

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 OH		Zip Code 44319		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X 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		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 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	\$ 2.17
2. Total monetary contributions (From Form No. 31-A)	\$ 3,135.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,137.17
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,228.32
6. Balance on hand (From Form No. 31-E)	\$ 1,908.85
7. Value of tickets and rebates received (From Form No. 31-J-1)	\$ 83.38
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 1,471.66
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,200.00
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 OCT 26 AM 9:46

#1527 Ave

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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Lawrence G Ryba

10/25/17

Date

Contribution pages <u>4</u>

Expenditure pages <u>1</u>

Other pages <u>3</u>

Total pages <u>9</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 Diane Kruger					Registration Number, if PAC		
Street Address 432 Turkeyfoot Lake Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Akron	State O H	Zip Code 44319	M 0 6	D 2 8	Y 1 7	Amount 40.00	
Full Name of Contributor Mike Swanson					Registration Number, if PAC		
Street Address 47 Whitefriars Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Akron	State O H	Zip Code 44319	M 0 7	D 2 6	Y 1 7	Amount 100.00	
Full Name of Contributor Justin Goulet					Registration Number, if PAC		
Street Address 37 Whitefriars Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44319	M 0 8	D 0 1	Y 1 7	Amount 200.00	
Full Name of Contributor Ann Robinson					Registration Number, if PAC		
Street Address 12 Whitefriars Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44319	M 0 8	D 1 9	Y 1 7	Amount 50.00	
Full Name of Contributor Kathryn Giampapa					Registration Number, if PAC		
Street Address 400 Vaughn Trail		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44319	M 0 8	D 1 9	Y 1 7	Amount 100.00	
Full Name of Contributor Laurie Piekarski					Registration Number, if PAC		
Street Address 4618 Rex Lake Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Franklin	State O H	Zip Code 44319	M 0 8	D 1 9	Y 1 7	Amount 50.00	
Full Name of Contributor Thomas L Cook					Registration Number, if PAC		
Street Address 4386 Point Comfort Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City New Franklin	State O H	Zip Code 44319	M 0 9	D 0 5	Y 1 7	Amount 100.00	
Full Name of Contributor Barbara J Cook					Registration Number, if PAC		
Street Address 4386 Point Comfort Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Franklin	State O H	Zip Code 44319	M 0 9	D 0 5	Y 1 7	Amount 100.00	

* 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 Contributions Received

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Name of Committee in Full Coventry Schools Taxpayers Accountability Coalition - CSTAC							
Full Name of Contributor Richard E Kline					Registration Number, if PAC		
Street Address 2295 Pine Top Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44319	M 0 8	D 2 6	Y 1 7	Amount 25.00	
Full Name of Contributor Susan C Darby					Registration Number, if PAC		
Street Address 7 Whitefriars 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 7	Amount 200.00	
Full Name of Contributor Gary J Cox					Registration Number, if PAC		
Street Address 2298 Pine Top Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44319	M 0 8	D 2 3	Y 1 7	Amount 25.00	
Full Name of Contributor Cheryl Swanson					Registration Number, if PAC		
Street Address 47 Whitefriars Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Akron	State O H	Zip Code 44319	M 0 9	D 2 1	Y 1 7	Amount 100.00	
Full Name of Contributor Jack Defiore					Registration Number, if PAC		
Street Address 75 Whitefriars Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Akron	State O H	Zip Code 44319	M 0 9	D 1 9	Y 1 7	Amount 100.00	
Full Name of Contributor Carol A Eubank					Registration Number, if PAC		
Street Address 347 Dorwil 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 7	Amount 20.00	
Full Name of Contributor Michael D Sikora					Registration Number, if PAC		
Street Address 269 Aqua Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44319	M 0 9	D 1 9	Y 1 7	Amount 50.00	
Full Name of Contributor Jonathan Caiazza					Registration Number, if PAC		
Street Address 50 Whitefriars		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44319	M 0 9	D 1 8	Y 1 7	Amount 25.00	

