



Committee Name <b>COMMITTEE TO SUPPORT GREEN SCHOOLS</b>		Office Sought —		District —
Street Address <b>4426 PROVENS DR</b>		City <b>AKRON</b>	State <b>OH</b>	Zip <b>44319</b>
Candidate Name OR PAC Registration Number —		Treasurer Name <b>MICHAEL J TRINKO</b>		Election Date (MM/DD/YYYY) <b>08 07 2018</b>
<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	\$ 3757.66
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 2815.00
3. Total other income (From Form 31-A-2)	—
4. Total funds available (Sum of lines 1, 2, 3)	\$ 6572.66
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 951.00
6. Balance on hand (Line 4 minus line 5)	\$ 5621.66
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 840 <sup>00</sup>
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)	—

OFFICIAL COPY  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS

2018 JUL 16 PM 3:16

# 2252 BSS

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

Signature of Treasurer or Deputy Treasurer

7/15/2018  
 Date (MM/DD/YYYY)

Contribution Pages  
 1

Expenditure Pages  
 1

Other Pages  
 9

Total Pages  
 11



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <b>COMMITTEE TO SUPPORT GREEN SCHOOLS</b>				
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHK</b>
City	State <b>OH</b>	Zip Code	Date (MM/DD/YYYY) <b>06/11/2018</b>	Amount <b>\$ 1600.00</b>
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-F</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City	State <b>OH</b>	Zip Code	Date (MM/DD/YYYY) <b>06/11/2018</b>	Amount <b>820<sup>00</sup></b>
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-F</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>
City	State <b>OH</b>	Zip Code	Date (MM/DD/YYYY) <b>06/08/2018</b>	Amount <b>315<sup>00</sup></b>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	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 <b>OH</b>	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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO SUPPORT GREEN SCHOOLS			
<b>To Whom Paid</b> EXPENDITURE FROM FORM 31-F		<b>Date (MM/DD/YYYY)</b> 06/08/2018	<b>Amount</b> \$ 791 <sup>00</sup>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b> EXPENDITURES FROM FORM 31-F		<b>Date (MM/DD/YYYY)</b> 06/11/2018	<b>Amount</b> \$ 160 <sup>00</sup>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<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> OH	<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> OH	<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> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 951<sup>00</sup>



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

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

Full Name of Committee <b>Committee to Support Green Schools</b>				
Full Name of Contributor <b>KRISTI GRANDET</b>			Registration Number, if PAC	
Street Address <b>3411 ASHTON DR</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$ 40<sup>00</sup></b>
City <b>UNIONTOWN</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>BOB CAMPBELL</b>			Registration Number, if PAC	
Street Address <b>230 W GLENRIDGE</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$ 50<sup>00</sup></b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>ALANA NIERNIC</b>			Registration Number, if PAC	
Street Address <b>277 DENVER ST NW</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$ 40<sup>00</sup></b>
City <b>NO CANTON</b>		State <b>OH</b>	Zip Code <b>44720</b>	Form (Cash, Check, Etc) <b>cash</b>
Full Name of Contributor <b>PATRICK PEDDICORD</b>			Registration Number, if PAC	
Street Address <b>2642 PITCHER PLANT CT</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$ 50<sup>00</sup></b>
City		State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>MARK BOOTH</b>			Registration Number, if PAC	
Street Address <b>530 WOODHAVEN</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$ 40<sup>00</sup></b>
City <b>UNIONTOWN</b>		State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, Etc) <b>Cash</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)]

