

RECEIVED

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2021 JUL 30 PM 1: 38

Committee Name	Office Sought						District				
Kyle Stone for Stark County	TARK CO RD OF EI	TECTIO	d open		Stark Co	ounty Pi	rose	cutor			
Street Address	City	у				State	Zip)			
320 3rd Street NW	Ca	nton		24	Oh 44702						
Candidate Name OR PAC Registration Number	Treasu	ırer Name						Election Date	(MM/DD/\	(YYY)	
Kyle Stone					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 ☐	Septemb	er Montl	hly						2021	i	
Amended Report Termination			Short	Form Re	eport (R	.C. 351	7.10)(H))			
No ☐ Yes ☐ Check this box if the wishes to terminate.								e is filing a d instruction	s.		
1. Amount brought forward from last repo	9,244.41										
2. Total monetary contributions (From Fo	rms 31-A	and 31-6	E)		1	,350.26	5				
3. Total other income (From Form 31-A-2)											
4. Total funds available (sum of lines 1, 2,	3)				10),594.6	7				
5. Total monetary expenditures (From For	rms 31-B a	and 31-F	=)	0							
6. Balance on hand (line 4 minus line 5)				10,594.67							
7. Value of in-kind contributions received	(From Fo	orm 31-J	l-1)	0							
8. Value of in-kind contributions made (F	rom Form	131-J-2)									
9. Outstanding loans owed by committee	(From Fo	orm 31-C)								
10. Outstanding debts owed by committee	e (From F	Form 31-	·N)								
11. Outstanding loans owed to committee	e (From F	orm 31-l	K)								
12. Value of independent expenditures m	ade (Fron	m Form 3	31 - U)					15			
	THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.										
Ros VS im 6	100						07/22/2021				
Signature of Treasurer or Deputy Treasurer				Date (MM/[DD/YYYY)					
Contribution Pages Expenditure Pages		Total P	ages								
1 0		1			2			Last	Update	d 09/2017	





Form 31-A

ORC 3517.10

Full Name of Committee							
Kyle Stone for Stark County							
Full Name of Contributor				Registration Number	er, if PAC		
Lisa K Sims							
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
2469 Applegrove Street NE				Cash			
City	State	Zip Code	Date (MM/Di	D/YYYY)	Amount		
Canton	ОН 🔻	44721		11/17/2020	350.26		
Full Name of Contributor				Registration Number	er, if PAC		
Max Hiltner							
Street Address	Employe	r/Occupation/Labor Or	Form (Cash, Check, etc.)				
771 Castle Haven Way Wadsworth			Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Wadsworth	OHL	44281		02/10/2021	1,000.00		
Full Name of Contributor			er, if PAC				
Street Address	Employe	r/Occupation/Labor Or		Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Full Name of Contributor				Registration Number	er, if PAC		
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
City	State -	Zip Code	Date (MM/D	D/YYYY)	Amount		
Full Name of Contributor			Registration Numb	er, if PAC			
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/D	D/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 Tot	al \$1,350.26
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Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

		diam	Jacobs (mark)							
Committee Name		(,7)	Office So	ught			District			
Kyle Stone for Stark County		17×1		Stark Co	ounty Pr	ose	cutor			
Street Address	City		"		State	Zip				
320 3rd Street NW	Canton				Oh	44	702			
Candidate Name OR PAC Registration Number	Treasurer Name			•			Election Date (MM/E	D/YYYY)		
Kyle Stone	Lisa K. Sims		11/03/2020							
Type of Report (choose one):										
Statewide Candidates Only:							Y	ear		
☐ July Monthly ☐ August Monthly ☐ Se	eptember Mont	thly					_2	021		
Amended Report Termination		Short F	orm Re	eport (R.	C. 351	7.10)(H))			
No Yes Check this box if the co						e is filing a				
wishes to terminate with	n this report	sno	rt term	героп. S	ee atta	cne	d instructions.			
1. Amount brought forward from last report		1	0,59	t. 8	7					
2. Total monetary contributions (From Forms	31-A and 31-	E)			0		4			
3. Total other income (From Form 31-A-2)			0							
4. Total funds available (sum of lines 1, 2, 3)			10,594.87							
5. Total monetary expenditures (From Forms	31-B and 31-l	F)	0							
6. Balance on hand (line 4 minus line 5)			10,594.87							
7. Value of in-kind contributions received (F	rom Form 31-	J-1)	-0-							
8. Value of in-kind contributions made (From	Form 31-J-2)									
9. Outstanding loans owed by committee (Fi	rom Form 31-0	C)								
10. Outstanding debts owed by committee (From Form 31	-N)				V				
11. Outstanding loans owed to committee (F	rom Form 31-	-K)								
12. Value of independent expenditures made	e (From Form	31-U)								
	THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FAL WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A									
Took ins		01/20/2022								
Signature of Treasurer or Deputy Treasurer				Date (N	/M/C	D/YYYY)				

