

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Support Green Schools						Registration Number, if PAC			
Full Name of Candidate									
Street Address 4426 Provens Drive					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		Pre-General		Post-General		Annual Year
	July		August		September		Termination		
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	\$	757.66
2. Total monetary contributions (From Form No. 31-A)	\$	3,000.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	3,757.66
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (Use Form No. 31-C)	\$	3,757.66
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	\$	0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2018-05-15 10:06 AM
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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.

Michael I Trinko  1/12/18

Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>1</u>	Expenditure pages <u> </u>	Other pages <u> </u>	Total pages <u>1</u>
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Support Green schools				
Full Name of Contributor Transferred from form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 09/29/2017	Amount \$1280.00
Full Name of Contributor Transferred from form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 10/27/2017	Amount \$1720.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Committee to Support Green Schools				
Full Name of Contributor Copcontributors of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
			09/29/2017	\$1280.00
City		State	Zip Code	Form (Cash, Check, Etc Cash
Full Name of Contributor Copcontributors of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc

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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
1280.00

Total Expenditures This Event
0

Page Total \$ **1280.00**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Committee to Support Green Schools				
Full Name of Contributor Copntributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			10/27/2017	\$887.00
City	State	Zip Code	Form (Cash, Check, Etc)	
			Cash	
Full Name of Contributor Copntributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			10/27/2017	\$803.00
City	State	Zip Code	Form (Cash, Check, Etc)	
			Check	
Full Name of Contributor Julie McMahan			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4696 Christman Rd			10/27/2017	\$30
City	State	Zip Code	Form (Cash, Check, Etc)	
Akron	OH	44319	Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	

* 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
\$1720.00

Total Expenditures This Event
0

Page Total \$ **1720.00**



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Committee to Support Green Schools				
Full Name of Contributor Blind & Sons		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 344 N 4th St NW		Description of Item or Service Supplies for Fund Raiser		Date (MM/DD/YYYY) 09/29/2017
Fair Market Value \$1280.00				
City Barberton, OH	State OH	Zip Code 44203	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Legend's Sports Pub & Grill		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1840 Town Park Blvd		Description of Item or Service Supplies for Chili Supper		Date (MM/DD/YYYY) 10/27/2017
Fair Market Value \$1650.00				
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Kennedy's B. B. Q.		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1420 7th St NW		Description of Item or Service Supplies for Chili Supper		Date (MM/DD/YYYY) 10/27/2017
Fair Market Value \$861.50				
City Canton	State OH	Zip Code 44703	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor Julie McMahan		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4696 Christman Rd		Description of Item or Service Paper Supplies for Chuili supper		Date (MM/DD/YYYY) 10/27/2017
Fair Market Value \$49.04				
City Akron	State OH	Zip Code 44319	Received at Fundraising Event? <input checked="" 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		Date (MM/DD/YYYY)
Fair Market Value				
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Page Total \$ 4210.54