

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3-05

Full Name of Committee <b>Green Party of Summit County</b>						Registration Number, if PAC <b>82-1798534</b>				
Full Name of Candidate <b>N/A</b>										
Street Address <b>504 Crouse St</b>					Office Sought		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 type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual <b>2008</b>
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 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	\$	344	73
2. Total monetary contributions (From Form No. 31-A)	\$	40	00
3. Total other income (From Form No. 31-A-2)	\$	00	00
4. Total funds available (sum of lines 1, 2, 3)	\$	384	73
5. Total monetary expenditures (From Form No. 31-B)	\$	217	08
6. Balance on hand (line 4 minus line 5)	\$	167	69
7. Value of in-kind contributions received (From Form No. 31-D)	\$	00	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	00	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	00	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	00	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	00	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	00	00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	00	00

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SUMMIT COUNTY  
BOARD OF ELECTIONS

#2408  
AKRON, OHIO  
2018 JUL 31 AM 8:42

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      7/30/18 Date

Contribution pages <u>1</u>	Expenditure pages <u>1</u>	Other pages <u>2</u>	Total pages <u>5</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Green Party of Summit County</b>							
Full Name of Contributor <b>KARLY LUONS</b>						Registration Number, if PAC	
Street Address <b>116 Coventry Dr</b>			Employer/Occupation/Labor Organization* <b>teacher</b>			Form (Cash, Check, etc.) <b>20.00</b>	
City <b>Cambridge</b>		State <b>OH</b>	Zip Code <b>43725</b>		M	D	Y
Full Name of Contributor <b>WILLIAM DAVIS</b>						Registration Number, if PAC	
Street Address <b>1231 HARDWICKE PL</b>			Employer/Occupation/Labor Organization* <b>Ret.</b>			Form (Cash, Check, etc.) <b>20.</b>	
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45414</b>		M <b>04</b>	D <b>07</b>	Y <b>18</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
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
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
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
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
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

\* 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>Green Party of Summit County</b>										
To Whom Paid <b>Staples</b>							M	D	Y	Amount
Address <b>645 Howe Ave</b>							Purpose <b>Print Supplies</b>			
City <b>Cuyahoga Falls</b>			State <b>OH</b>	Zip Code <b>44221</b>		Check Number <b>credit card</b>				
To Whom Paid <b>shotgun blast printing@gmail.com</b>							M	D	Y	Amount
Address							Purpose <b>T-shirts</b>			
City <b>Cincinnati</b>			State <b>OH</b>	Zip Code		Check Number <b>card</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				