Other Pages

0

Expenditure Pages

 \bigcirc

Contribution Pages

0

Total Pages

Last Updated 09/2017



0

0

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

		_									
Committee Name					Office Sought						District
Kyle Stone for Stark Co	ounty					Stark Co	ounty Pi	rose	cutor		
Street Address			City				State	Zip)		
320 3rd Street NW			Canton				Oh	44	702		
Candidate Name OR PAC	Registration Number	Tr	easurer Name						Election Date	(MM/DD/	YYYY)
Kyle L. Stone Lisa K. Sims									11/03/2020)	
Type of Report (choose one):											
☐ Annual ⊠ Se	miannual 🗌 Pre-Primary	· [Post-Pri	imary	☐ Pre	-General		Post	t-General		
Statewide Candidates	s Only:									Year	ŗ
July Monthly	August Monthly Se	epte	ember Mont	hly						202	.1
Amended Report	Termination			Short	Form Re	eport (R.	.C. 351	7.10)(H))	-1-	
⊠ No ☐ Yes	Check this box if the co								e is filing a d instruction	S.	
Amount brought forward from last report						10,594.67					
2. Total monetary contributions (From Forms 31-A and 31-E)					4		0				
3. Total other income (From Form 31-A-2)					0						
4. Total funds ava	nilable (sum of lines 1, 2, 3)				10,594.67						
5. Total monetary	expenditures (From Forms	31	-B and 31-F	-)	0						
6. Balance on har	nd (line 4 minus line 5)				10,594.87						
7. Value of in-kind	d contributions received (F	ron	n Form 31-J	-1)							
8. Value of in-kind	d contributions made (From	ı Fo	orm 31-J-2)							ÆÐ	
9. Outstanding loa	ans owed by committee (Fr	rom	Form 31-C	;)			10				
10. Outstanding d	lebts owed by committee (F	Fro	m Form 31-	N)					5 Jul 2022		Chellin
11. Outstanding lo	oans owed to committee (F	ror	n Form 31-k	<)					STARK	I HEE	
12. Value of indep	endent expenditures made	∌ (F	rom Form 3	31-U)							
	THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.										
The N	Sims						07/22/	202	2		
Signature of Treasurer or							Date (M	IM/D	D/YYYY)		
Contribution Pages	Expenditure Pages		Other F	Pages		Total Pa	ges				



Ohio Campaign Finance Report

Form 30-A

				1					0	RC 3517.10
Committee Name			2700	Š	Office Sc	ought				District
Kyle Stone for Stark C	ounty 	tri .		4						
Street Address		City	d "	1.7	State Zip					
320 3rd Street NW		Canton				Oh	44	702		
Candidate Name OR PAG	C Registration Number	Treasurer Name	e					Election Date	(MM/DD/	YYYY)
Kyle L. Stone		Lisa K. Lucas						11/2/2020		
Type of Report (cho	oose one): emiannual	ry 🗌 Post-P	rimary	☐ Pre	-Genera	I 🔲 !	Pos	t-General		
Statewide Candidate	es Only:								Year	
July Monthly [August Monthly	September Mor	nthly							
Amended Report	Termination		Shor	rt Form Re	eport (R	.C. 351	7.10	D(H))		
⊠ No ☐ Yes	Check this box if the wishes to terminate v					e is filing a dinstruction	ıs.			
1. Amount broug	ht forward from last repo	rt			\$1	0,594.6	67			
2. Total monetary		\$	9,665.0	0						
3. Total other inc	come (From Form 31-A-2)					0				
4. Total funds av	railable (sum of lines 1, 2, 3	3)		\$20,259.67						
5. Total monetary	y expenditures (From Form	ns 31-B and 31-	-F)		-\$2,001.30					
6. Balance on ha	nd (line 4 minus line 5)				\$18,258.37					
7. Value of in-kin	d contributions received	(From Form 31-	-J-1)		\$309.59					
8. Value of in-kin	d contributions made (Fro	om Form 31-J-2	2)		0					
9. Outstanding lo	oans owed by committee	(From Form 31-	-C)		0					
10. Outstanding	debts owed by committee	From Form 3	1-N)		E.					
11. Outstanding	loans owed to committee	(From Form 31	-K)							
12. Value of inde	pendent expenditures ma	de (From Form	31-U)	VI S						
THIS STATEMEN	IT IS MADE UNDER PENA MITS ELECTION FALSIFIC	LTY OF ELEC CATION IS GUI	TION F	ALSIFICA F A FELO	TION. NY OF 1	THE FIF	TH	DEGREE.		
PLACE	X Cuc &				01/31/2023					
Signature of Treasurer of	or Deputy Treasurer	d				Date (MM/I	DD/YYYY)		
Contribution Pages	Expenditure Pages	Othe	r Pages]	Total F	ages				
15	5	1			21			Last	Update	d 09/201



