

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Green Party of Summit County, OH</b>					Registration Number, if PAC <b>82-1798534</b>		
Full Name of Candidate <b>N/A</b>							
Street Address <b>504 Crase St</b>				Office Sought <b>N/A</b>		District	
City <b>Akron</b>				State <b>OH</b>		Zip Code <b>44311</b>	
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 checked="" type="checkbox"/> Annual Year	<b>2017</b>	
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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	\$	<b>191</b>	<b>73</b>	
2. Total monetary contributions (From Form No. 31-A)	\$	<b>289</b>	<b>00</b>	RF 289.00
3. Total other income (From Form No. 31-A-2)	\$	<b>00</b>	<b>00</b>	
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>480</b>	<b>73</b>	RF 480.73
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>136</b>	<b>00</b>	
6. Balance on hand (lines 4 plus line 5)	\$	<b>344</b>	<b>73</b>	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<b>00</b>	<b>00</b>	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<b>00</b>	<b>00</b>	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>00</b>	<b>00</b>	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<b>00</b>	<b>00</b>	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<b>00</b>	<b>00</b>	
12. Value of independent expenditures made (From Form No. 31-U)	\$	<b>00</b>	<b>00</b>	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	<b>00</b>	<b>00</b>	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

#1905  
2010 JAN 22 PM 1:22

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.

Kevin Fay Print Name and Title (Treasurer and Deputy Treasurer only)      [Signature] Signature      1/22/18 Date

Contribution pages <b>2</b>	Expenditure pages <b>1</b>	Other pages	Total pages <b>4</b>
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including this

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Green Party of Summit County, OH</b>							
Full Name of Contributor <b>Russell Buckbee</b>						Registration Number, if PAC <b>82-1798534</b>	
Street Address <b>10254 Regatta Trail</b>			Employer/Occupation/Labor Organization* <b>Rohrad</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Aurora</b>		State <b>OH</b>	Zip Code <b>44202</b>	M <b>08</b>	D <b>10</b>	Y <b>18</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Kevin Fay</b>						Registration Number, if PAC	
Street Address <b>504 Cruse St</b>			Employer/Occupation/Labor Organization* <b>Unemployed</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44311</b>	M <b>08</b>	D <b>10</b>	Y <b>18</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Diane Miller</b>						Registration Number, if PAC	
Street Address <b>375 Pleasant Meadow Dr.</b>			Employer/Occupation/Labor Organization* <b>Tutor Co.</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lynchburg Falls</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>08</b>	D <b>10</b>	Y <b>18</b>	Amount <b>\$15.00</b>
Full Name of Contributor <b>Nathan Lane</b>						Registration Number, if PAC	
Street Address <b>331 Crestline Ave</b>			Employer/Occupation/Labor Organization* <b>Self</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Cincinnati</b>		State <b>OH</b>	Zip Code <b>45205</b>	M <b>08</b>	D <b>26</b>	Y <b>18</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Daniel A Mann</b>						Registration Number, if PAC	
Street Address <b>5829 Stonewall</b>			Employer/Occupation/Labor Organization* <b>Southern Ohio Pizza LLC</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Milton</b>		State <b>OH</b>	Zip Code <b>45150</b>	M <b>08</b>	D <b>26</b>	Y <b>17</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Anthony Haeufgloeckner</b>						Registration Number, if PAC	
Street Address <b>7383 Brushmore Ave NW</b>			Employer/Occupation/Labor Organization* <b>Health care</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>North Canton</b>		State <b>OH</b>	Zip Code <b>44720</b>	M <b>08</b>	D <b>26</b>	Y <b>17</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>Howard Markert</b>						Registration Number, if PAC	
Street Address <b>1650 5th Ave</b>			Employer/Occupation/Labor Organization* <b>Disabled</b>			Form (Cash, Check, etc.)	
City <b>Youngstown</b>		State <b>OH</b>	Zip Code <b>44504</b>	M <b>08</b>	D <b>26</b>	Y <b>17</b>	Amount <b>22.00</b>
Full Name of Contributor <b>Howard "Andy" Pyle</b>						Registration Number, if PAC	
Street Address <b>7924 CLEVELAND MASSILON RD</b>			Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>CLINTON</b>		State <b>OH</b>	Zip Code <b>44226</b>	M <b>08</b>	D <b>26</b>	Y <b>17</b>	Amount <b>20</b>

\* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Green Party of Summit County, OH</b>							
Full Name of Contributor <b>Diane Miller</b>					Registration Number, if PAC <b>92-1798534</b>		
Street Address <b>375 Pleasant Meadow Blvd</b>		Employer/Occupation/Labor Organization* <b>Text Co.</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>08</b>	D <b>26</b>	Y <b>17</b>	Amount <b>40.00</b>
Full Name of Contributor <b>Paul W Woodring</b>					Registration Number, if PAC		
Street Address <b>2733 Juno Pl, Apt. 1</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Fairlawn</b>		State <b>OH</b>	Zip Code <b>44333-4137</b>	M <b>09</b>	D <b>13</b>	Y <b>17</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Diane Miller</b>					Registration Number, if PAC		
Street Address <b>375 Pleasant Meadow</b>		Employer/Occupation/Labor Organization* <b>Text Co</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44224</b>	M <b>09</b>	D <b>13</b>	Y <b>17</b>	Amount <b>40.00</b>
Full Name of Contributor <b>Alisa Higginbotham</b>					Registration Number, if PAC		
Street Address <b>3100 Sweet Rd</b>		Employer/Occupation/Labor Organization* <b>N/A</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Conneaut</b>		State <b>OH</b>	Zip Code	M <b>09</b>	D <b>13</b>	Y <b>63</b>	Amount <b>20.00</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

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Green Party of Summit County, OH</b>											
To Whom Paid <b>Dino Miller</b>						M	D	Y	Amount		
						<b>08</b>	<b>17</b>	<b>17</b>	<b>\$136.00</b>		
Address <b>6375 Pleasant Meadow Blvd</b>				Purpose <b>T-shirts for fundraiser</b>							
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44224</b>	Check Number <b>Cash</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							
To Whom Paid								M	D	Y	Amount
Address								Purpose			
City		State	Zip Code	Check Number							