

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee MATT SHAUGHNESSY FOR GREEN						Registration Number, if PAC				
Full Name of Candidate MATTHEW SHAUGHNESSY										
Street Address 4781 LABURNUM DR.				Office Sought GREEN CITY Council		District WARD 4				
City AKRON				State OH		Zip Code 44319				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" 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 type="checkbox"/>	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 1 1 0 7 1 7				

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.

#1455
2017 OCT 26 PM 1:56

1. Amount brought forward from last report	\$	-0-
2. Total monetary contributions (From Form No. 31-A)	\$	50.17
3. Total other income (From Form No. 31-A-2)	\$	-0-
4. Total funds available (sum of lines 1, 2, 3)	\$	50.17
5. Total monetary expenditures (From Form No. 31-B)	\$	-0-
6. Balance on hand (line 4 minus line 5)	\$	50.17
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	65.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1,295.90
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	-0-
12. Value of independent expenditures made (From Form No. 31-U)	\$	-0-
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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.

MATTHEW SHAUGHNESSY, TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Matthew Shaughnessy
Signature

10/26/2017
Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MATT SHAUGHNESSY FOR GREEN									
Full Name of Contributor DAVID B. COHEN						Registration Number, if PAC			
Street Address 1323 CHERRYWOOD WAY			Employer Occupation/Labor Organization* UNIVERSITY OF AKRON				Form (Cash, Check, etc.) CHECK		
City UNIONTOWN, OH		State OH		Zip Code 44685		M 0	D 6	Y 29	Amount 50.17
Full Name of Contributor									
Street Address						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									
Street Address						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									
Street Address						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									
Street Address						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									
Street Address						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									
Street Address						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									
Street Address						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 also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2.01

Name of Committee in Full						MATT SHAUGHNESSY FOR GREEN							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC							
Address		Type*		State		M		D		Y		Amount	
City		State		Zip Code		Form (Cash, Check, etc.)							

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2 01

Name of Committee in Full										
<i>MATT SHAUGHNESSY FOR GREEN</i>										
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
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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MATT SHAUGHNESSY FOR GREEN				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	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)]

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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Page Total \$

-0-

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2001

Name of Committee in Full										
MATT SHAUGHNESSY FOR GREEN										
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
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.

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2 01

Name of Committee in Full					MATT SHAUGHNESSY FOR GREEN				
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address					M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)						

The above are employees of a unit or department under the direct supervision and control of _____, who currently holds the public office of _____.

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"

In-Kind Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full			
MATT SHAUGHNESSY FOR GREEN			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
LAW OFFICE OF MATTHEW SHAUGHNESSY, LLC			
Street Address	Description of Item or Service	M	D
3577 S. ARLINGTON RD. 2E	ENVELOPES/PAPER/TONER	08	0117
City	State	Y	Fair Market Value
AKRON, OH	OH		65.00
	Zip Code	Received at Fundraising Event?	
	44312	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="radio"/> YES <input type="radio"/> NO	

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In-Kind Contributions Made

Prescribed by Secretary of State 2 01

Name of Committee in Full		M	D	Y	Fair Market Value
MATT SHAUGHNESSY FOR GREEN					
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				
Recipient Committee					
Address	Description of Item or Service				
City	State Zip Code				

Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee MATT SHAUGHNESSY FOR GREEN													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period				
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period				
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period				
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 0-
- 2 Total received this period \$ 0- (To Form No. 31-A-2)
- 3 Total payments this period \$ 0- (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 0- (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee MATT SHAUGHNESSY FOR GREEN										
To Whom Owed MATT SHAUGHNESSY					Prior Amount			Amt. Incurred this Period 133.94		
Address 4781 LA BURNUM Dr.					Item or Purpose of Debt 1,000 DOOR HANGERS			Outstanding Balance 133.94		
City AKRON		State OH		Zip Code 44319		Payments This Period				
Date Debt was originally Incurred					M		D		Y	\$
					06		19		17	
Registration Number, if PAC					M		D		Y	\$
					M		D		Y	\$
					M		D		Y	\$
To Whom Owed MATT SHAUGHNESSY					Prior Amount			Amt. Incurred this Period 348.56		
Address 4781 LA BURNUM Dr.					Item or Purpose of Debt 100 SIGNS & STAKES			Outstanding Balance 348.56		
City AKRON		State OH		Zip Code 44319		Payments This Period				
Date Debt was originally Incurred					M		D		Y	\$
					08		29		17	
Registration Number, if PAC					M		D		Y	\$
					M		D		Y	\$
					M		D		Y	\$
To Whom Owed MATT SHAUGHNESSY					Prior Amount			Amt. Incurred this Period 391.46		
Address MATT SHAUGHNESSY 4781 LA BURNUM Dr.					Item or Purpose of Debt 50 SIGNS 4 LARGE SIGNS			Outstanding Balance 391.46		
City 4781 LA BURNUM Dr. AKRON		State OH		Zip Code 44319		Payments This Period				
Date Debt was originally Incurred					M		D		Y	\$
					09		27		17	
Registration Number, if PAC					M		D		Y	\$
					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 \$ 0- (also record on Form 31-B)

Total Outstanding Balance \$ ON NEXT PAGE (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee MATT SHAUGHNESSY FOR GREEN									
To Whom Owed MATT SHAUGHNESSY					Prior Amount			Amt. Incurred this Period 133.94	
Address 4781 LABURNUM DRIVE					Item or Purpose of Debt			Outstanding Balance 133.94	
City AKRON		State OH		Zip Code 44319		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 MATT SHAUGHNESSY									
Address 4781 LABURNUM					Item or Purpose of Debt POSTAGE 600 STAMPS			Outstanding Balance 288.00	
City AKRON		State OH		Zip Code 44319		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									
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 \$ -0- (also record on Form 31-B)

Total Outstanding Balance \$ 1,295.90 (also record on cover page)

Statement of Loans Made

Prescribed by Secretary of State 201

Full Name of Committee MATT SHAUGHNESSY FOR GREEN									
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code			Payments Received This Period	
Date Loan was Originally Made					Date		Amount		
					M	D	Y	\$	
					M	D	Y		
					M	D	Y		
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code			Payments Received This Period	
Date Loan was Originally Made					Date		Amount		
					M	D	Y	\$	
					M	D	Y		
					M	D	Y		
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State		Zip Code			Payments Received This Period	
Date Loan was Originally Made					Date		Amount		
					M	D	Y	\$	
					M	D	Y		
					M	D	Y		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ 0- (also record on Form 31-B)

Total Outstanding Balance \$ 0- (also record on cover page)

Total Payments Received this Period \$ 0- (also record on Forms 31-A-2)