

Ohio Campaign Finance Report

Prescribed by Secretary of State 3-05

Full Name of Committee Green Party of Summit County, OH						Registration Number, if PAC 82-1798534				
Full Name of Candidate N/A										
Street Address 504 Crouse St					Office Sought		District			
City Akron					State OH		Zip Code 44311			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual 2017
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 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	\$	00	00
2. Total monetary contributions (From Form No. 31-A)	\$	191	73
3. Total other income (From Form No. 31-A-2)	\$	00	00
4. Total funds available (sum of lines 1, 2, 3)	\$	191	73
5. Total monetary expenditures (From Form No. 31-B)	\$	00	00
6. Balance on hand (Line 4 minus line 5)	\$	191	73
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	00	00
8. Value of in-kind contributions made (From Form No. 31-K-1)	\$	00	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	00	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	00	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	00	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	00	00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

#1278
AKRON, OHIO
2017 AUG 22 AM 10:28

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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.

Karin Fay, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

8/18/17
Date

Contribution pages 1

Expenditure pages 0

Other pages 0

Total pages 2

including this

Statement of Contributions Received

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Name of Committee in Full Green Party of Summit County, OH							
Full Name of Contributor Andy Pyle					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
		Retired			Cash		
City	State	Zip Code	M	D	Y	Amount	
			07	06	17	\$70.00	
Full Name of Contributor Cassandra Lipari					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1574 Wiltshire Rd		LPN			\$20.00		
City	State	Zip Code	M	D	Y	Amount	
Akron	OH	44313	07	06	17	Cash	
Full Name of Contributor Russell Buckbee					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
10254 Regatta Trail		Retired			Cash		
City	State	Zip Code	M	D	Y	Amount	
Aurora	OH	44202	07	06	17	\$20.00	
Full Name of Contributor Akron For Jill Stein					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
N/A		Political Club			Cash		
City	State	Zip Code	M	D	Y	Amount	
			07	06	17	\$81.73	
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, 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)]

\$191.73

Page Total \$ 0.00