Frank LaRose
Ohio Secretary of State

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STARK COUNTY BOARD OF ELECTIONS

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	11/03/2020

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: 2021

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	9,244.41
2. Total monetary contributions (From Forms 31-A and 31-E)	1,350.26
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	10,594.67
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	10,594.67
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)	
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

07/22/2021
Date (MM/DD/YYYY)

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

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	
Lisa K Sims				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2469 Applegrove Street NE				Cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44721	11/17/2020	350.26

Full Name of Contributor			Registration Number, if PAC	
Max Hiltner				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
771 Castle Haven Way				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Wadsworth	OH	44281	02/10/2021	1,000.00

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**

*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 $1,350.26

Frank LaRose
Ohio Secretary of State

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STARK CO BOE

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	11/03/2020

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: 2021

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	10,594.87
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)	10,594.87
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	10,594.87
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)	
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

01/20/2022
Date (MM/DD/YYYY)

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

Last Updated 09/2017

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	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: 2021

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	10,594.67
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)	10,594.67
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	10,594.87
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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STARK CO BOE

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

07/22/2022
Date (MM/DD/YYYY)

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

Last Updated 09/2017

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		

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. Lucas	11/2/2020

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

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	$10,594.67
2. Total monetary contributions (From Forms 31-A and 31-E)	$9,665.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	$20,259.67
5. Total monetary expenditures (From Forms 31-B and 31-F)	-$2,001.30
6. Balance on hand (line 4 minus line 5)	$18,258.37
7. Value of in-kind contributions received (From Form 31-J-1)	$309.59
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)	
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

01/31/2023
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
15	5	1	21

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			
Sheila Humphrey				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
532 32nd street NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	10/27/2022	100.00

Full Name of Contributor	Registration Number, if PAC			
Laura Mills				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
101 Central Plaza S. Suite 1200				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44702	10/26/2022	750.00

Full Name of Contributor	Registration Number, if PAC			
Dan McMasters				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
132 22nd Street NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	10/01/2022	100.00

Full Name of Contributor	Registration Number, if PAC			
Emil Alecusan				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3360 W. Harvard Blvd. NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44709	10/15/2022	40.00

Full Name of Contributor	Registration Number, if PAC			
Amy Lohnes				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
885 Fairway Drive				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	10/21/2022	100.00

*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 1,090

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			
Joseph Carafelli				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4104 Carlisle Ave NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	10/19/2022	150.00

Full Name of Contributor	Registration Number, if PAC			
Jeff Jakmides				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1485 Briarwood Rd				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	10/13/2022	500.00

Full Name of Contributor	Registration Number, if PAC			
Laura Heckathorn				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
10556 Mogadore Ave NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Uniontown	OH	44685	10/03/2022	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				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Alliance	OH	44601	10/03/2022	250.00

Full Name of Contributor	Registration Number, 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/DD/YYYY)**	**Amount**
Massillon	OH	44646	10/04/2022	~~100.00~~ 50.00

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Page Total 1,050

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			
Arnie Glantz				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3722 Whipple Avenue				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	10/01/2022	250.00

Full Name of Contributor	Registration Number, if PAC			
Krugliak Wilkins Griffith & Dougherty				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4775 Munson St NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	10/11/2022	1000.00

Full Name of Contributor	Registration Number, if PAC			
William Smith				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4968 Sherman Church SW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44706	10/09/2022	100.00

Full Name of Contributor	Registration Number, if PAC			
George Kiko				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5440 Eshelman street				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Louisville	OH	44641	10/04/2022	150.00

Full Name of Contributor	Registration Number, if PAC			
Creighton 2010				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4647 Rentworth Ave NE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	10/23/2022	100.00

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Page Total 1,600

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			
Fernando Mack				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1220 West 6th Street				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Cleveland	OH	44113	10/14/2022	250.00
Full Name of Contributor	**Registration Number, if PAC**			
John Park				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
6771 Chatsworth St NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	10/28/2022	200.00
Full Name of Contributor	**Registration Number, if PAC**			
Gerald Baker				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3711 Whipple Ave NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44718	10/25/2022	100.00
Full Name of Contributor	**Registration Number, if PAC**			
The Committee To Elect Brett Hillyer				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
151 Ashwood Lane NW				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
New Philadelphia	OH	44663	10/26/2022	1,000.00
Full Name of Contributor	**Registration Number, if PAC**			
Beverly Proctor-Donald				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1546 Chadford Gate SE				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
North Canton	OH	44709	11/20/2022	100.00

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Page Total 1,650

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			
Contributions from Form No. 31-E				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
			10/26/2022	3575