Form 31-A

ORC 3517.10

Full Name of Committee								
Kyle Stone For Stark County								
Full Name of Contributor					Registration Number	er, if PAC		
Sheila Humphrey								
Street Address	Emplo	yer/	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)		
532 32nd street NW						Check		
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount		
Canton	ОН	1	44709		10/27/2022	100.00		
Full Name of Contributor					Registration Number	er, if PAC		
Laura Mills								
Street Address	Emplo	уег	Occupation/Labor Or		Form (Cash, Check, etc.)			
101 Central Plaza S. Suite 1200	Check							
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount		
Canton	он [•	44702		10/26/2022	750.00		
Full Name of Contributor	er, if PAC							
Dan McMasters								
Street Address	Emplo	yer/	Occupation/Labor Org	Form (Cash, Check, etc.)				
132 22nd Street NW						Check		
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount		
Canton	ОН	1	44709		10/01/2022	100.00		
Full Name of Contributor					Registration Number	er, if PAC		
Emil Alecusan								
Street Address	Emplo	yer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
3360 W. Harvard Blvd. NW						Check		
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount		
Canton	ОН	1	44709		10/15/2022	40.00		
Full Name of Contributor					Registration Number	er, if PAC		
Amy Lohnes	Amy Lohnes							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
885 Fairway Drive						Check		
City	State	_	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Alliance	ОН	┪	44601	100.00				

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Page Total / 090

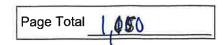


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ORC 3517.10

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Full Name of Committee								
Kyle Stone For Stark County								
Full Name of Contributor					Registration Number	er, if PAC		
Joseph Carafelli								
Street Address	Employ	/er	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
4104 Carlisle Ave NE				Check				
City	State		Zip Code	Amount				
Canton	он _		44714		10/19/2022	150.00		
Full Name of Contributor				Registration Number	er, if PAC			
Jeff Jakmides								
Street Address	Employ	/er/	Occupation/Labor Or		Form (Cash, Check, etc.)			
1485 Briarwood Rd	Check							
City	State	_	Zip Code	Date (MM/D	D/YYYY)	Amount		
Alliance	он [44601		10/13/2022	500.00		
Full Name of Contributor	Ill Name of Contributor Registration Number							
Laura Heckathorn								
Street Address	Employ	/er/	Occupation/Labor Or	Form (Cash, Check, etc.)				
10556 Mogadore Ave NW			»			Check		
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount		
Uniontown	он 🔄		44685		10/03/2022	100.00		
Full Name of Contributor					Registration Number	er, if PAC		
Charles Brown								
Street Address	Employ	/ег/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
1200 Fernwood Blvd						Check		
City	State	-21	Zip Code	Date (MM/D	D/YYYY)	Amount		
Alliance	он [44601		10/03/2022	250.00		
Full Name of Contributor					Registration Number	er, if PAC		
Gloria Pope					.,			
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
7785 Cheryl Lane NW						Check		
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount		
Massillon	он 🔄		44646		10/04/2022	109:00 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)]





