



Committee Name Committee to Support Green Schools		Office Sought _____		District _____
Street Address 4426 PROVENS DR		City AKRON	State OH	Zip 44319
Candidate Name OR PAC Registration Number _____		Treasurer Name Michael J Trinko		Election Date (MM/DD/YYYY) 08/07/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <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	1648. 00 54
2. Total monetary contributions (From Forms 31-A and 31-E)	117.00
3. Total other income (From Form 31-A-2)	1765.00 0
4. Total funds available (sum of lines 1, 2, 3)	1765. 00 54
5. Total monetary expenditures (From Forms 31-B and 31-F)	280.00 301.96
6. Balance on hand (line 4 minus line 5)	\$ 1463.58
7. Value of in-kind contributions received (From Form 31-J-1)	
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 SEP 1 PM 4:12

#238/AVC

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

Michael J Trinko

9/9/18

Signature of Treasurer or Deputy Treasurer

Date (MM/DD[^])

Contribution Pages
2

Expenditure Pages
1

Other Pages

Total Pages
3



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Committee to Support Green Schools</i>				
Full Name of Contributor <i>AMT FROM FORM 31-E</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)	Amount <i>\$ 117.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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

Full Name of Committee Committee to Support Green Schools			
To Whom Paid KATIE STOYNOFF		Date (MM/DD/YYYY) 8/10/18	Amount 289.71
Street Address 235 LAKESIDE DR		Purpose PRINTING	
City AKRON	State OH	Zip Code 44319	Check Number 1121
To Whom Paid GREEN LOCAL SCHOOLS		Date (MM/DD/YYYY) 7/27/18	Amount 12.25
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 301.96



**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>TOTAL FROM CONTRIBUTORS OF LESS THAN \$25,000</u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>8/27/18</u>	Amount <u>\$117.00</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
519

Total Expenditures This Event
44,791.00

Page Total \$ 117.00