Full Name of Contributor	Registration Number, if PAC			
Brian Flowers				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1200 31st Street NE				Cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Canton	OH	44714	10/24/2022	100.00

Full Name of Contributor	Registration Number, if PAC			
Rodney Reasonver				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1606 Vicary Hill				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
CANTON	OH	44714	10/26/2022	100.00

Full Name of Contributor	Registration Number, if PAC			
Delphenia Gilbert				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
740 Pine Point Drive				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44333	09/29/2022	250.00

Full Name of Contributor	Registration Number, if PAC			
Ed Glibert				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1 Cascade Plz Ste 825				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Akron	OH	44308	09/28/2022	250.00

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Page Total 4275

Frank LaRose
Ohio Secretary of State

Event Date 10/26/22 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		
Kyra Beard			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
2363 Zircon St. NE		10/26/2022	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Canton	OH	44721	Check

Full Name of Contributor	Registration Number, if PAC		
Nicholas Conley			
Street Address	**Employer/Occupation/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	OH	44641	Check

Full Name of Contributor	Registration Number, if PAC		
Stacy Clark			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
6250 Boatman Drive NW		10/26/2022	200.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Canal Fulton	OH	44614	Check

Full Name of Contributor	Registration Number, if PAC		
Steve Doss			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
4327 Ridge Crest Drive		10/26/2022	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**
Copley	OH	44321	Check

Full Name of Contributor	Registration Number, if PAC		
Michael Dougan			
Street Address	**Employer/Occupation/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	OH	44709	Check

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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

Frank LaRose
Ohio Secretary of State

Event Date 10/26/22 Page 2

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		
Patricia Fallot			
Street Address	**Employer/Occupation/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	OH / 44641	Check	

Full Name of Contributor	Registration Number, if PAC		
Larry Henderhan			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
2637 Orchard Park NW		10/26/2022	200.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH / 44718	Check	

Full Name of Contributor	Registration Number, if PAC		
Lisa Karas			
Street Address	**Employer/Occupation/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	OH / 44646	Check	

Full Name of Contributor	Registration Number, if PAC		
Joyce Hudnell			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
903 Sand Lot Circle		10/26/2022	100
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Louisville	OH / 44641	Check	

Full Name of Contributor	Registration Number, if PAC		
John Lucas Jr.			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
805 24th Street NE		10/26/2022	100
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH / 44714	Check	

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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 $ 600.00

Frank LaRose
Ohio Secretary of State

Event Date 10/26/22 Page 3

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		
Edmond Mack			
Street Address	**Employer/Occupation/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	OH / 44709	Check	

Full Name of Contributor	Registration Number, if PAC		
Steven Tharp			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
274 2nd Street SW		10/26/2022	100
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Brewster	OH / 44613	Check	

Full Name of Contributor	Registration Number, if PAC		
Susan Verble			
Street Address	**Employer/Occupation/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	OH / 44720	Check	

Full Name of Contributor	Registration Number, if PAC		
Alex Zunbar			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**
1010 Sunset Drive		10/26/2022	100.00
City	**State** / **Zip Code**	**Form (Cash, Check, Etc**	
Alliance	OH / 44601		

Full Name of Contributor	Registration Number, if PAC		
James Walters			
Street Address	**Employer/Occupation/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	OH / 44646		

* 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 $ 600

Frank LaRose
Ohio Secretary of State

Event Date 10/26/22 Page 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	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	Registration Number, if PAC	Date (MM/DD/YYYY)	Amount	Form (Cash, Check, Etc
Contributors in Office Holder's Employ (transfer from)							10/26/2022	1,600	Check and Cash

* 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

Frank LaRose
Ohio Secretary of State

Event Date 10/26/22 Page 5

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	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	Registration Number, if PAC	Date (MM/DD/YYYY)	Amount	Form (Cash, Check, Etc
Matt Krietzer	4511 Yale NW		Canton	OH	44709		10/26/2022	100.00	Cash
Lisa Sims	1328 Cascade Circle		Canton,	OH	44709		10/26/2022	25.00	Square

* 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 $ 125.00

Frank LaRose
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

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	OH	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,	OH	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	OH	44646	Check	

Full Name of Contributor				
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	OH	44224	Check	

The above are employees of a unit or department under the direct supervision and control of _____ ,
Name of Officeholder
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)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total $ 600.00

Frank LaRose
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

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	OH	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	OH	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	OH	44646	Check	
Full Name of Contributor				
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	OH	44321	Check	

The above are employees of a unit or department under the direct supervision and control of _____ ,
Name of Officeholder

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)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total $ 400.00

Frank LaRose
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

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			10/26/2022	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Canton,	OH	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	OH	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	OH	44709	Check	

Full Name of Contributor				
Richard Nicodemo				
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	OH	44720	Cash	

The above are employees of a unit or department under the direct supervision and control of _____ ,
Name of Officeholder

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)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total $ 400.00

Frank LaRose
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

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	OH	44720	Cash	
Full Name of Contributor				
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	OH	44720	Check	
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

The above are employees of a unit or department under the direct supervision and control of _____,
Name of Officeholder

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)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total $ 200.00

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	Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value	City	State	Zip Code	Received at Fundraising Event?
Lisa K. Lucas			1328 Cascade Circle	Food for fundraiser	10/26/2022	309.59	Canton	OH	44708	☒ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No
										☐ Yes ☐ No

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Page Total $ 309.59

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
Kyle Stone	11/21/2022	75.00

Street Address	Purpose		
2469 Applegrove Street	Reimbursement for event ticket Bulldog 100 Booster Club		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	NA

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	11/21/2022	60.00

Street Address	Purpose		
2469 Applegrove Street NE	Reimbursment for event ticket Fashion & Arts Gala		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	12/07/2022	125.00

Street Address	Purpose		
2469 Applegrove Street NE	Reimbursement for NSMBA event ticket		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	NA

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	12/07/2022	$100.00

Street Address	Purpose		
2469 Applegrove Street NE	Reimbursement of Poltical Event		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	12/06/2022	165.00

Street Address	Purpose		
2469 Applegrove Street NE	Reimbursemnt of local bar fee		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	N/A

Page Total $ 525.00

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
Kyle Stone	12/06/2022	175.00

Street Address	Purpose
2469 Applegrove Street NE	Reimbursement for 2nd half of graphic design and website

City	State	Zip Code	Check Number
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stark County Republican Party	12/15/2022	35.00

Street Address	Purpose
2729 Fulton Drive NW	Christmas Party

City	State	Zip Code	Check Number
Canton	OH	44718	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Square	10/26/2022	.75

Street Address	Purpose
1455 Market Street Suite 600	Fee for processing

City	State	Zip Code	Check Number
San Francisco	CA	94103	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Priceline	12/15/2022	373.98

Street Address	Purpose
800 Conneticuit Ave	NSMBA Christmas Event & Speaking Appearance Hotel stay

City	State	Zip Code	Check Number
Norwalk	CT	06845	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Hilton Garden Inn	12/19/2022	46.44

Street Address	Purpose
1100 Carnegie Avenue,	2 Day parking for hotel stay

City	State	Zip Code	Check Number
Cleveland	OH	44115	NA

Page Total $ 631.17

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
Kyle Stone	10/21/2022	$160.00

Street Address	Purpose
2469 Applegrove Street NE	Reimbursement for Graphic Arts & Website Downpayment

City	State	Zip Code	Check Number
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	10/31/2022	50.00

Street Address	Purpose
2469 Applegrove Street NE	Reimbursement for Poltical event ticket

City	State	Zip Code	Check 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	Reimbursement for political event ticket

City	State	Zip Code	Check Number
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	10/31/2022	50.00

Street Address	Purpose
2469 Applegrove Street NE	Reimbursement for political event ticket

City	State	Zip Code	Check Number
Canton	OH	44721	N/A

To Whom Paid	Date (MM/DD/YYYY)	Amount
Kyle Stone	10/31/2022	100.00

Street Address	Purpose
2469 Applegrove Street NE Canton	Reimbursement for political event ticket

City	State	Zip Code	Check Number
Canton	OH	44721	NA

Page Total $ 410

Frank LaRose
Ohio Secretary of State

Date 1/25/2023 Page 2

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	Envelopes for Fundraiser

City	State	Zip Code	Check Number
North Canton	OH	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	Zip Code	Check Number
Canton	OH	44718	N/A

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

City	State	Zip Code	Check Number
Canton	OH	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	OH	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	OH	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

Frank LaRose
Ohio Secretary of State

Date 1/25/2023 Page 2

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	Street Address	Purpose	City	State	Zip Code	Check Number
United States Postal Service	09/26/2022	99.60		Postage	Canton	OH		N/A
United States Postal Service	09/27/2022	48.00		Postage	Canton	OH		N/A
Giant Eagle	10/26/2022	32.98	1955 E. Maple Street	Food for fundraiser	North Canton	OH	44720	N/A
Acme Fresh Market	10/26/2022	23.98	1474 N Main Street,	Food for fundraiser	North Canton	OH	44720	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 $ 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