

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee Residents for Effective Green Government							Registration Number, if PAC			
Full Name of Candidate										
Street Address 2841 Stratford Cir.						Office Sought		District		
City Akron						State O H		Zip Code 44312		
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
				X						2018
		July Monthly		August Monthly		September Monthly		Termination		
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
						1 1 0 6		1	8	

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 at 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	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	5,925.00
3. Total other income (From Form No. 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	5,925.00
5. Total monetary expenditures (From Form No. 31-B)	0.00
6. Balance on hand (line 4 minus line 5)	5,925.00
7. Value of in-kind contributions received (From Form No. 31-I-1)	250.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

2018 OCT 24 PM 1:35

BOARD OF ELECTIONS
AKRON, OHIO

2616 Avr

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

Roberta Ravagnani, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

10/23/18

Contribution pages 3

Expenditure pages 0

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 201

Name of Committee in Full							
Residents for Effective Green Government							
Full Name of Contributor						Registration Number, if PAC	
Carl Mickelson							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
5741 Rick Dr.						Check	
City		State	Zip Code	M	D	Y	Amount
Clinton		O H	44216	0	9	2 0 0 8	100.00
Full Name of Contributor						Registration Number, if PAC	
Roberta Ravagnani							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
2841 Stratford Cir.						Check	
City		State	Zip Code	M	D	Y	Amount
Akron		O H	44312	0	9	2 0 0 8	100.00
Full Name of Contributor						Registration Number, if PAC	
Ted Mallo							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3379 Ashton Dr.						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	0	9	2 1 1 8	200.00
Full Name of Contributor						Registration Number, if PAC	
Daniel Croghan							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3606 Glenshire Dr.						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	0	9	2 1 1 8	200.00
Full Name of Contributor						Registration Number, if PAC	
Michael Burch							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
2563 Arbor Ct.						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	0	9	2 1 8 8	100.00
Full Name of Contributor						Registration Number, if PAC	
Donzell Taylor							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3431 Parfour Blvd.						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	1	0	0 3 1 8	1,000.00
Full Name of Contributor						Registration Number, if PA 1000	
Rocco Yeargin							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
4064 Greenridge Dr.						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	1	0	0 3 1 8	250.00
Full Name of Contributor						Registration Number, if PAC	
Anthony Ziehler							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3883 Golden Wood Way						Check	
City		State	Zip Code	M	D	Y	Amount
Uniontown		O H	44685	1	0	0 4 1 8	100.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Residents for Effective Green Government							
Full Name of Contributor Brent Kuwatch						Registration Number, if PAC	
Street Address PO Box 2262			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City North Canton			State O H	Zip Code	M 1 0	D 0 5	Y 1 8
Amount						500.00	
Full Name of Contributor Michael Burgess						Registration Number, if PAC	
Street Address 1650 Sawgrass Dr.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Uniontown			State O H	Zip Code 44685	M 1 0	D 0 9	Y 1 8
Amount						500.00	
Full Name of Contributor Dwayne Groll						Registration Number, if PAC	
Street Address 450 Grant St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44311	M 1 0	D 1 0	Y 1 8
Amount						100.00	
Full Name of Contributor LuAnn Unrue						Registration Number, if PAC	
Street Address 450 Grant St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44311	M 1 0	D 1 0	Y 1 8
Amount						100.00	
Full Name of Contributor Jeff Kerr						Registration Number, if PAC	
Street Address 450 Grant St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44311	M 1 0	D 1 0	Y 1 8
Amount						100.00	
Full Name of Contributor Travis Mathews						Registration Number, if PAC	
Street Address 450 Grant St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44311	M 1 0	D 1 0	Y 1 8
Amount						100.00	
Full Name of Contributor Frank Bronzo						Registration Number, if PAC	
Street Address 450 Grant St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron			State O H	Zip Code 44311	M 1 0	D 1 0	Y 1 8
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	M	D	Y
Amount							

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Statement of Contributions Received

Prescribed by Secretary of State 201

Name of Committee or Full							
Residents for Effective Green Government							
Full Name of Contributor						Registration Number, if PAC	
Carson Evans							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
1184 Karla Dr.							
City	State	Zip Code	M	D	Y	Amount	
Clinton	O H	44216	1 0	1 7	1 8	300.00	
Full Name of Contributor						Registration Number, if PAC	
David Hewitt							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2117 East Park Dr.							
City	State	Zip Code	M	D	Y	Amount	
Uniontown	O H	44685	1 0	1 7	1 8	250.00	
Full Name of Contributor						Registration Number, if PAC	
Stephen Kotler							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2198 Prestwick Dr.					Cash		
City	State	Zip Code	M	D	Y	Amount	
Uniontown	O H	44685	1 0	1 2	1 8	25.00	
Full Name of Contributor						Registration Number, if PAC	
Dale Brott							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
1850 Raber Rd.					Check		
City	State	Zip Code	M	D	Y	Amount	
Uniontown	O H	44685	1 0	1 2	1 8	1,000.00	
Full Name of Contributor						Registration Number, if PAC	
Christopher Meager							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
3794 Ramsey Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Uniontown	O H	200	1 0	1 2	1 8	200.00	
Full Name of Contributor						Registration Number, if PAC	
Robert Garritano							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
1756 Fairway Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Uniontown	O H	44685	1 0	1 6	1 8	100.00	
Full Name of Contributor						Registration Number, if PAC	
David Schipper							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2 Lake Front Dr.					Check		
City	State	Zip Code	M	D	Y	Amount	
Akron	O H	44319	1 0	1 8	1 8	500.00	
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	Amount	

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In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Residents for Effective Green Government				
Full Name of Contributor Michael Burch		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2563 Arbor Ct.	Description of Item or Service Postage		Date (MM/DD/YYYY) 10/13/2018	Fair Market Value 150.00
City Uniontown	State OH	Zip Code 44685	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Michael Burch		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 2563 Arbor Ct.	Description of Item or Service Postage		Date (MM/DD/YYYY) 10/15/2018	Fair Market Value 100.00
City Uniontown	State OH	Zip Code 44685	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	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]