

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | |
|--|-----------------|--|---|--|----------------------|------------------|-----------------------------|----------|------------------------|---|
| Full Name of Committee Coventry Schools Taxpayers Accountability Coalition - CSTAC | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate | | | | | | | | | | |
| Street Address 65 Whitefriars Dr. | | | | | Office Sought | | | District | | |
| City Akron | | | | | State O H | | Zip Code 44319 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | July Monthly | | August Monthly | | September Monthly | | Termination | | X 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 | | M | D | Y |

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 at 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 | \$ | 334.23 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 520.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 854.23 |
| 5. Total monetary expenditures (From Form No. 31-F) | \$ | 465.00 |
| 6. Balance on hand (From Form No. 31-F) | \$ | 389.23 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | 0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | 0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | 0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | 0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | 0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | 0.00 |
| 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

2017 JAN 31 PM 12: 05
 BOARD OF ELECTIONS
 AKRON, OHIO
 OS # 0589

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

Lawrence G Ryba, Treasurer _____ Signature: *Lawrence G Ryba* Date: 1/31/2017

| | | | |
|--------------------------------|-------------------------------|-------------------------|-------------------------|
| Contribution pages <u>1</u> | Expenditure pages <u>1</u> | Other pages <u>0</u> | Total pages <u>2</u> |
|--------------------------------|-------------------------------|-------------------------|-------------------------|

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Coventry Schools Taxpayers Accountability Coalition - CSTAC | | | | | | | |
| Full Name of Contributor Lawrence G Ryba | | | | | Registration Number, if PAC | | |
| Street Address 65 Whitefriars Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Akron | State O H | Zip Code 44319 | M 0 8 | D 1 5 | Y 1 6 | Amount 120.00 | |
| Full Name of Contributor Ronald Reed | | | | | Registration Number, if PAC | | |
| Street Address 64 Whitefriars Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Akron | State O H | Zip Code 44319 | M 0 8 | D 1 7 | Y 1 6 | Amount 100.00 | |
| Full Name of Contributor Vivian Harig | | | | | Registration Number, if PAC | | |
| Street Address 235 Oak Grove Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Akron | State O H | Zip Code 44319 | M 0 9 | D 0 1 | Y 1 6 | Amount 100.00 | |
| Full Name of Contributor Barry Terjesen | | | | | Registration Number, if PAC | | |
| Street Address 3505 Dollar Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Akron | State O H | Zip Code 44319 | M 0 9 | D 1 3 | Y 1 6 | Amount 100.00 | |
| Full Name of Contributor Martha Vye | | | | | Registration Number, if PAC | | |
| Street Address 71 Whitefriars Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Akron | State O H | Zip Code 44319 | M 0 9 | D 2 0 | Y 1 6 | Amount 100.00 | |
| 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, 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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|---|--|-------|-----------|--|--------------|---|---|---|--------|---|---|--------|
| Coventry Schools Taxpayers Accountability Coalition - CSTAC | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| The Suburbanite | | | | | | 0 | 8 | 1 | 2 | 1 | 6 | 440.00 |
| Address | | | Purpose | | | | | | | | | |
| 500 Market Ave South | | | Bank Fees | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Canton | | O | 44702 | | 1036 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| FirstMerit Bank | | | | | | 1 | 2 | 3 | 0 | 1 | 6 | 25.00 |
| Address | | | Purpose | | | | | | | | | |
| | | | Bank Fees | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Akron | | O | | | cash | | | | | | | |
| 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 | | | | | | | |
| | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | |