

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Coventry Strong		Registration Number, if PAC 47-4958993	
Full Name of Candidate			
Street Address c/o 126 WYMORE AVE		Office Sought	District COVENTRY
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
	July Monthly	August Monthly	September Monthly
			Post-General
			Termination
			Annual Year
			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 03/15/16	

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	\$	4078	00
2. Total monetary contributions (From Form No. 31-A)	\$	120	
3. Total other income (From Form No. 31-A-2)	\$	-	
4. Total funds available (Sum of lines 1, 2, 3)	\$	4,198	00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,153	39
6. Balance on hand (Use a minus sign)	\$	3044	61
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
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.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2016 APR 21 PM 3:06
11,050 AVC
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

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.

George T Beckham
Print Name and Title (Treasurer and Deputy Treasurer only)

George Beckham
Signature

4-21-16
Date

Contribution pages 2

Expenditure pages 3

Other pages 1

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full CONVENTRY STRONG									
Full Name of Contributor John P. Dolensky							Registration Number, if PAC 47-4958993		
Street Address 1215 Maryland Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron		State OH	Zip Code 44319		M 0	D 22	Y 16	Amount \$100⁰⁰	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	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	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	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	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	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	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	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	Zip Code		M	D	Y	Amount	

* 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)]

10200

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Coventry Strong</i>			
Full Name of Contributor <i>Raffle Ticket - Sale</i>		Registration Number, if PAC <i>47-4958993</i>	
Street Address	Employer/Occupation/Labor Organization*	M D Y <i>03 19 16</i>	Amount <i>20⁰⁰</i>
City	State	Zip Code	Form (Cash, Check, etc.) <i>Cash</i>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	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	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	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	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	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	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

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Total expenditures this event.

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COVENTRY STRONG						
To Whom Paid Leader Publications			M	D	Y	Amount
Address 3075 Smith Road			Purpose Advertisement			
City Akron		State OH	Zip Code 44333		Check Number 111	
To Whom Paid Leader Publications			M	D	Y	Amount
Address 3075 Smith Road			Purpose Advertisement			
City Akron		State OH	Zip Code 44333		Check Number 112	
To Whom Paid Adan Rockich			M	D	Y	Amount
Address 68 Portage Lakes			Purpose Wire ties & envelopes			
City Akron		State OH	Zip Code 44319		Check Number 118	
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	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Coventry Strong						M	D	Y	Amount		
To Whom Paid Randy Osivnik						0	4	1	4	6	40.-
Address 1273 Azalea Blvd			Purpose Raffle winner #038								
City Berkerton		State OH	Zip Code 44203		Check Number CASH						
To Whom Paid Patty Stouffer c/o Robert Stouffer						M	D	Y	Amount		
						0	4	1	4	40.00	
Address 678 Surfside Dr.			Purpose Raffle winner #267								
City Akron		State OH	Zip Code 44319		Check Number CASH						
To Whom Paid Kristin Kozlowski						M	D	Y	Amount		
						0	4	1	2	16	40.-
Address 376 E. Minor Ave.			Purpose Raffle Winner #345								
City Akron		State OH.	Zip Code 44319		Check Number 117						
To Whom Paid Holly Winfree						M	D	Y	Amount		
						0	4	1	2	16	100.00
Address 748 Columbus Ave			Purpose Raffle Winner #288								
City Akron		State OH.	Zip Code 44306		Check Number 114						
To Whom Paid Lony Powers c/o William Smart						M	D	Y	Amount		
						0	4	1	2	16	40.-
Address 610 Treeseide Dr.			Purpose Raffle Winner #328								
City		State	Zip Code		Check Number CASH						
To Whom Paid Brad McIntyre						M	D	Y	Amount		
						0	9	1	3	16	40.00
Address 938 Parkway Blvd.			Purpose Raffle Winner #144								
City Alliance		State OH	Zip Code		Check Number 110						
To Whom Paid Brett Watson						M	D	Y	Amount		
						0	9	1	3	16	40.00
Address Portage Lakes Dr. Unit B			Purpose Raffle Winner #542								
City Akron		State OH	Zip Code 44319		Check Number 115						

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.

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full									
COVENTRY STRONG									
To Whom Paid Stephanie Brooks c/o Charlie Wycle						M	D	Y	Amount
Address 2559 Arbor Ct.						0	2	5	\$40
Purpose Raffle winner #321									
City Uniontown		State OH	Zip Code 44685	Check Number CASH					
To Whom Paid Brian Seese c/o Tom Seese						M	D	Y	Amount
Address H. Hop Dr.						0	2	4	\$40
Purpose Raffle winner #628									
City Akron		State OH	Zip Code 44315	Check Number CASH					
To Whom Paid Krestan Kozlowski						M	D	Y	Amount
Address 374 E Minor Ave						0	2	6	\$40
Purpose Raffle winner #346									
City Akron		State OH	Zip Code 44319	Check Number CASH					
To Whom Paid Louise Dodd						M	D	Y	Amount
Address 589 Apple Dr.						0	3	1	\$100.00
Purpose Raffle winner #632									
City Akron		State OH	Zip Code 44319	Check Number CASH					
To Whom Paid Lois Susan						M	D	Y	Amount
Address 4628 Rex Lake Dr.						0	3	0	\$40.-
Purpose Raffle winner #021									
City New Franklin		State OH	Zip Code 44319	Check Number CASH					
To Whom Paid David Grissinger c/o Danny Yaros						M	D	Y	Amount
Address 976 Ferr Rd.						0	3	0	\$40.-
Purpose Raffle winner #058									
City Akron		State OH	Zip Code 44319	Check Number CASH					
To Whom Paid Jeff Funai c/o Adam Rockich						M	D	Y	Amount
Address 4200 Mastillon Rd.						0	3	0	\$40.-
Purpose Raffle winner #514									
City North Canton		State OH	Zip Code 44720	Check Number CASH					

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.

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee COVENTRY STRONG									
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			State	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)