



Committee Name <i>Citizens for Responsible Green Government: Protecting Land +</i>		Office Sought		District
Street Address <i>3635 Arvanti Lane</i>		City <i>Uniontown</i>	State <i>OH</i>	Zip <i>44685</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Pamela Dunaway</i>		Election Date (MM/DD/YYYY)
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	—
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 830.00
3. Total other income (From Form 31-A-2)	—
4. Total funds available (sum of lines 1, 2, 3)	\$ 830.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 400.00
6. Balance on hand (line 4 minus line 5)	\$ 430.00
7. Value of in-kind contributions received (From Form 31-I-1)	\$ 47.39
8. Value of in-kind contributions made (From Form 31-J-2)	—
9. Outstanding loans owed by committee (From Form 31-C)	—
10. Outstanding debts owed by committee (From Form 31-N)	—
11. Outstanding loans owed to committee (From Form 31-K)	—
12. Value of independent expenditures made (From Form 31-U)	—

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OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

# 2253 Avr

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

*Pamela Dunaway*  
Signature of Treasurer or Deputy Treasurer

7-14-18  
Date (MM/DD/YYYY)

Contribution Pages <i>3</i>	Expenditure Pages <i>1</i>	Other Pages <i>4</i>	Total Pages <i>8</i>
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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Responsible Green Government</i>				
Full Name of Contributor <i>Linda Smole</i>			Registration Number, if PAC	
Street Address <i>3819 GREENFIELD</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>Uniontown</i>	State <i>OH</i>	Zip Code <i>44685</i>	Date (MM/DD/YYYY) <i>2/16/18</i>	Amount <i>\$40.00</i>
Full Name of Contributor <i>Susan Ridgway</i>			Registration Number, if PAC	
Street Address <i>7685 Mt. Pleasant</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>N. Canton</i>	State <i>OH</i>	Zip Code <i>4720</i>	Date (MM/DD/YYYY) <i>2/19/18</i>	Amount <del>20.00</del> <i>\$20.00</i>
Full Name of Contributor <i>Paula Prentice</i>			Registration Number, if PAC	
Street Address <i>4235 Aldawood Hills Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44319</i>	Date (MM/DD/YYYY) <i>2/27/18</i>	Amount <i>\$50.00</i>
Full Name of Contributor <del>Anna</del> <i>Michelle Toth</i>			Registration Number, if PAC	
Street Address <i>218 W. IngleSide Dr</i>		Employer/Occupation/Labor Organization* <i>ANADIA SUMMERCARE</i>		Form (Cash, Check, etc.) <i>Check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44319</i>	Date (MM/DD/YYYY) <i>2/28/18</i>	Amount <i>\$200.00</i>
Full Name of Contributor <i>DENISE McLamish</i>			Registration Number, if PAC	
Street Address <i>4497 HONEYSUCCLE DR</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>N. Canton</i>	State <i>OH</i>	Zip Code <i>44720</i>	Date (MM/DD/YYYY) <i>2/22/18</i>	Amount <i>\$150.00</i>

\*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**

Campaign Finance | (614) 466-3111  
www.OhioSecretaryofState.gov  
cfinance@OhioSecretaryofState.gov

Form 31-A  
ORC 3517.10

Full Name of Committee <i>Citizens for Responsible Green Government</i>				
Full Name of Contributor <i>GREER M. Kabb-Langkamp</i>			Registration Number, if PAC	
Street Address <i>465 Comet Lane</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Clinton</i>	State <i>OH</i>	Zip Code <i>44216</i>	Date (MM/DD/YYYY) <i>3-1-18</i>	Amount <i>75.00</i>
Full Name of Contributor <i>Noelle Dyer</i>			Registration Number, if PAC	
Street Address <i>4756 Wildflower Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>N. Canton</i>	State <i>OH</i>	Zip Code <i>44720</i>	Date (MM/DD/YYYY) <i>3-1-18</i>	Amount <i>\$10.00</i>
Full Name of Contributor <i>SARAH Kachurchak</i>			Registration Number, if PAC	
Street Address <i>2885 Pickle Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City <i>Aron</i>	State <i>OH</i>	Zip Code <i>44312</i>	Date (MM/DD/YYYY) <i>3-1-18</i>	Amount <i>20.00</i>
Full Name of Contributor <i>SARAH Richards</i>			Registration Number, if PAC	
Street Address <i>5085 Sheeters</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>N Canton</i>	State <i>OH</i>	Zip Code <i>44720</i>	Date (MM/DD/YYYY) <i>3-2-18</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Jackie Lucy</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CASH</i>
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY) <i>3-2-18</i>	Amount <i>40.00</i>

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**Statement of Contributions Received**

Campaign Finance | (614) 466-3111  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[cfinance@OhioSecretaryofState.gov](mailto:cfinance@OhioSecretaryofState.gov)

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> <i>Citizens for Responsible Green Government</i>				
<b>Full Name of Contributor</b> <i>Pamela J. Kenpp</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>1620 King Dr</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> <i>Check</i>
<b>City</b> <i>Uniontown</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44685</i>	<b>Date (MM/DD/YYYY)</b> <i>2-27-18</i>	<b>Amount</b> <i>50.00</i>
<b>Full Name of Contributor</b> <i>Matthew Shaughnessy</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>4781 Laburnum Dr</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> <i>Check</i>
<b>City</b> <i>Akron</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44319</i>	<b>Date (MM/DD/YYYY)</b> <i>4-27-18</i>	<b>Amount</b> <i>150.00</i>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> <i>CITIZENS FOR RESPONSIBLE GREEN GOVERNMENT</i>			
<b>To Whom Paid</b> <i>DAVID LUCIANO</i>		<b>Date (MM/DD/YYYY)</b> <i>3-1-18</i>	<b>Amount</b> <i>\$400.00</i>
<b>Street Address</b> <i>613 Gibbs Rd</i>		<b>Purpose</b> <i>Voter File ROBOCALLS</i>	
<b>City</b> <i>AKRON</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>44312</i>	<b>Check Number</b> <i>0091</i>
<b>To Whom Paid</b> <del>XXXXXXXXXX</del>		<b>Date (MM/DD/YYYY)</b> <i>6</i>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> <i>OH</i>	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 400.00



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

Full Name of Committee					
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
DAVID MUCKLOW					
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
4882 MAYFAIR Rd		Postcards		5/23/18	\$47.39
City		State	Zip Code	Received at Fundraising Event?	
N. CANTON		OH	44220	<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		Date (MM/DD/YYYY)	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		Date (MM/DD/YYYY)	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		Date (MM/DD/YYYY)	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		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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**Statement of Outstanding Debts**

Form 31-N  
R.C. 3517.10

<b>Full Name of Committee</b>			
To Whom Owed <i>TAMMY DALY</i>		Prior Amount —	Amount Incurred this Period \$100.00
Street Address <i>1779 KING DR</i>		Item or Purpose of Debt <i>table at celebration of education</i>	Outstanding Balance \$100.00
City <i>Uniontown</i>	State <i>OH</i>	Zip Code <i>44685</i>	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	<b>Payments This Period</b>
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount

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 \$ \_\_\_\_\_ (also record on Form 31-B)

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