OFFICE OF THE
Ohio Secretary of State

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2020 JAN 30 PM 3:29
STARK COUNTY
BOARD OF ELECTION

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Kyle Stone for Stark Couty	Stark County Prosecutor	

Street Address	City	State	Zip
320 3rd Street NW	Canton	Oh	44702

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Kyle L. Stone	Lisa K. Sims	

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2019

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	0
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

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

Signature of Treasurer or Deputy Treasurer

01/30/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Kyle Stone for Stark County	Stark County Prosecutor	

Street Address	City	State	Zip
320 3rd Street NW	Canton	Oh	44702

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Kyle L. Stone	Lisa K. Sims	

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☒ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0
2. Total monetary contributions (From Forms 31-A and 31-E)	3575
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	3,575
5. Total monetary expenditures (From Forms 31-B and 31-F)	17.00
6. Balance on hand (line 4 minus line 5)	3,558
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

RECEIVED
2020 JUN 15 PM 12:32
STARK 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.

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY): 6/14/2020

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
3	1	1	6

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Darlene S Braden				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
353 Briar Ave NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton, OH	OH	44720	3/12/20	$100.00

Full Name of Contributor	Registration Number, if PAC			
Elayne Dunlap				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
975 Overlook Dr				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	3/11/20	$100.00

Full Name of Contributor	Registration Number, if PAC			
Karen A Roberts				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3707 34TH NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	3/14/20	$50.00

Full Name of Contributor	Registration Number, if PAC			
Rosemary Clark				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5131 Lindford Ave, NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	3/18/20	$25.00

Full Name of Contributor	Contributions from Form 31-E	Registration Number, if PAC		
~~Jennie + Emmanuel Mbabi~~				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
				Money order ~~Money Order~~
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
			3/26/20	$50.00 ~~$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 also appear. [R.C. 3517.10(B)(4)]

Page Total $2,175.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Kyle Stone For Stark County					
Full Name of Contributor: Kyle Stone				Registration Number, if PAC:	
Street Address: 3619 Rowland Ave NE		Employer/Occupation/Labor Organization*:		Form (Cash, Check, etc.): CASH	
City: Canton	State: OH	Zip Code: 44714	Date (MM/DD/YYYY): 1/6/2020	Amount: $50.00	
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:	
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:	
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:	
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:	

*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)]

Page Total $50.00

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

Kyle Stone For Stark County

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	2/8/20	$8.00

Street Address	Purpose
100 Central Plaza N	Bank Fee

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	3/3/20	$3.00

Street Address	Purpose
100 Central Plaza N	Bank Fee

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	4/30/20	$3.00

Street Address	Purpose
100 Central Plaza N	Bank Fee

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	5/23/20	$3.00

Street Address	Purpose
100 Central Plaza N	Bank Fee

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 17.00

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone For Stark County

Full Name of Contributor	Registration Number, if PAC			
Janet Creighton				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1655 N. Pointe Dr NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44708	2/10/20	$100.00

Full Name of Contributor	Registration Number, if PAC			
Charles Brown				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1200 Fernwood Blvd	Greater Canton Psychiatry INC			Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	2/24/20	$100.00

Full Name of Contributor	Registration Number, if PAC			
Sahara Jones				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
211 Amarillo St, NW	Cater to You			Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	3/9/20	$1,000.00

Full Name of Contributor	Registration Number, if PAC			
John Vracin				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4773 Higbee Ave NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	3/5/20	$1,000.00

Full Name of Contributor	Registration Number, if PAC			
Christoper T. Williams				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5513 Lake Leta Blvd				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Tampa	FL	33624	3/3/20	$1,000.00

*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)]

Page Total $3,200.00

OFFICE OF THE
Ohio Secretary of State

Event Date 4/4/20	Page 1

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor				Registration Number, if PAC	
Jennie + ~~[illegible]~~ Mbobi					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
				3/26/20	$50.00
City	State	Zip Code		Form (Cash, Check, Etc	
				Money Order	

Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code		Form (Cash, Check, Etc	

Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code		Form (Cash, Check, Etc	

Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code		Form (Cash, Check, Etc	

Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code		Form (Cash, Check, Etc	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event	Total Expenditures This Event	Page Total $ 50.00

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Kyle Stone For Stark County	Stark County Prosecutor	

Street Address	City	State	Zip
320 3rd Street NW	Canton	Oh	44702

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Kyle L. Stone	Lisa K. Sims	

Type of Report (choose one):

☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	3558
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	2677.10
5. Total monetary expenditures (From Forms 31-B and 31-F)	880.90
6. Balance on hand (line 4 minus line 5)	2677.10
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

RECEIVED
2020 JUL 30 PM 1:08
STARK 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.

Signature of Treasurer or Deputy Treasurer

07/28/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
0	1	0	2

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

Page ____

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone - Reimbursement (for Etsy)	4/24/2020	479.90

Street Address	Purpose
3619 Rowland Ave, NE	Mask

City	State	Zip Code	Check Number
Canton,	OH	44714	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone - Reimbursement (T's N Things)	6/13/2020	398.00

Street Address	Purpose
3619 Rowland Ave, NE	Mask Printing

City	State	Zip Code	Check Number
Canton	OH	44714	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank		3.00

Street Address	Purpose
100 Central Plaza N	Bank Fee

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 880.90

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Kyle Stone for Stark County	Stark County Prosecuting Attorney	

Street Address	City	State	Zip
320 3rd Street NW	Canton	Oh	44702

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Kyle L. Stone	Lisa K. Sims	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report	**Termination**	**Short Form Report** (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	$2,677.10
2. Total monetary contributions (From Forms 31-A and 31-E)	$8,805.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	$11,482.10
5. Total monetary expenditures (From Forms 31-B and 31-F)	$2,467.69
6. Balance on hand (line 4 minus line 5)	$9,014.41
7. Value of in-kind contributions received (From Form 31-J-1)	$2,037.57
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)	

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

Julie J M Deputy Treasurer
Signature of Treasurer or Deputy Treasurer

10/22/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
17	2	2	22

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Jeff Jakmides				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1485 Briarwood Road				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	07/28/2020	500.00

Full Name of Contributor	Registration Number, if PAC			
Chaundra Johnson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
288 Hastings Ave				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Buffalo	NY	14215	07/28/2020	20.00

Full Name of Contributor	Registration Number, if PAC			
Julie Mack				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
178 25th Street NW				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	07/30/2020	1000.00

Full Name of Contributor	Registration Number, if PAC			
Elonda Eford				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
P. O. Box 8555				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44711	08/03/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Brandon Scarborough				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
730 Nome Ave				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44320	08/04/2020	25.00

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Page Total $1,570.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Darryl Owens				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1923 49th Street NW				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	08/04/2020	20.00

Full Name of Contributor	Registration Number, if PAC			
Erica Russell				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
750 Port Street #917				PayPal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alexandria	VA	22314	08/04/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Aprille Hodges				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
288 Hastings Ave				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Buffalo	NY	14215	08/04/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Kelly Ball				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4072 Martindale Rd				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	08/04/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Almar Walter				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
12732 Westerfall Circle				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Pinkerington	OH	43147	08/04/2020	100.00

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Page Total $320.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Terrance Jones				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1933 3rd Street NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44704	08/04/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Lavell Payne				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2189 Demi Drive				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Twinsburg	OH	44087	08/04/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Robin Bradley				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5223 Johnncake Ridge NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	08/04/2020	20.00

Full Name of Contributor	Registration Number, if PAC			
Marlo Williams				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5550 Cabot Cove Dr				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Hillard	OH	43026	08/04/2020	20.00

Full Name of Contributor	Registration Number, if PAC			
Carol Hightower				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2824 Feddo Ct				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Chester	VA	23831	08/04/2020	100.00

