



Committee Name Citizens for a Strong Macedonia		Office Sought		District
Street Address 1286 Laurel Dr.		City macedonia	State OH	Zip 44056
Candidate Name OR PAC Registration Number		Treasurer Name Melissa Grande		Election Date (MM/DD/YYYY) 11/6/18
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 checked="" 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	\$ 1090 ⁰⁰
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 500 ⁰⁰
3. Total other income (From Form 31-A-2)	\$ 0
4. Total funds available (sum of lines 1, 2, 3)	\$ 1590 ⁰⁰
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 1539 ⁰⁸
6. Balance on hand (line 4 minus line 5)	\$ 50 ⁹²
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 62 ⁹⁸
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)	\$ 81 ⁵⁹
11. Outstanding loans owed to committee (From Form 31-K)	\$ 0
12. Value of independent expenditures made (From Form 31-U)	\$ 0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 DEC 13 PM 12:00

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44317

2569 Ave

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

Melissa Grande

12/12/2018

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
2

Total Pages
5



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens For a Strong Macedonia				
Full Name of Contributor Edward Hren			Registration Number, if PAC	
Street Address 11625 Bluetheron Tr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Chardon	State OH	Zip Code 44024	Date (MM/DD/YYYY) 10/4/18	Amount \$250 ⁰⁰
Full Name of Contributor Jeffrey Filarski			Registration Number, if PAC	
Street Address 462-8 Deer Path		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Aurora	State OH	Zip Code 44022	Date (MM/DD/YYYY) 10/3/18	Amount \$250 ⁰⁰
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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 Citizens for a Strong Macedonia			
To Whom Paid Facebook		Date (MM/DD/YYYY) 10/24/18	Amount 378 ⁰⁷ \$ 300.00 mg
Street Address 1 Hacker way		Purpose Political ads - social media	
City Menlo Park	State OH CA	Zip Code 94025	Check Number Debit card
To Whom Paid Vista Print USA		Date (MM/DD/YYYY) 10/25/18	Amount \$148 ³⁷
Street Address 95 Hayden ave		Purpose informational postcards	
City Lexington	State OH MA	Zip Code 02421	Check Number Debit card
To Whom Paid Office Depot		Date (MM/DD/YYYY) 10/31/2018	Amount 695 ⁷⁴
Street Address 500 E. aurora Rd. Unit 30		Purpose informational flyers 8 1/2 x 11"	
City Macedonia	State OH	Zip Code 44056	Check Number Debit card
To Whom Paid Office Depot		Date (MM/DD/YYYY) 11/01/18	Amount \$39 ²⁴
Street Address 500 E. aurora Rd. Unit 30		Purpose Lanyards/Badges for poll volunteers	
City macedonia	State OH	Zip Code 44056	Check Number Debit card
To Whom Paid Visual Marketing Systems, Inc.		Date (MM/DD/YYYY) 11/05/18	Amount \$277 ⁶⁶
Street Address 2097 E. aurora Rd.		Purpose Yard signs - Yes on Issue 20	
City Twinsburg	State OH	Zip Code 44087	Check Number #801



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 Vincent Ventura Sr.		Employer, Occupation, Labor Organization* Police officer		Registration Number, if PAC
Street Address 1479 Bruce Rd.		Description of Item or Service Pizza / bottled water		Date (MM/DD/YYYY) 10/23/18
City Macedonia		State OH	Zip Code 44056	Fair Market Value 62 ⁹⁸
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)]



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Citizens For a Strong Macedonia			
To Whom Owed Facebook		Prior Amount \$ 0	Amount Incurred this Period \$459 ⁶⁶
Street Address 1 Hacker way		Item or Purpose of Debt social media ads - informative	Outstanding Balance \$ 81 ⁵⁹
City Menlo Park	State CA	Zip Code 94025	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 \$ 378⁰⁷ (also record on Form 31-B)

Total Outstanding Balance \$ 81⁵⁹ (also record on cover page)