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

Total Expenditures This Event

Page Total \$ **220<sup>00</sup>**



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

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

Full Name of Committee <u>Committee to Support Green Schools</u>				
Full Name of Contributor <u>ROCCO P YEARGIN</u>			Registration Number, if PAC	
Street Address <u>4064 GREENRIDGE DR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$ 50.00</u>
City <u>UNIONTOWN</u>		State <u>OH</u>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u>CASH GHK</u>
Full Name of Contributor <u>JULIE McMAHAN</u>			Registration Number, if PAC	
Street Address <u>4696 CHRISTMAN</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>50<sup>00</sup></u>
City <u>AKRON</u>		State <u>OH</u>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u>CASH CHK</u>
Full Name of Contributor <u>DAVID COHEN</u>			Registration Number, if PAC	
Street Address <u>1328 CHERRYWOOD WAY</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$ 50.00</u>
City <u>UNIONTOWN</u>		State <u>OH</u>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u>CASH GHK</u>
Full Name of Contributor <u>LISA WHANGER</u>			Registration Number, if PAC	
Street Address <u>4954 CLEARWATER DR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$ 100<sup>00</sup></u>
City <u>NO CANTON</u>		State <u>OH</u>	Zip Code <u>44720</u>	Form (Cash, Check, Etc) <u>CASH GHK</u>
Full Name of Contributor <u>SALLY FANELLY</u>			Registration Number, if PAC	
Street Address <u>4723 TAHITI DR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$ 100<sup>00</sup></u>
City <u>AKRON</u>		State <u>OH</u>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u>CASH GHK</u>

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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

Total Expenditures This Event

Page Total \$ 350<sup>00</sup>



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

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

Full Name of Committee <b>Committee to Support Green Schools</b>			
Full Name of Contributor <b>PAULA PRENTICE</b>		Registration Number, if PAC	
Street Address <b>4235 ALDWOOD HILLS</b>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$100.00</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, Etc) <b>CASH</b>
Full Name of Contributor <b>DYER LEGAL SERVICES</b>		Registration Number, if PAC	
Street Address <b>4326 RIDGE VIEW DR</b>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$250.00</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	Form (Cash, Check, Etc) <b>CASH</b>
Full Name of Contributor <b>Sum of Contributions of \$25 or less</b>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$430.00</b>
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>Sum of Contributions of \$25 or less</b>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$140.00</b>
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <b>CASH</b>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <b>Cash</b>

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Total Contributions This Event

Total Expenditures This Event

Page Total \$ ~~380.00~~ **920.00**



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

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

Full Name of Committee <u>Committee to Support Green Schools</u>			
Full Name of Contributor <u>ELLEN CAMPBELL</u>		Registration Number, if PAC	
Street Address <u>2629 GARINGTON GRN</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/10/18</u>	Amount <u>\$130<sup>00</sup></u>
City <u>UNIONTOWN</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u><del>CASH</del> CHK</u>
Full Name of Contributor <u>VALERIE WOLFORD</u>		Registration Number, if PAC	
Street Address <u>1738 FAIRWAY DR</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$130<sup>00</sup></u>
City <u>UNIONTOWN</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u><del>CASH</del> CHK</u>
Full Name of Contributor <u>JENNIFER MATTES</u>		Registration Number, if PAC	
Street Address <u>3070 DUNSTONE AV</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$40<sup>00</sup></u>
City <u>AKRON</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44312</u>	Form (Cash, Check, Etc) <u><del>CASH</del> CHK</u>
Full Name of Contributor <u>MARIANNE GRIGAS</u>		Registration Number, if PAC	
Street Address <u>2597 CARDINGTON GRN #51</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$40<sup>00</sup></u>
City <u>UNIONTOWN</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u><del>CASH</del> CHK</u>
Full Name of Contributor <u>MATT SHAUGHNESSY</u>		Registration Number, if PAC	
Street Address <u>4781 LA BURNAM</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$50<sup>00</sup></u>
City <u>AKRON</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u><del>CASH</del> CHK</u>

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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