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Page Total $340.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Danyelle Jones				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
288 Hastings Ave				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Buffalo	NY	14215	08/04/2020	30.00

Full Name of Contributor	Registration Number, if PAC			
Rhonda Connor				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
122 Sloan Rd Apt G				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbia	SC	29223	08/04/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Tierney Wilcox				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
714 Sherlock Place NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	08/04/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Lydia Lee				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1011 55th Street NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44721	08/04/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Peggy Kirksey				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3609 St. Elmo Ave NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	08/04/2020	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 also appear. [R.C. 3517.10(B)(4)]

Page Total $280.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Laflovia Ginanni				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2131 Ridgecrest Drive NW				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Massillon	OH	44646	08/04/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Brandon Cox				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3005 Peachtree Road NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Atlanta	GA	30305	08/05/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Judi Solly				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
6240 Apple Street				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Louisville	OH	44641	08/06/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Patricia Burt				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3849 31st Street NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	08/06/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Vivica Williams				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2227 Indiana Way NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	08/07/2020	25.00

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Page Total $375.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

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
Michelle Watts		6600 Yucca Street		Paypal	Los Angeles	CA	90028	08/11/2020	250.00
Ifiok Nwa		293 Martense Street Apt. 2D		Paypal	Brooklyn	NY	11226	08/15/2020	50.00
Will Dent		701 Stone Crossing NE		Check	Canton	OH	44721	08/18/2020	50.00
Matthew Miller		5618 Tarben Woods Ct		Paypal	Columbus	OH	43230	08/20/2020	100.00
Dr. Agatha Martin Williams		1023 Park Ave SW		Check	Canton	OH	44706	08/21/2020	100.00

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Page Total $550.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Edward Gilbert				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1 Cascade Plaza #825				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44308	08/26/2020	250.00

Full Name of Contributor	Registration Number, if PAC			
Phillip Turner				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
50 Public Square				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44113	08/30/2020	300.00

Full Name of Contributor	Registration Number, if PAC			
Michelle Allison				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1214 21st Street NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	08/31/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Gerald Baker				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3211 Whipple Ave NW				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	09/01/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Rosemary Diamond				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1134 Longbranch Drive NE				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/01/2020	25.00

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Page Total $700.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Brook Harless				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
7408 Ivydale Ave NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/01/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Janet Creighton				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1655 N Pointe Dr NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44708	09/03/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Alan Andreani				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
853 Fairway Drive				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	09/07/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Gwendolyn Singleterry				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
59 Lincoln Way Apt 504				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Massillon	OH	44646	09/08/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
James Anderson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3400 Blackburn Rd NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	09/11/2020	100.00

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Page Total $325.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Ted Thomas				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
137 25th Street NW Apt B4				Cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	09/12/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Eric Osborne				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
806 7th Street NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44704	09/14/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Kristi Young				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
808 Patriot Parkway Apt 104				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Rock Hill	SC	29730	09/15/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
John J. Lucas Jr				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
805 24th Street NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/16/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Jamie Keys				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1401 23rd St NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/17/2020	100.00

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Page Total $450.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Vanessa McAfee				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2823 Doeskin St NE				Cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44704	09/17/2020	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Arahn Hawkins				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
343 Atlantis Ave NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Atlanta	GA	30307	09/17/2020	250.00
Full Name of Contributor	**Registration Number, if PAC**			
Kyle Stone				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3619 Rowland Ave NE				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/19/2020	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Redelia House				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
323 Kenridge Rd Apt 4				Paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Fairlawn	OH	44333	09/19/2020	25.00
Full Name of Contributor	**Registration Number, if PAC**			
Lisa K Sims				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2469 Applegrove Street Ne				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44721	09/19/2020	5.00

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Page Total $380.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Sharlene Martin				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5102 JohnyCake Ridge NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton,	OH	44705	09/20/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Keva Stone				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
6809 Sun Valley Ave NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44720	09/21/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Keyana Carter				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3619 Rowland Ave NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/21/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Casey Smith				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5129 Quail Hill St NW Apt C				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/23/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Theresa Williams				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2927 17th St NW				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44708	09/23/2020	25.00

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Page Total $375.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Barbara Rutledge				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2016 East Branch Circle NE				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	09/23/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Wanda Jackson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
616 Riley Circle				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44704	09/23/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Dawn Curtis				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
811 Young Ave NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	09/26/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Viola Fisher				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1517 18th St NE				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	09/27/2020	25.00

Full Name of Contributor	Registration Number, if PAC			
Dr Sandy Womack				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
9236 Brookledge Ave NW				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/27/2020	150.00

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Page Total $275.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Dr. M. S. Womack				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
9236 Brookledge Ave NW				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/7/2020	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Darryl McKimm				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5064 Limerick Ave NW				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/27/2020	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Tracy Crosby				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1701 Edward Ave NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	09/27/2020	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Cathy McAlpine				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4323 Skycrest Drive NW				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	09/27/2020	25.00
Full Name of Contributor	**Registration Number, if PAC**			
Clarence Mingo				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
8406 Leisner Ave				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
New Albany	OH	43054	09/27/2020	50.00

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Page Total $275.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Elizabeth Lenzy				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2069 Applegrove St NE				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44721	09/27/2020	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Randy & Renee Saler				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3700 Mt Pleasant St NW				cas
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44720	09/27/2020	60.00
Full Name of Contributor	**Registration Number, if PAC**			
Cleo Lucas				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
805 24th St NE				check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	09/27/2020	100.00
Full Name of Contributor	**Registration Number, if PAC**			
Angela Jackson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5148 Ridgeglen Cir NW				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44708	09/28/2020	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Deborah Logan				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5233 Johnnycake Ridge NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	09/28/2020	25.00

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Page Total $335.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Tiffany Barrino				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1529 17th St NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	10/01/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
Whitley Pressley				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
719 19th ST NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	10/01/2020	5.00

Full Name of Contributor	Registration Number, if PAC			
Amber Robinson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1912 Easbranch Cir NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44705	10/01/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Robert Smith				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2808 Heritage Ave NW				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	10/01/2020	350.00

Full Name of Contributor	Registration Number, if PAC			
Steven Doss				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4327 Ridgcrest Dr				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Copley	OH	44321	10/02/2020	50.00

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Page Total $555.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Registration Number, if PAC			
Ronald L Lucas				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2469 Applegrove St NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44721	10/02/2020	300.00

Full Name of Contributor	Registration Number, if PAC			
William H McAfee				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
710 16th Street NE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	10/03/2020	100.00

Full Name of Contributor	Registration Number, if PAC			
HB Bailbonds LLC Jackson Harris				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
7648 Lorimar Dr				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43068	10/07/2020	1,000.00

Full Name of Contributor	Registration Number, if PAC			
Teresa Golden-McClelland				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
42 LaSalle Ct SE				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44709	10/08/2020	50.00

Full Name of Contributor	Registration Number, if PAC			
Promoting Online Visibility				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
Emails were sent to verify				paypal
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
but no response as of yet			08/04/2020	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 also appear. [R.C. 3517.10(B)(4)]

Page Total $1,500.00

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor				Registration Number, if PAC
Zettie Sims				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1819 34th Street				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	09/25/2020	200.00
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**
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**
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**
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**

*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)]

Page Total $200.00

Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	various dates	~~224.25~~ 227.45

Street Address	Purpose
	Contribution Transaction Fees

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount
Key Bank	07/31/2020	3.00

Street Address	Purpose
100 Central Plaza N	Paper Statement Fees

City	State	Zip Code	Check Number
Canton	OH	44702	

To Whom Paid	Date (MM/DD/YYYY)	Amount
North Canton Chamber of Commerce	09/10/2020	84.00

Street Address	Purpose
121 S. Main Street	Awards banquet tickets (2)

City	State	Zip Code	Check Number
North Canton	OH	44720	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Wix.com	mulitple dates	5.98

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount
Walmart	08/24/2020	7.74

Street Address	Purpose
3200 Atlantic Blvd NE	mailing labels

City	State	Zip Code	Check Number
Canton	OH	44705	

Page Total $ ~~324.97~~ 328.17

Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

To Whom Paid	Date (MM/DD/YYYY)	Amount
Walmart	08/24/2020	26.48

Street Address	Purpose
4572 Mega Street NW	Envelopes and labels

City	State	Zip Code	Check Number
North Canton	OH	44720	

To Whom Paid	Date (MM/DD/YYYY)	Amount
United States Postal Service	08/28/2020	330.00

Street Address	Purpose
2650 Cleveland Ave NW	Stamps for mailing letters

City	State	Zip Code	Check Number
Canton	OH	44711	

To Whom Paid	Date (MM/DD/YYYY)	Amount
PC Signs	08/17/2020	1,783.04

Street Address	Purpose
2534 Commerce Blvd	Campaign Signs

City	State	Zip Code	Check Number
Cincinnati	OH	45241	

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 2,139.52

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyle Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
3619 Rowland Ave NE	Letters	08/25/2020	275.58

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44714	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Lisa K Sims		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2469 Applegrove Street NE	Note pads	09/01/2020	376.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyle Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
3619 Rowland Ave NE	T-Shirts	09/24/2020	188.98

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44714	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyra Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2363 Zircon St NE	Meet & Greet Food etc	09/24/2020	56.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Lisa K sims		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2469 Applegrove St NE	Meet & Greet Food, decorations etc	09/24/2020	597.53

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

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Page Total $ 1,494.09

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyle Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
3619 Rowland Ave NE	Facebook Ads	Various	301.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44714	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Keva Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
6809 Sun Valley Ave NE	Meet & Greet food etc	09/24/2020	77.57

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Lisa K Sims		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2469 Applegrove St NE	Car magnets advertising	10/05/2020	165.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

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Page Total $ 543.57

Frank LaRose
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
Kyle Stone for Stark County	Stark County Prosecutor	

Street Address	City	State	Zip
320 3rd Street NW	Canton	Oh	44702

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Kyle Stone	Lisa K sims	11/03/020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	9014.41
2. Total monetary contributions (From Forms 31-A and 31-E)	230.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	9244.41
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	9244.41
7. Value of in-kind contributions received (From Form 31-J-1)	1131.47
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)	

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

Signature of Treasurer or Deputy Treasurer

11/08/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	0	3	4

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Kyle Stone for Stark County

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
Homaundre Pender		816 Gibbs Ave NE		paypal	Canton	OH	44705	10/15/2020	40.00
Jordan Gerber		1258 11th St NW		paypal	Canton	OH	44703	11/27/2020	15.00
Emmanuel Markris		2435 Woodchuck St NE		paypal	Canton	OH	44705	10/30/2020	50.00
Gregg Hubbard		197 Seventh Ave Apt 2D		paypal	New York	NY	10011	11/02/2020	100.00
Diane Lazzerini		668 Palisades Dr		check	Akron	OH	44303	10/21/2020	25.00

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Page Total 230.00

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Lisa K Sims		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2469 Applegrove Street NE	Victory Event	11/03/2020	343.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Lisa K Sims		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2469 Applegrove Street NE	Trunk or Treat Event	10/30/2020	100.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44721	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Keva Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
6809 Sun Valley Ave NE	Victory Event	11/03/2020	30.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44720	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyra Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
2363 Zircon St NE	Victory Event	11/03/2020	30.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44720	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyle Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
3619 Rowland Ave NE	Facebook Ads	Various Dates	333.47

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44714	☐ Yes ☒ No

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Page Total $ 836.47

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
Kyle Stone for Stark County

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Kyle Stone		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
3619 Rowland Ave NE	Joy 1520 Advertising	10/19/2020	295.00

City	State	Zip Code	Received at Fundraising Event?
Canton	OH	44714	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

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Page Total $ 295.00