

**TERMINATED**

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Coventry Schools Taxpayers Accountability Coalition - CSTAC</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>65 Whitefriars Dr.</b>					Office Sought		District		
City <b>Akron</b>					State <b>O H</b>		Zip Code <b>44319</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
	July		August		September		Termination		Semiannual
	Monthly		Monthly		Monthly		Monthly		
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 <b>1 1 0 7 1 7</b>	

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	\$	1,908.85
2. Total monetary contributions (From Form No. 31-A)	\$	300.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,208.85
5. Total monetary expenditures (From Form No. 31-B)	\$	2,208.85
6. Balance (sum of lines 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	160.13
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	80.00
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**

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#1815-2033

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*

12/15/17  
Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Coventry Schools Taxpayers Accountability Coalition - CSTAC</b>									
Full Name of Contributor <b>Matha Vye</b>						Registration Number, if PAC			
Street Address <b>71 Whitefriars Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Akron</b>		State <b>O   H</b>	Zip Code <b>44319</b>		M <b>1</b>	D <b>0</b>	Y <b>3   0   1   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Lawrence G Ryba</b>						Registration Number, if PAC			
Street Address <b>65 Whitefriars Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Akron</b>		State <b>O   H</b>	Zip Code <b>44319</b>		M <b>1</b>	D <b>1</b>	Y <b>0   8   1   7</b>	Amount <b>200.00</b>	
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, 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 <b>Coventry Schools Taxpayers Accountability Coalition - CSTAC</b>									
To Whom Paid <b>Lawrence G Ryba</b>						M	D	Y	Amount
						1	1	0	1
						8	1	7	2,200.00
Address <b>65 Whitetriars Dr.</b>			Purpose <b>Re-payment of Bill Boards - settle debt</b>						
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44319</b>		Check Number <b>1038</b>				
To Whom Paid <b>Portage Lakes Historical Society</b>						M	D	Y	Amount
						1	2	0	1
						5	1	7	8.85
Address <b>PO Box 19172</b>			Purpose <b>Donation to close out CSTAC checking account</b>						
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44319</b>		Check Number <b>1039</b>				
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				

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Coventry Schools Taxpayers Accountability Coalition - CSTAC</b>			
Full Name of Contributor <b>Ron Reed</b>		Employer, Occupation, Labor Organization * <b>Retired</b>	Registration Number, if PAC
Street Address <b>64 Whitefriars Dr.</b>		Description of Item or Service <b>Copies of Flyer</b>	M   D   Y   Fair Market Value <b>1   0   2   8   1   7   80.13</b>
City <b>Akron</b>		State   Zip Code <b>OH   44319</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Lawrence Ryba</b>		Employer, Occupation, Labor Organization * <b>Retired</b>	Registration Number, if PAC
Street Address <b>65 Whitefriars Dr.</b>		Description of Item or Service <b>Copies of Flyer</b>	M   D   Y   Fair Market Value <b>1   0   2   8   1   7   80.00</b>
City <b>Akron</b>		State   Zip Code <b>OH   44319</b>	Received at Fundraising Event? <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   Y   Fair Market Value
City		State   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   Y   Fair Market Value
City		State   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   Y   Fair Market Value
City		State   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   Y   Fair Market Value
City		State   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   Y   Fair Market Value
City		State   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   Y   Fair Market Value
City		State   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		25% of flyers printing		1	0	2	8
				1	7		40.00
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 flyers printing		1	0	2	8
				1	7		40.00
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				
To Whom							
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code				
To Whom							
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code				
To Whom							
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code				
To Whom							
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code				
To Whom							

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Coventry Schools Taxpayers Accountability Coalition</b>											
To Whom Owed <b>Lawrence G Ryba</b>					Prior Amount <b>2,200.00</b>			Amt. Incurred this Period <b>0.00</b>			
Address <b>65 Whitefriars Dr.</b>					Item or Purpose for Debt <b>re-Pay Billboard</b>			Outstanding Balance <b>0.00</b>			
City <b>Akron</b>			State <b>OH</b>	Zip Code <b>44319</b>		Payments Made This Period					
					Date			Amount			
<b>Date Debt was originally Incurred</b>					M	D	Y	M	D	Y	\$
					1	0	0	9	1	7	2,200.00
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
					Date			Amount			
<b>Date Debt was originally Incurred</b>					M	D	Y	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 for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
					Date			Amount			
<b>Date Debt was originally Incurred</b>					M	D	Y	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 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 \$ 2,200.00 (also record on Form 31-B)

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