Form 31-A

ORC 3517.10

					5110 5511115		
Full Name of Committee							
Kyle Stone For Stark County							
Full Name of Contributor				Registration Number	er, if PAC		
Arnie Glantz							
Street Address	Employer	Occupation/Labor Or	ganization*	,	Form (Cash, Check, etc.)		
3722 Whipple Avenue			Check				
City	State	Zip Code	Amount				
Canton	OH ▼	44718		10/01/2022	250.00		
Full Name of Contributor			Registration Number	er, if PAC			
Krugliak Wilkins Griffith & Dougherty							
Street Address	Employer	/Occupation/Labor Or		Form (Cash, Check, etc.)			
4775 Munson St NW	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Canton	OH 🔻	44718		10/11/2022	1000.00		
Full Name of Contributor			Registration Numb	er, if PAC			
William Smith							
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)				
4968 Sherman Church SW			Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Canton	OH 🔽	44706		10/09/2022	100.00		
Full Name of Contributor				Registration Numb	er, if PAC		
George Kiko							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
5440 Eshelman street					Check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Louisville	он 🔻	44641		10/04/2022	150.00		
Full Name of Contributor			hi	Registration Numb	er, if PAC		
Creighton 2010							
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)				
4647 Rentworth Ave NE	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Canton	OH 🔻	44714	100.00				

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Page Total ______



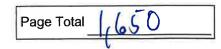
Page 4

Form 31-A

ORC	351	7.10

Full Name of Committee							
Kyle Stone For Stark County							
Full Name of Contributor					Registration Number	er, if PAC	
Fernando Mack							
Street Address	Employ	/er/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)	
1220 West 6th Street				Check			
City	State		Zip Code	Amount			
Cleveland	он _		44113		10/14/2022	250.00	
Full Name of Contributor					Registration Number	er, if PAC	
John Park							
Street Address	Employ	/er/	/Occupation/Labor Org		Form (Cash, Check, etc.)		
6771 Chatsworth St NW				Check			
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount	
Canton	он [44718		10/28/2022	200.00	
Full Name of Contributor	er, if PAC						
Gerald Baker							
Street Address	Employ	/er/	Occupation/Labor Org	Form (Cash, Check, etc.)			
3711 Whipple Ave NW						Check	
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount	
Canton	он [44718		10/25/2022	100.00	
Full Name of Contributor					Registration Number	er, if PAC	
The Committee To Elect Brett Hillyer							
Street Address	Employ	/er/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)	
151 Ashwood Lane NW						Check	
City	State		Zip Code	Date (MM/D	D/YYYY)	Amount	
New Philadelphia	он [1	44663		10/26/2022	1,000.00	
Full Name of Contributor					Registration Number	er, if PAC	
Beverly Proctor-Donald							
Street Address	Employ	/er/	Occupation/Labor Org	Form (Cash, Check, etc.)			
1546 Chadford Gate SE	Check						
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount	
North Canton	он [-		44709		100.00		

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Page 5__

Form 31-A ORC 3517.10

			Registration Number	er, if PAC			
Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)			
State	Zip Code	Amount					
_			10/26/2022	3575			
Full Name of Contributor Registration Numb							
Employer	Occupation/Labor Or		Form (Cash, Check, etc.)				
		Cash					
State	Zip Code	Date (MM/D		Amount			
он 🔽	44714		10/24/2022	100.00			
			Registration Number	er, if PAC			
Employer	Occupation/Labor Or	Form (Cash, Check, etc.)					
		Check					
State	Zip Code	Date (MM/D		Amount			
- #C	44714		10/26/2022	100.00			
	NI CONTRACTOR OF THE CONTRACTO		Registration Number	ber, if PAC			
				4)			
Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)			
				Check			
	Zip Code	Date (MM/D		Amount			
он 🔻	44333		09/29/2022	250.00			
			Registration Number	er, if PAC			
Employer	/Occupation/Labor Or		Form (Cash, Check, etc.)				
				Check			
State	Zip Code	Date (MM/D		Amount			
он 🔽	44308		09/28/2022	250.00			
	Employer. State OH Employer. State OH Employer.	Employer/Occupation/Labor Orde State Zip Code OH	Employer/Occupation/Labor Organization* State Zip Code 44714 Employer/Occupation/Labor Organization* State Zip Code Date (MM/D State Zip Code Date (MM/D Employer/Occupation/Labor Organization* State Zip Code Date (MM/D Employer/Occupation/Labor Organization* State Zip Code Date (MM/D State Zip Code Date (MM/D Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*			

*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 4275



	,		
Event Date	126	177	Page _

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

Form 31-E R C 3517 10(B)