Total Expenditures This Event

Page Total \$ ~~130~~ \$290.00



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

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

Full Name of Committee <u>Committee to Support Green Schools</u>				
Full Name of Contributor <u>ELIZABETH ADKINS</u>			Registration Number, if PAC	
Street Address <u>66 LAKEFRONT DR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$100<sup>00</sup></u>
City <u>AKRON</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44319</u>	Form (Cash, Check, Etc) <u>Cash</u> CHK
Full Name of Contributor <u>KRE GRAHAM</u>			Registration Number, if PAC	
Street Address <u>991 IRONWOOD CIR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$100<sup>00</sup></u>
City <u>AKRON</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44312</u>	Form (Cash, Check, Etc) <u>Cash</u> CHK
Full Name of Contributor <u>J KENYON - FARRINGTON</u>			Registration Number, if PAC	
Street Address <u>2550 CARDINGTON <sup>GRN</sup></u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$100<sup>00</sup></u>
City <u>UNIONTOWN</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u>Cash</u> CHK
Full Name of Contributor <u>LAURA BORNE</u>			Registration Number, if PAC	
Street Address <u>3458 ASHTON DR</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$100<sup>00</sup></u>
City <u>UNIONTOWN</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u>Cash</u> CHK
Full Name of Contributor <u>TIM PIATT</u>			Registration Number, if PAC	
Street Address <u>950 BRIGATINE AVE</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>6/11/18</u>	Amount <u>\$100<sup>00</sup></u>
City <u>UNIONTOWN</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44685</u>	Form (Cash, Check, Etc) <u>Cash</u> CHK

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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

Total Expenditures This Event

Page Total \$ 500<sup>00</sup>





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

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

Full Name of Committee <b>Committee to Support Green Schools</b>				
Full Name of Contributor <b>JEFF MILLER</b>			Registration Number, if PAC	
Street Address <b>4960 Timbercreek Cir</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$150.00</b>
City <b>No. CANTON</b>		State <b>OH</b>	Zip Code <b>44720</b>	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>KRIS GRAHAM</b>			Registration Number, if PAC	
Street Address <b>991 Ironwood Cir</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$150.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44312</b>	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>JEREMY BRUECK</b>			Registration Number, if PAC	
Street Address <b>3760 Edinburg Dr</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$30.00</b>
City		State <b>OH</b>	Zip Code	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>DAVE LOHMILLER</b>			Registration Number, if PAC	
Street Address <b>143 18th St NW</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$40.00</b>
City <b>CANTON</b>		State <b>OH</b>	Zip Code <b>44703</b>	Form (Cash, Check, Etc) <b>Cash</b>
Full Name of Contributor <b>CYNTHIA HULSE</b>			Registration Number, if PAC	
Street Address <b>4781 Laburnum</b>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <b>6/11/18</b>	Amount <b>\$50.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44319</b>	Form (Cash, Check, Etc) <b>Cash</b>

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Total Contributions This Event  
**\$2500.00**

Total Expenditures This Event  
**\$160.00**

Page Total \$ ~~220.00~~ **220.00**



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

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

Full Name of Committee <u>COMMITTEE TO SUPPORT GREEN SCHOOLS</u>				
Full Name of Contributor <u>SUM OF CONTRIBUTIONS OF <del>\$250</del> <sup>\$250</sup> LESS <sub>OR</sub></u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>06/08/2018</u>	Amount <u>\$315<sup>00</sup></u>
City		State	Zip Code	Form (Cash, Check, Etc) <u>CASH</u>
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)

\* 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  
\$315

Total Expenditures This Event  
\$791<sup>00</sup>

Page Total \$ 315<sup>00</sup>



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO SUPPORT GREEN SCHOOLS				
<b>To Whom Paid</b> KRIS GRAHAM		<b>Date (MM/DD/YYYY)</b> 06/06/2018		<b>Amount</b> \$791.00
<b>Street Address</b> 991 IRONWOOD		<b>Purpose</b> PURCHASE T-SHIRTS TO PROMOTE LEVY		
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44312	<b>Check Number</b> 1115	
<b>To Whom Paid</b> PICK'S @ PLX		<b>Date (MM/DD/YYYY)</b> 06/11/2018		<b>Amount</b> \$160.00
<b>Street Address</b> 530 PORTAGE LAKE DR		<b>Purpose</b> SERVICE FEE FOR SERVERS		
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Check Number</b> 1116	
<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>	<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>	<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>	<b>Zip Code</b>	<b>Check Number</b>	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 951.00