

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|--------------|--|----------------|--------------------|--------------|-----------------------------|--|
| Full Name of Committee Committee to Support Green Schools | | | | | | Registration Number, if PAC | |
| Full Name of Candidate — | | | | | | | |
| Street Address 4426 Provencs Dr | | | | Office Sought — | | District — | |
| City Akron | | | | State OH | | Zip Code 44319 | |
| Type of Report (place X to the left of report type) | Pre-Primary | <input checked="" type="checkbox"/> | Post-Primary | Pre-General | Post-General | Annual Year | |
| | July Monthly | | August Monthly | September Monthly | Termination | Semiannual | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | | 031516 | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | | | |
|---|----|----------------|---------------|
| 1. Amount brought forward from last report | \$ | 2240 | A6 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 980.00 | |
| 3. Total other income (From Form No. 31-A-2) | \$ | — | A6 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 3220.00 | A6 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 2662 | 80 |
| 6. Balance on hand (line 4 minus line 5) | \$ | 557 | .66 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | 58 | 00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | 58 | 00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | — | |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | | |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | | |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | | |
| 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. | \$ | | |

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2015 APR 12 PM 4: 01
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
#11116 SR

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Michael J Trinko, Treas
Print Name and Title (Treasurer and Deputy Treasurer only)

Michael J Trinko
Signature

4/12/16
Date

Contribution pages 6

Expenditure pages 1

Other pages 1

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|---|----------|--|-----------------------------|--------------------------|----------------|-------------------------|
| Name of Committee in Full COMMITTEE TO SUPPORT GREEN SCHOOLS | | | | | | | | | |
| Full Name of Contributor Contributions from fund raising | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M 0 | D 29 | Y 16 | Amount 540.00 |
| Full Name of Contributor Contributions from fund raising event | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M 0 | D 30 | Y 16 | Amount 440.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | | Zip Code | | M | D | Y | Amount |

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

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | |
|------------------------------------|--|-------|-------------------------------|--------------|--|---|---|----|--------|-------------------|
| COMMITTEE TO SUPPORT GREEN SCHOOLS | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| SUBURBANITE | | | | | | 0 | 2 | 26 | 16 | 300.00 |
| Address | | | Purpose | | | | | | | |
| 500 MARKET AVE SOUTH | | | MEDIA-STICKERS | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| CANTON | | OH | 44702 | 1107 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| SUBURBANITE | | | | | | 0 | 3 | 01 | 16 | 283.00 |
| Address | | | Purpose | | | | | | | |
| 500 MARKET AVE SO | | | MEDIA-NEWSPAPER ADVERTISEMENT | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| CANTON | | OH | 44702 | 1109 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| LEADER PUBLICATIONS | | | | | | 0 | 3 | 01 | 16 | 261.00 |
| Address | | | Purpose | | | | | | | |
| 3075 SMITH ROAD | | | MEDIA-NEWSPAPER ADVERTISEMENT | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| FAIRLAWN | | OH | 44333 | 1110 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| KATIE STOYNOFF | | | | | | 0 | 3 | 28 | 16 | 531.84 |
| Address | | | Purpose | | | | | | | |
| 235 LAKEFRONT DR | | | MEDIA-PRINTING | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| AKRON | | OH | 44319 | 11101 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| KATIE STOYNOFF | | | | | | 0 | 3 | 28 | 16 | 911.01 |
| Address | | | Purpose | | | | | | | |
| 235 LAKEFRONT DR | | | POSTAGE & MEDIA SERVICE | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| AKRON | | OH | 44319 | 1112 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| KATIE STOYNOFF | | | | | | 0 | 3 | 28 | 16 | 78.40 |
| Address | | | Purpose | | | | | | | |
| 235 LAKEFRONT DR | | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| AKRON | | OH | 44319 | 1113 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| JULIE McMAHAN | | | | | | 0 | 3 | 28 | 16 | 46.23 |
| Address | | | Purpose | | | | | | | |
| 4696 CHRISTMAN RD | | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| AKRON | | OH | 44319 | 1114 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| Suburbanite | | | | | | 0 | 3 | 01 | 16 | \$283.00 |
| Address | | | Purpose | | | | | | | |
| 500 Market Ave So. | | | media- newspaper ad | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | | |
| CANTON | | OH | | 1109 | | | | | | |

248.31
~~258.~~

\$ 2662.80
Page Total ~~50.00~~

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

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | |
|---|---|-----------------------------|--------------------------|
| COMMITTEE TO SUPPORT GREEN SCHOOLS | | | |
| Full Name of Contributor | | Registration Number, if PAC | |
| CRYSTAL OBERDORFER | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 2949 BERANN CT | | 02 29 16 | 80.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| UNIONTOWN | OH | 44685 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| CAROLINE MILLER | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 4043 APRIL DR | | 02 29 16 | 80.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| UNIONTOWN | OH | 44685 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| CAROL A BUMP | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 8677 SWEENEY AUNW | | 02 29 16 | 40.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| NO CANTON | OH | 44720 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| SHARON LAWRENCE | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 3969 HIGH POINT | | 02 29 16 | 40.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| UNIONTOWN | OH | 44685 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| J KENYON-FARRINGTON | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 2550 CARDINGTON GREEN | | 02 29 16 | 40.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| UNIONTOWN | OH | 44685 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| STEVE DYER | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 4362 RIDGEVIEW DR | | 02 29 16 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| UNIONTOWN | OH | 44685 | CHK |
| Full Name of Contributor | | Registration Number, if PAC | |
| JULIE McMAHAN | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y | Amount |
| 4696 CHRISTMAN RD | | 02 29 16 | 80.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| AKRON | OH | 44319 | CHK |

* 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.

| |
|---|
| — |
|---|

| |
|---------------------------------|
| 460.00 |
| Page Total \$ 390.00 |

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

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | Registration Number, if PAC | | | |
|--|--------------------|---|--|---|---|---|--------|
| COMMITTEE TO SUPPORT GREEN SCHOOLS | | | | | | | |
| Full Name of Contributor CAROL MCKEE | | | | Registration Number, if PAC | | | |
| Street Address 558 BOBWHITE TRAIL | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 2 | 9 | 640.00 |
| City AKRON | State OH | Zip Code 44319 | | Form (Cash, Check, etc.) CASH | | | |
| Full Name of Contributor JEAN FARRINGTON | | | | Registration Number, if PAC | | | |
| Street Address 2550 CARDINGTON GREEN | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 2 | 9 | 640.00 |
| City UNIONTOWN | State OH | Zip Code 44685 | | Form (Cash, Check, etc.) CASH | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | State OH | Zip Code | | Form (Cash, Check, etc.) | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | State OH | Zip Code | | Form (Cash, Check, etc.) | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | State OH | Zip Code | | Form (Cash, Check, etc.) | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | State OH | Zip Code | | Form (Cash, Check, etc.) | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | State OH | 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

| | |
|-----|----|
| 540 | 00 |
|-----|----|

Total expenditures this event.

| | |
|---|---|
| — | — |
|---|---|

| |
|---------------------|
| 80.00 |
| Page Total \$ 80.00 |

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

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | |
|---|---|----------|-----------------------------|----|-----|
| COMMITTEE TO SUPPORT GREEN SCHOOLS | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| JAMES AHLSTROM | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 2669 SUPERIOR DR | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| UNIONTOWN | OH | 44685 | 40.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CASH | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| ABBY AUMAN | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 2161 GREENSBURG RD | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| NORTH CANTON | OH | 44720 | 40.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CASH | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| STEVE DYER | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 4362 RIDGEVIEW DR | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| UNIONTOWN | OH | 44685 | 40.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CHK | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| JULIE McMAHAN | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 4696 CHRISTMAN RD | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| AKRON | OH | 44319 | 80.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CHK | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| KATIE STOYNOFF | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 235 LAKEFRONT DR | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| AKRON | OH | 44319 | 120.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CHK | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| CYNTHIA ROONEY | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 3883 TROON DR | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| UNIONTOWN | OH | 44685 | 40.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CHK | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| JEFFERY MILLER | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 4960 TIMBERCREEK CIR | | | 0 | 30 | 216 |
| City | State | Zip Code | Amount | | |
| | OH | | 80.00 | | |
| Form (Cash, Check, etc.) | | | | | |
| CHK | | | | | |

* 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

| | |
|-----|-----|
| 440 | .00 |
|-----|-----|

Total expenditures this event.

| |
|---|
| — |
|---|

| |
|---------------------|
| \$ 440.00 |
| Page Total \$ 80.00 |

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2-01

| Name of Committee in Full | | | | | | | | | |
|---|--|-------|---------------|--|--------------|---|---|---|--------|
| Committee To Support Green Schools | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| GREEN LOCAL SCHOOLS | | | | | | 0 | 2 | 9 | 248.32 |
| Address | | | Purpose | | | | | | |
| 1755 TOWN PARK BLVD, Box 218 | | | FOOD SUPPLIES | | | | | | |
| City | | State | Zip Code | | Check Number | | | | |
| GREEN | | OH | 44232 | | 1108 | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | Purpose | | | | | | |
| | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | Purpose | | | | | | |
| | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | Purpose | | | | | | |
| | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | Purpose | | | | | | |
| | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| 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 \$ 248.32

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | |
|---|--|---|----------|---|
| Committee To Support Green Schools | | | | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| KATIE STOYNOFF | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| 235 LAKEFRONT DR | | POSTAGE | | 0 2 2 5 1 6 \$58.00 |
| City | | State | Zip Code | Received at Fundraising Event* |
| AKRON | | OH | 44319 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| | | | | |
| Street Address | | Description of Item or Service | | M D Y Fair Market Value |
| | | | | |
| City | | State | Zip Code | Received at Fundraising Event* |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]