	-				16.0.0017.10(0)
Full Name of Committee					
Kyle Stone For Stark County					
Full Name of Contributor				Registration Number, if PAC	
Kyra Beard					
Street Address	Employer/	/Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2363 Zircon St. NE				10/26/2022	100.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Canton	(OH 👤	44721	Check	
Full Name of Contributor				Registration Number, if PAC	
Nicholas Conley					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1507 S Chapel Street				10/26/2022	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Louisville	(он 🔽	44641	Check	
Full Name of Contributor				Registration Number, if PAC	
Stacy Clark					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6250 Boatman Drive NW				10/26/2022	200.00
City	8	State	Zip Code	Form (Cash, Check, Etc	
Canal Fulton	0	он 🔻	44614	Check	
Full Name of Contributor	•			Registration Number, if PAC	
Steve Doss					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4327 Ridge Crest Drive				10/26/2022	100.00
City	5	State	Zip Code	Form (Cash, Check, Etc	
Copley	(он 🔻	44321	Check	
Full Name of Contributor			-	Registration Number, if PAC	
Michael Dougan				ja	
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4433 Woodland Ave NW				10/26/2022	150.00
City		State	Zip Code	Form (Cash, Check, Etc	
Canton	(он 🔻	44709	Check	
					I II

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 \$_650,00

^{*} 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)]



Event Date 10	126/22	کر Page
	10	

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

Form 31-E

R C 3517 10(B)

					R.C. 3517.10(B)
Full Name of Committee					
Kyle Stone For Stark County					
Full Name of Contributor				Registration Number, if PAC	
Patricia Fallot					
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
903 Sand Lot Cir.				10/26/2022	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Louisville		ОН 🔻	44641	Check	
Full Name of Contributor				Registration Number, if PAC	
Larry Henderhan					
Street Address	Employe	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2637 Orchard Park NW				10/26/2022	2 00.00
City		State	Zip Code	Form (Cash, Check, Etc	
Canton	i	он 🔻	44718	Check	
Full Name of Contributor				Registration Number, if PAC	
Lisa Karas					
Street Address	Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8669 Portage St. NW				10/26/2022	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Massillon		он 🔻	44646	Check	
Full Name of Contributor				Registration Number, if PAC	
Joyce Hudnell					
Street Address	Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
903 Sand Lot Circle				10/26/2022	100
City		State	Zip Code	Form (Cash, Check, Etc	
Louisville		он 🔻	44641	Check	
Full Name of Contributor	*			Registration Number, if PAC	
John Lucas Jr.					
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
805 24th Street NE				10/26/2022	100
City		State	Zip Code	Form (Cash, Check, Etc	
Canton		он 🔻	44714	Check	
* Required for contributions from individuals over \$100 t	to statewi	de and Ge	neral Assembly candida	tes. If contributor is self-employe	d, the occupation and the

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



^{*} 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)]



Event Date	io	126	12	Page	3
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Statement of Contributions Received at a Social or Fund-Raising Event

Fo	rm 31-E
R.C. 35	17.10(B)

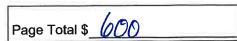
					1
Full Name of Committee					
Kyle Stone For Stark County					
Full Name of Contributor				Registration Number, if PAC	
Edmond Mack					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
178 25th Street NW				10/26/2022	200.00
City		State	Zip Code	Form (Cash, Check, Etc	
Canton		он 🔽	44709	Check	
Full Name of Contributor				Registration Number, if PAC	
Steven Tharp					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
274 2nd Street SW				10/26/2022	100
City	1:	State	Zip Code	Form (Cash, Check, Etc	
Brewster		он 🔽	44613	Check	
Full Name of Contributor				Registration Number, if PAC	*
Susan Verble					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1818 Steiner St. NW				10/26/2022	150.00
City		State	Zip Code	Form (Cash, Check, Etc	
North Canton		он 🔻	44720	Check	
Full Name of Contributor		*		Registration Number, if PAC	
Alex Zunbar					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1010 Sunset Drive				10/26/2022	100.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Alliance		он 🔽	44601		
Full Name of Contributor				Registration Number, if PAC	
James Walters					s==
Street Address	Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7647 Collingwoods Cir. NW				10/26/2022	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Massillon		он 🔻	44646		
* Paguired for contributions from individuals over \$100 t	to statewid	le and Ge	neral Assembly candida	tes. If contributor is self-employe	d, the occupation and the

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	Contribution	ns This	Event

Total	Expenditures	This	Event



^{*} 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)]



