



Committee Name Citizens For a Strong Macedonia n/a		Office Sought n/a		District
Street Address 1286 Laurel Drive		City Macedonia	State OH	Zip 44056
Candidate Name OR PAC Registration Number 00000		Treasurer Name Melissa Granke		Election Date (MM/DD/YYYY) 11/6/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
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	\$ 0
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 1,105.00
3. Total other income (From Form 31-A-2)	\$ 0
4. Total funds available (sum of lines 1, 2, 3)	\$ 1,105.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 15.00
6. Balance on hand (line 4 minus line 5)	\$ 1090.00
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 200.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$ 0
9. Outstanding loans owed by committee (From Form 31-C)	\$ 0
10. Outstanding debts owed by committee (From Form 31-N)	\$ 0
11. Outstanding loans owed to committee (From Form 31-K)	\$ 0
12. Value of independent expenditures made (From Form 31-U)	\$ 0

2018 OCT 25 PM 2:39

STATE OF OHIO
AKRON, OHIO

2636 AWC

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

Melissa Granke
Signature of Treasurer or Deputy Treasurer

10/25/2018
Date (MM/DD/YYYY)

Contribution Pages 4	Expenditure Pages 1	Other Pages 0	Total Pages 5
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens For a Strong Macedonia				
Full Name of Contributor Karen Bartolozzi			Registration Number, if PAC	
Street Address 1377 Driftwood Ln.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Macedonia	State OH	Zip Code 44056	Date (MM/DD/YYYY) 09/11/18	Amount \$30 ⁰⁰
Full Name of Contributor Jason Roberts			Registration Number, if PAC	
Street Address 1085 Whispering Woods Dr.		Employer/Occupation/Labor Organization* Sales		Form (Cash, Check, etc.) check
City Macedonia	State OH	Zip Code 44056	Date (MM/DD/YYYY) 09/11/18	Amount \$250 ⁰⁰
Full Name of Contributor Vince Viglucci			Registration Number, if PAC	
Street Address 950 Brookpoint Dr.		Employer/Occupation/Labor Organization* Prosecutor		Form (Cash, Check, etc.) check
City Macedonia	State OH	Zip Code 44056	Date (MM/DD/YYYY) 09/14/18	Amount \$100 ⁰⁰
Full Name of Contributor Brian Ripley			Registration Number, if PAC	
Street Address 8514 Waterside Dr.		Employer/Occupation/Labor Organization* Fire Dept.		Form (Cash, Check, etc.) check
City Sagamore Hills	State OH	Zip Code 44067	Date (MM/DD/YYYY) 09/11/18	Amount \$100 ⁰⁰
Full Name of Contributor Vincent Yakopovich			Registration Number, if PAC	
Street Address 1011 Cessna Dr.		Employer/Occupation/Labor Organization* Police Dept.		Form (Cash, Check, etc.) check
City Macedonia	State OH	Zip Code	Date (MM/DD/YYYY) 09/15/18	Amount 50 ⁰⁰

*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

Form 31-A

ORC 3517.10

Full Name of Contributor						Registration Number, if PAC	
Citizens For a Strong Macedonia							
Full Name of Contributor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Jan Tulley			AT&T / macedonia council			check	
Street Address		City		State	Zip Code	Date (MM/DD/YYYY)	Amount
1257 Berkshire Dr.		Macedonia		OH	44056	09/14/18	50 ⁰⁰
Full Name of Contributor						Registration Number, if PAC	
D'Angelos Brothers Inc.							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
893 E. Aurora Rd.			Business / Restaurant			check	
City		State	Zip Code	Date (MM/DD/YYYY)		Amount	
macedonia		OH	44056	09/9/18		\$100 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Vincent Ventura							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1479 Bruce Rd.			Officer / macedonia council			check	
City		State	Zip Code	Date (MM/DD/YYYY)		Amount	
macedonia		OH	44056	09/06/18		\$100 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Shane Barker							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1048 Twinsburg Rd E			Sheriff Deputy / macedonia council			check	
City		State	Zip Code	Date (MM/DD/YYYY)		Amount	
Macedonia		OH	44056	09/11/18		\$125 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Bart Benjamin							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1078 ShoShore Trail			Retired			Cash	
City		State	Zip Code	Date (MM/DD/YYYY)		Amount	
macedonia		OH	44056	09/11/18		\$100 ⁰⁰	

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens For a Strong Macedonia					
Full Name of Contributor Kevin Bilkie				Registration Number, if PAC	
Street Address 7995 Brook Circle		Employer/Occupation/Labor Organization* Macedonia Council		Form (Cash, Check, etc.) Cash	
City Macedonia		State OH	Zip Code 44056	Date (MM/DD/YYYY) 09/11/18	Amount \$100 ⁰⁰
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State	Zip Code	Date (MM/DD/YYYY)	Amount
OH					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State	Zip Code	Date (MM/DD/YYYY)	Amount
OH					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State	Zip Code	Date (MM/DD/YYYY)	Amount
OH					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State	Zip Code	Date (MM/DD/YYYY)	Amount
OH					

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Page Total \$100⁰⁰



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Citizens For a Strong Macedonia			
Full Name of Contributor Jessica Brandt		Employer, Occupation, Labor Organization* Web Development	Registration Number, if PAC
Street Address 573 BlueJay Tr.	Description of Item or Service Website design and hosting		Date (MM/DD/YYYY) 09/15/18
Fair Market Value \$200 ⁰⁰			
City Macedonia	State OH	Zip Code 44056	Received at Fundraising Event? <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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for a Strong Macedonia			
To Whom Paid Woodforest National Bank		Date (MM/DD/YYYY) 10/05/18	Amount \$15 ⁰⁰
Street Address 1330 Lake Robbins Dr.		Purpose Debit card setup fee	
City The Woodlands	State OH-TX	Zip Code 77387	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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ _____