



Committee Name <i>Citizens for Responsible Green Government</i>		Office Sought		District
Street Address <i>3635 Avanti 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) <i>11-6-18</i>
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
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	<i>\$ 430.00</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>\$ 525.00</i>
3. Total other income (From Form 31-A-2)	—
4. Total funds available (sum of lines 1, 2, 3)	<i>\$ 955.00</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>\$ 393.00</i>
6. Balance on hand (line 4 minus line 5)	<i>\$ 562.00</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>\$ 1050.79</i>
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)	<i>\$ 100.00</i>
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 OCT 18 AM 11:32

BOARD OF ELECTIONS
 AKRON, OHIO

#2502 AVC

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

10/17/18

Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
3

Total Pages
5



Full Name of Committee Citizens for Responsible Green Government				
Full Name of Contributor Greer M. Kabb-Largkamp			Registration Number, if PAC	
Street Address 465 Comet Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Clinton	State OH	Zip Code 44216	Date (MM/DD/YYYY) 9-28-18	Amount 200.00
Full Name of Contributor Matthew P. Shaughnessy			Registration Number, if PAC	
Street Address 4781 Laburnum Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 9/29/18	Amount 100.00
Full Name of Contributor SUSAN Ridgway			Registration Number, if PAC	
Street Address 7685 Mount Pleasant St NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City N. Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 10-8-18	Amount 100.00
Full Name of Contributor Sarah S. Smith			Registration Number, if PAC	
Street Address 181 Deer Valley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Clinton	State OH	Zip Code 44216	Date (MM/DD/YYYY) 10-9-18	Amount \$25.00
Full Name of Contributor Susan Ridgway			Registration Number, if PAC	
Street Address 810 E. Turkeyfoot Lake Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/16/18	Amount 100.00

*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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
Citizens for Responsible Green Government										
Stephanie Maynard							7	14	18	93.00
Address				Purpose						
1170 Kingston Rd				Fund for Postage (Rec to follow)						
City		State	Zip Code	Check Number						
Uniontown		OH	44685	92						
To Whom Paid							M	D	Y	Amount
Tommy Daly							10	3	18	300.00
Address				Purpose						
1779 King Dr.				Reimbursement for Signs (Rec to follow)						
City		State	Zip Code	Check Number						
Uniontown		OH	44689	93						
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						



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee				
Citizens For Responsible Green Government				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Tammy Daly				
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
1779 King Dr	Partial Payment for Signs		10/3/18	\$59.29
City	State	Zip Code	Received at Fundraising Event?	
Uniontown	OH	44685	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
DAVID + Margie Mucklow				
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
4882 MAYfair Rd	Absent + LL Mailings - Postage *66.50 COPIES *330.00		10/10/18	\$991.50
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

Full Name of Committee <i>Citizens for Responsible Green Government</i>				
To Whom Owed <i>TAMMY DALY</i>			Prior Amount <i>\$100.00</i>	Amount Incurred this Period <i>\$100.00</i>
Street Address <i>1779 KING DR</i>			Item or Purpose of Debt <i>TABLET CELEBRATION OF EDUCATION</i>	Outstanding Balance <i>\$100.00</i>
City <i>Uniontown</i>	State <i>OH</i>	Zip Code <i>44685</i>	Payments This Period	
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	Payments This Period	
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 \$ 100.00 (also record on cover page)