Event Date 10126133 Page 14

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

Form 31-E

				K.C. 3317.10(B)
Full Name of Committee				
Kyle Stone For Stark County				
Full Name of Contributor	Registration Number, if PAC			
Contributors in Office Holder's Employ (trans	sfer from)			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			10/26/2022	1,600
City	State	Zip Code	Form (Cash, Check, Etc	
	-		Check and Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
	-			
Full Name of Contributor	'	'	Registration Number, if PAC	
				P
Street Address	Employer/Occupa	tion/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/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
	-			
Full Name of Contributor		I P	Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
	_			
* Paguired for contributions from individuals over \$100	to statewide and G	eneral Assembly candida	ites. If contributor is self-employe	ed, the occupation and the

* 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 \$_1,600



Event Date	10/26/3	L Page 5
	1 10005 1 4	4

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	
Matt Krietzer				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4511 Yale NW			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Canton	OH _	44709	Cash	
Full Name of Contributor			Registration Number, if PAC	
Lisa Sims				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1328 Cascade Circle			10/26/2022	25.00
City	State	Zip Code	Form (Cash, Check, Etc	
Canton,	OH ▼	44709	Square	
Full Name of Contributor			Registration Number, if PAC	
	E 1 /0	i	D ((MM/DD0000)	Amount
Street Address	Employer/Occupat	ion/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/Occupat	ion/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/Occupat	ion/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 Ge	neral Assembly candida	tes. If contributor is self-employe	d, the occupation and the

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 No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$

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

Contributors in Officeholder's Employ

Full Name of Committee					
Kyle Stone for Stark County					
Full Name of Contributor					
Dennis Barr					
Street Address			Date (MM/DD/YYYY)	Amount	
3447 Fulton Drive NW			10/26/2022	100.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
Canton	ОН	44718	Check		
Full Name of Contributor					
Jennifer Dave					
Street Address			Date (MM/DD/YYYY)	Amount	
2707 Tulip St. NE			10/26/2022	300.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
Canton,	ОН	44705	Check		
Full Name of Contributor		*************************************			
Vicki Desantis					
Street Address			Date (MM/DD/YYYY)	Amount	
2361 Amberwood Circle NE			10/27/2022	100.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
Massillon	ОН	44646	Check		
Full Name of Contributor		Jh.			
Elizabeth Nemes					
Street Address			Date (MM/DD/YYYY)	Amount	
4554 Greenlawn Ave			10/26/2022	100.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
Stow	ОН	44224	Check		
The above are employees of a unit or department u	nder the	direct supervi	sion and control of		
who currently holds the public office				Name of Officeholder	
Name of Public Office					
I hereby affirm that each contribution was voluntarily	y made.				
(Signature of Treasurer or Deputy Treasurer)					





Contributors in Officeholder's Employ

Full Name of Committee				
Kyle Stone for Stark County				
Full Name of Contributor				
Seth Marcum				
Street Address			Date (MM/DD/YYYY)	Amount
1104 Summerdale NW			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Massillon	он	44646	Check	
Full Name of Contributor				
Daniel Petricini				
Street Address			Date (MM/DD/YYYY)	Amount
2315 48th Street NE			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Canton	он	44705	Check	
Full Name of Contributor				
Krissa Olson				
Street Address			Date (MM/DD/YYYY)	Amount
6209 Great Court Cir. NW			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Massillon	ОН	44646	Check	
Full Name of Contributor			Selectives and selection of the	
Margaret Scott				
Street Address			Date (MM/DD/YYYY)	Amount
3776 Fairway Park Dr. Apt 101			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Copley	ОН	44321	Check	
The above are employees of a unit or department u	nder the	direct supervision	on and control of	
who currently holds the public office				Name of Officeholder
Name of Public Office				
I hereby affirm that each contribution was voluntaril	ıy made.	•		
(Signature of Treasurer or Deputy Treasurer)				





Contributors in Officeholder's Employ

	-=1			
Full Name of Committee				
Kyle Stone For Stark County				
Full Name of Contributor				
Kathryn Taylor				
Street Address			Date (MM/DD/YYYY)	Amount
3503 27th Street NW	3503 27th Street NW			100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Canton,	ОН	44708	Check	
Full Name of Contributor				
Megan Starrett				
Street Address			Date (MM/DD/YYYY)	Amount
2121 Margillee Drive			10/26/2022	100
City	State	Zip Code	Form (Cash, Check, etc.)	
Massillon	он	44647	Check	
Full Name of Contributor				
Karen Stover				
Street Address			Date (MM/DD/YYYY)	Amount
5236 Giacomo Ct. NW			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Canton	ОН	44709	Check	
Full Name of Contributor				
Richard Nicodemo			A SAME OF SAME	
Street Address			Date (MM/DD/YYYY)	Amount
276 Cordelia SW			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
North Canton	он	44720	Cash	
The above are employees of a unit or department u	nder the	direct supervisio	n and control of	
who currently holds the public office				Name of Officeholder
Name of Public Office				
I hereby affirm that each contribution was voluntari	ly made.			
(Signature of Treasurer or Deputy Treasurer)				



