



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 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 <i>18</i>
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>\$ 562.00</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>125.00</i>
3. Total other income (From Form 31-A-2)	<i>—</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>687.00</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>666.05</i>
6. Balance on hand (line 4 minus line 5)	<i>20.95</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>534.73</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>—</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>100.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>—</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>—</i>
12. Value of independent expenditures made (From Form 31-U)	<i>—</i>

2018 DEC 12 AMT 11:35

SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON OHIO 44311
2663 Ave

**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

12-7-18
 Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
5

Total Pages
7



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Citizens for Responsible Green Government</i>				
Full Name of Contributor <i>Connie Wasick</i>			Registration Number, if PAC	
Street Address <i>433 E. Comet Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Clinton</i>	State <i>OH</i>	Zip Code <i>44216</i>	Date (MM/DD/YYYY) <i>10-19-18</i>	Amount <i>\$25.00</i>
Full Name of Contributor <i>Nicholee F. Jayhurs DBA Perfect Petal Designs</i>			Registration Number, if PAC	
Street Address <i>1541 E. Turkeyfoot Lake Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>AKRON</i>	State <i>OH</i>	Zip Code <i>44312</i>	Date (MM/DD/YYYY) <i>11-1-18</i>	Amount <i>\$100.00</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

*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 <i>Citizens for Responsible Green Government</i>			
To Whom Paid <i>JW Color</i>		Date (MM/DD/YYYY) <i>10-18-18</i>	Amount <i>\$318.00</i>
Street Address <i>5193 Stoneham Rd Suite 200</i>		Purpose <i>Signs</i>	
City <i>N. CANTON</i>	State <i>OH</i>	Zip Code <i>44720</i>	Check Number <i>94</i>
To Whom Paid <i>TAMMY DALY</i>		Date (MM/DD/YYYY)	Amount <i>348.05</i>
Street Address <i>1779 King DR</i>		Purpose <i>2 more signs 105.60 flyers 242.45</i>	
City <i>Uniontown OH 44685</i>	State <i>OH</i>	Zip Code <i>44685</i>	Check Number <i>95</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ 666.05



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>Citizens Responsible Green Government</i>				
Full Name of Contributor <i>Tammy Daly</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>1779 King Dr</i>		Description of Item or Service <i>Facebook Ads</i>		Date (MM/DD/YYYY) Fair Market Value <i>11-4-18 220.23</i>
City <i>Umantown</i>		State <i>OH</i>	Zip Code <i>44685</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <i>DAVID + Margie Mucklow</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>4882 Hayfair Rd</i>		Description of Item or Service <i>Absentee Mailings Postage</i>		Date (MM/DD/YYYY) Fair Market Value <i>10-18-18 314.50</i>
City <i>North Canton</i>		State <i>OH</i>	Zip Code <i>44720</i>	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))



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
Street Address <i>1779 KING DR</i>			Item or Purpose of Debt <i>table at Celebration of Education</i>	Outstanding Balance
City <i>Uniontown</i>	State <i>OH</i>	Zip Code <i>44685</i>	Payments This Period	
Date Debt was Originally Incurred (MM/DD/YYYY) <i>2-19-18</i>			Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			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
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

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 \$ _____ (also record on cover page)