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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					Registration Number, if PAC		
Leo Kovachic							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
87 Whitefriars Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	0	9	1	8	100.00
Full Name of Contributor					Registration Number, if PAC		
Lawrence G Ryba							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
65 Whitefriars Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	0	9	2	1	500.00
Full Name of Contributor					Registration Number, if PAC		
Melvin Vye							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
71 Whitefriars Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	0	9	2	3	200.00
Full Name of Contributor					Registration Number, if PAC		
Ronald McKinney							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3618 S. Main St					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	0	9	2	4	100.00
Full Name of Contributor					Registration Number, if PAC		
Jack Finefrock							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
297 Oak Grove Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	1	0	0	2	150.00
Full Name of Contributor					Registration Number, if PAC		
Mike Piekarski							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4618 Rex Lake Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
New Franklin	O H	44319	1	0	0	4	50.00
Full Name of Contributor					Registration Number, if PAC		
James Eckman							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
70 Whitefriars Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	1	0	1	3	100.00
Full Name of Contributor					Registration Number, if PAC		
Jim Stevenson							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1104 Bevans					Check		
City	State	Zip Code	M	D	Y	Amount	
Barberton	O H	44203	1	0	1	3	50.00

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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 Ronal L 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 1 0	D 1 8	Y 1 7
Amount 500.00							
Full Name of Contributor Tony Cocozzo					Registration Number, if PAC		
Street Address 3517 Dollar Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44319		M 1 0	D 1 3	Y 1 7
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							
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							

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Coventry Schools Taxpayers Accountability Coalition - CSTAC												
To Whom Paid The Suburbanite						M	D	Y	Amount			
						1	0	1	2	1	7	420.00
Address 500 Market Ave S.			Purpose Space Advertising									
City Canton			State O	H	Zip Code 44702	Check Number 1037						
To Whom Paid Leader Publications						M	D	Y	Amount			
						1	0	1	8	1	7	808.32
Address 3075 Smith Rd Suite 204			Purpose Space Advertising									
City Fairlawn			State O	H	Zip Code 44333	Check Number 1040						
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			

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Coventry Schools Taxpayers Accountability Coalition - CSTAC			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ron Reed	Retired		
Street Address	Description of Item or Service	M	D
64 Whitefriars Dr.	Copies of Flyer	1 0	0 9
City	State	Y	Fair Market Value
Akron	O H	1 7	21.35
	Zip Code	Received at Fundraising Event?	
	44319	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ron Reed	Retired		
Street Address	Description of Item or Service	M	D
64 Whitefriars Dr.	Copies of Flyer	1 0	1 2
City	State	Y	Fair Market Value
Akron	O H	1 7	21.35
	Zip Code	Received at Fundraising Event?	
	44319	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Joni Murgatroyd			
Street Address	Description of Item or Service	M	D
1330 Steve Dr.	Social Media Charges	0 9	3 0
City	State	Y	Fair Market Value
Akron	O H	1 7	40.68
	Zip Code	Received at Fundraising Event?	
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	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
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Coventry Schools Taxpayers Accountability Coalition					
To Whom					
Ronald L Reed for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
64 Whitefriars Dr	1/2 Billboard	1	0	09	550.00
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Josh Hostetler for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
3344 S. Main St	1/2 Billboard	1	0	09	550.00
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Josh Hostetler for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
3344 S. Main St	25% of Suburbanite ad	1	0	13	105.00
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Ronald L Reed for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
64 Whitefriars Dr	25% of Suburbanite ad	1	0	13	105.00
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Josh Hostetler for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
3344 S. Main St	10% of SSNL ad	1	0	18	80.83
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Ronald L Reed for Coventry School Board					
Address	Description of Item or Service	M	D	Y	Fair Market Value
64 Whitefriars Dr	10% of SSNL ad	1	0	18	80.83
City	State	Zip Code			
Akron	O H	44319			
To Whom					
Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code			

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Coventry Schools Taxpayers Accountability Coalition															
To Whom Owed Lawrence G Ryba						Prior Amount		Amt. Incurred this Period 2,200.00							
Address 65 Whitefriars Dr.						Item or Purpose for Debt re-Pay Billboard		Outstanding Balance 2,200.00							
City Akron				State OH	Zip Code 44319										
Date Debt was originally Incurred						M		D		Y		Payments Made This Period Date		Amount	
1 0 0 9 1 7															
Registration Number, if PAC						M		D		Y					
To Whom Owed						Prior Amount		Amt. Incurred this Period							
Address						Item or Purpose for Debt		Outstanding Balance							
City				State	Zip Code										
Date Debt was originally Incurred						M		D		Y		Payments Made This Period Date		Amount	
Registration Number, if PAC						M		D		Y					
To Whom Owed						Prior Amount		Amt. Incurred this Period							
Address						Item or Purpose for Debt		Outstanding Balance							
City				State	Zip Code										
Date Debt was originally Incurred						M		D		Y		Payments Made This Period Date		Amount	
Registration Number, if PAC						M		D		Y					

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,200.00 (also record on cover page)