Page 4

Contributors in Officeholder's Employ

Full Name of Committee					
Kyle Stone For Stark County					
Full Name of Contributor					
Michael John					
Street Address			Date (MM/DD/YYYY)	Amount	
6493 Oakbridge NW			10/26/2022	100.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
North Canton	ОН	44720	Cash		
Full Name of Contributor		<u> </u>			
Mark Ostrowski					
Street Address			Date (MM/DD/YYYY)	Amount	
354 Bonnett St. SW			10/31/2022	100	
City	State	Zip Code	Form (Cash, Check, etc.)		
North Canton	ОН	44720	Check		
Full Name of Contributor					
Street Address			Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor					
Street Address			Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
The above are employees of a unit or department u	nder the	direct supervision	on and control of		
who currently holds the public office					
Name of Public Office I hereby affirm that each contribution was voluntarily made.					
(Signature of Treasurer or Deputy Treasurer)					





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	n, Labor Organization*	Registration Number,	if PAC	
Lisa K. Lucas							
Street Address	Description o	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
1328 Cascade Circle	Food for fu	undraise	r		10/26/2022	309.59	
City	State	9	Zip Code	Received at Fundraisi	ng Event?		
Canton	он		44708	☑ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC	
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Э	Zip Code	Received at Fundraisi	ng Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State	ө	Zip Code	Received at Fundraisi	sing Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC	
Street Address	Description of	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State		Zip Code	Received at Fundraisi	ng Event?		
		-		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of	of Item or S	or Service Date (MM/DD/YYYY) Fair Ma				
City	State	e	Zip Code	Received at Fundraisi	ng Event?		

	309.59	
Page Total \$		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Page 1

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			11/21/20)22	75.00	
Street Address	Purpose				,	
2469 Applegrove Street	Reimbursement for event ticket Bulldog 100 Booster Club				00 Booster Club	
City	State Zip Code Check Number					
Canton	ОН	44	721	NA		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			11/21/20)22	60.00	
Street Address	Purpose					
2469 Applegrove Street NE	Reimbursment for event ticket Fashion & Arts Gala					
City	State Zip Code			Che	ck Number	
Canton	он 44721			N/A	4	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Kyle Stone			12/07/2022 125.00			
Street Address	Purpose	_				
2469 Applegrove Street NE	Reimburser	nen	t for NSMBA event tick	et		
City	State	Zip	Code	Che	ck Number	
Canton	он	44	721	NA		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			12/07/20)22	\$100.00	
Street Address	Purpose					
2469 Applegrove Street NE	Reimburser	nen	t of Poltical Event			
City	State	Zip	Code	Che	ck Number	
Canton	ОН	44	721	N/A	4	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			12/06/2022 165.00			
Street Address	Purpose				· ·	
2469 Applegrove Street NE	Reimburser	nnt	of local bar fee			
City	State	Zip	Code	Che	ck Number	
Canton	ОН	44	721	N/A	4	



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)	- 1	Amount
Kyle Stone			12/06/20	122	175.00
Street Address	Purpose				
2469 Applegrove Street NE	Reimburser	nen	t for 2nd half of graphic		
City	State	Zip	Code		eck Number
Canton	ОН	44	721	N/A	4
To Whom Paid			Date (MM/DD/YYYY)		Amount
Stark County Republican Party			12/15/20)22	35.00
Street Address	Purpose				
2729 Fulton Drive NW	Christmas F	art	у		
City	State	Zip	Code		eck Number
Canton	ОН	44	718	N/A	4
To Whom Paid			Date (MM/DD/YYYY)		Amount
Square		10/26/2022 .75			.75
Street Address	Purpose				
1455 Market Street Suite 600	Fee for pro	ess	sing		
City	State	Zip	Code		eck Number
San Francisco	CA 🔽	94	103	N/A	Α
To Whom Paid			Date (MM/DD/YYYY)		Amount
Priceline			12/15/2022 373.98		
Street Address	Purpose				
800 Conneticuit Ave	NSMBA Ch	ristı 	mas Event & Speaking		
City	State		Code		eck Number
Norwalk	СТ ▼	06	845	N//	
To Whom Paid			Date (MM/DD/YYYY)		Amount
Hilton Garden Inn			12/19/20	022	46.44
Street Address	Purpose				
1100 Carnegie Avenue,	2 Day park		for hotel stay		
City	State		Code	ı	eck Number
Cleveland	он 44115 NA				\

