADS IN NEWS LEADER & AER	
<b>City</b> WOOSTER	<b>State</b> OH	<b>Zip Code</b> 44691	<b>Check Number</b> 1777
<b>To Whom Paid</b> MATT FORD		<b>Date (MM/DD/YYYY)</b> 11/21/2018	<b>Amount</b> \$ 400.00
<b>Street Address</b> 552 BLUEJAY TRAIL		<b>Purpose</b> REIMBURSEMENT FOR POSTAGE STAMPS	
<b>City</b> MACEDONIA	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Check Number</b> 1778

Page Total \$ \$ 6,109.13





**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF NORDONIA HILLS SCHOOLS			
<b>To Whom Paid</b> MATT FORD		<b>Date (MM/DD/YYYY)</b> 11/21/2018	<b>Amount</b> \$428.81
<b>Street Address</b> 552 BLUEJAY TRAIL		<b>Purpose</b> REIMBURSEMENT FOR POSTAGE STAMPS & REAMS OF PAPER	
<b>City</b> MACEDONIA	<b>State</b> OH	<b>Zip Code</b> 44056	<b>Check Number</b> 1779
<b>To Whom Paid</b> JOLYNN MCFERREN		<b>Date (MM/DD/YYYY)</b> 11/21/2018	<b>Amount</b> \$133.32
<b>Street Address</b> 184 SEIBERLING DR.		<b>Purpose</b> REIMBURSEMENT FOR DONUTS & SNACKS FOR VOLUNTEERS	
<b>City</b> SAGAMORE HILLS	<b>State</b> OH	<b>Zip Code</b> 44067	<b>Check Number</b> 1780
<b>To Whom Paid</b> MARY KATHERINE DONNELLY		<b>Date (MM/DD/YYYY)</b> 11/26/2018	<b>Amount</b> \$818.04
<b>Street Address</b> 8545 YARMOUTH COURT		<b>Purpose</b> NORDONIA LEVY ISSUE #2 FACEBOOK ADS (REIMBURSEMENT FOR)	
<b>City</b> SAGAMORE HILLS	<b>State</b> OH	<b>Zip Code</b> 44067	<b>Check Number</b> 1781
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ \$1380.17



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF NORDONIA HILLS SCHOOLS				
<b>Full Name of Contributor</b> CHAD LAHRMER		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 185 HIRAM COLLEGE DR.	<b>Description of Item or Service</b> CONTRIBUTED CABLE TIES & POSTS (FOR LARGE SIGNS)		<b>Date (MM/DD/YYYY)</b> 10/09/18 - 10/18/18	<b>Fair Market Value</b> \$154.42
<b>City</b> SAGAMORE HILLS	<b>State</b> OH	<b>Zip Code</b> 44067	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>	<b>Fair Market Value</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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