Page Total \$_	(31.17	



Statement of Expenditures

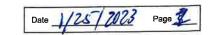
Form 31-B

R.C. 3517.10

Full Name of Committee						
Kyle Stone for Stark County						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			10/21/20	22	\$160.00	
Street Address	Purpose					
2469 Applegrove Street NE	Reimburser	nen	t for Graphic Arts & We	bsit	e Downpayment	
City	State	Zip	Code	Che	ck Number	
Canton	ОН	44	721	N/A	4	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			10/31/20)22	50.00	
Street Address	Purpose					
2469 Applegrove Street NE	Reimbursement for Poltical event ticket					
City	State Zip Code Check Number				ck Number	
Canton	OH 44721			NA		
To Whom Paid			Date (MM/DD/YYYY) Amount			
Kyle Stone			10/31/2022 50.00			
Street Address	Purpose					
2469 Applegrove Street NE	Reimburser	nen	t for political event ticke	et		
City	State	Zip	Code	Che	ck Number	
Canton	ОН	44	721	N/A	4	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			10/31/20)22	50.00	
Street Address	Purpose					
2469 Applegrove Street NE	Reimburser	nen	t for political event ticke	et		
City	State	Zip	Code	Che	eck Number	
Canton	ОН	44	721	N/A	4	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kyle Stone			10/31/2022 100.00			
Street Address	Purpose					
2469 Applegrove Street NE Canton	Reimburser	nen	t for political event ticke	et		
City	State	Zip	Code	Che	eck Number	
Canton	он	44	721	NA		

D 7	410	
Page Total \$_	710	





Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee					
Kyle Stone For Stark County					
To Whom Paid			Date (MM/DD/YYYY)	Amount	
CVS Pharmacy			9/20/2022	29.75	
Street Address	Purpose				
1339 North Main Street	Envelop	oes for Fundraise	r 		
City	State	Zip Code	Check Number		
North Canton	он 💌	44720	N/A		
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Fedex Office			9/25/2022	\$34.08	
Street Address	Purpose				
5134 Whipple Ave NW	Copies of Flyers				
City	State				
Canton	он 🔻	44718			
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Fedex Office			9/25/2022	\$79.75	
Street Address	Purpose				
5134 Whipple Ave NW	Copies	of Flyers	S-		
City	State	Zip Code	Check Number	AND THE PROPERTY.	
Canton	он 🔻	44718	N/A		
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Fedex Office			09/25/2022	79.75	
Street Address	Purpose		·		
5134 Whipple Ave NW	Copies	of flyers			
City	State	Zip Code	Check Number		
Canton	он 🔻	44718	N/A		
To Whom Paid	-		Date (MM/DD/YYYY)	Amount	
Fedex Office			09/25/2022	7.24	
Street Address	Purpose				
5134 Whipple Ave NW	Copies	of flyers			
City	State	Zip Code	Check Number		
Canton	он 🔽	44718	N/A		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 230.57



Date	1/25/2023	Page 2
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee						
Kyle Stone for Stark County						
To Whom Paid			Date (MM/DD/YYYY)	Amount		
United States Postal Service			09/26/2022	99.60		
Street Address		Purpose				
	Postage	9				
City	State	Zip Code	Check Number			
Canton	он 🔻		N/A			
To Whom Paid			Date (MM/DD/YYYY)	Amount		
United States Postal Service			09/27/2022	48.00		
Street Address	Purpose					
Postage		e				
City	State	Zip Code	Check Number			
Canton	он 🔻		N/A			
To Whom Paid		W	Date (MM/DD/YYYY)	Amount		
Giant Eagle			10/26/2022	32.98		
Street Address	Purpose					
1955 E. Maple Street	Food fo	r fundraiser				
City	State	Zip Code	Check Number			
North Canton	OH ▼	44720	N/A			
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Acme Fresh Market			10/26/2022	23.98		
Street Address	Purpose					
1474 N Main Street,	Food for fundraiser					
City		Zip Code	Check Number			
North Canton	он 🔻	44720	N/A			
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 204.56

OH Stark Stone, Kyle EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/339g76k7mvw4ysacxej5ynew9t7bnuvl