



Committee Name <b>MATT SHAUGHNESSY FOR GREEN</b>		Office Sought <b>MAYOR</b>		District <b>GREEN</b>
Street Address <b>4781 LABURNUM DR.</b>		City <b>GREEN</b>	State <b>OH</b>	Zip <b>44319</b>
Candidate Name OR PAC Registration Number <b>MATTHEW SHAUGHNESSY</b>		Treasurer Name <b>MATTHEW SHAUGHNESSY</b>		Election Date (MM/DD/YYYY) <b>11/05/2019</b>

**Type of Report** (choose one):

Annual  Semiannual  Pre-Primary  Post-Primary  Pre-General  Post-General

Statewide Candidates Only:

July Monthly  August Monthly  September Monthly

Year  
**2019**

**Amended Report**

No  Yes

**Termination**

Check this box if the committee wishes to terminate with this report

**Short Form Report** (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	50.17
2. Total monetary contributions (From Forms 31-A and 31-E)	250.00
3. Total other income (From Form 31-A-2)	500.00
4. Total funds available (sum of lines 1, 2, 3)	800.17
5. Total monetary expenditures (From Forms 31-B and 31-F)	50.17
6. Balance on hand (line 4 minus line 5)	750.00
7. Value of in-kind contributions received (From Form 31-J-1)	-0-
8. Value of in-kind contributions made (From Form 31-J-2)	-0-
9. Outstanding loans owed by committee (From Form 31-C)	500.00
10. Outstanding debts owed by committee (From Form 31-N)	1,295.90
11. Outstanding loans owed to committee (From Form 31-K)	-0-
12. Value of independent expenditures made (From Form 31-U)	-0-

2019 JAN 31 PM 2:22

SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44317 #2860 AVC

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

*Matthew Shaughnessy*  
Signature of Treasurer or Deputy Treasurer

**01/25/2019**  
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

<b>Full Name of Committee</b> MATT SHAUGHNESSY FOR GREEN				
<b>Full Name of Contributor</b> MARY MUCKLOW			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4882 MAYFAIR RD		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> CHECK
<b>City</b> GREEN	<b>State</b> OH <input type="checkbox"/>	<b>Zip Code</b> 44720	<b>Date (MM/DD/YYYY)</b> 01/23/2019	<b>Amount</b> 250.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> <input type="checkbox"/>	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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)]

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**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

**Full Name of Committee**  
MATT SHAUGHNESSY FOR GREEN

<b>Full Name of Contributor</b> MATT SHAUGHNESSY	<b>Registration Number, if PAC</b>
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<b>Street Address</b> 4781 LABURNUM DRIVE	<b>Type*</b> LOAN <small>Refund</small> RECEIVED	<b>Date (MM/DD/YYYY)</b> 01/17/2019	<b>Form (Cash, Check, etc.)</b> CHECK
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<b>City</b> GREEN	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Amount</b> 500
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<b>Full Name of Contributor</b>	<b>Registration Number, if PAC</b>
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<b>Street Address</b>	<b>Type*</b> <small>Refund</small>	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
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<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
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<b>Full Name of Contributor</b>	<b>Registration Number, if PAC</b>
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<b>Street Address</b>	<b>Type*</b> <small>Refund</small>	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
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<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
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<b>Full Name of Contributor</b>	<b>Registration Number, if PAC</b>
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<b>Street Address</b>	<b>Type*</b> <small>Refund</small>	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
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<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
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<b>Full Name of Contributor</b>	<b>Registration Number, if PAC</b>
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<b>Street Address</b>	<b>Type*</b> <small>Refund</small>	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
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<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
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\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.





Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> MATT SHAUGHNESSY FOR GREEN			
<b>To Whom Paid</b> PNC. BANK		<b>Date (MM/DD/YYYY)</b> 03/01/2018	<b>Amount</b> 50.17
<b>Street Address</b> 3557 S. ARLINGTON RD.		<b>Purpose</b> AUTOMATIC BANK WITHDRAW OF FEES TO MAINTAIN ACCOUNT.	
<b>City</b> GREEN	<b>State</b> OH	<b>Zip Code</b> 44312	<b>Check Number</b> NA
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 50.17

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

ST. LOUIS

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ST. LOUIS





**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> MATT SHAUGHNESSY FOR GREEN							
<b>From Whom Received</b> MATT SHAUGHNESSY					<b>Prior Amount</b>		<b>Amt. Incurred this Period</b>
<b>Street Address</b> 4781 LABURNUM DR.							<b>Outstanding Balance</b> 500
<b>City</b> AKRON		<b>State</b> OH	<b>Zip Code</b> 44319		<b>Loans Received This Period</b>		<b>Payments This Period</b>
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b> 01/17/2019			<b>Date of Loan (MM/DD/YYYY)</b> 01/17/2019		<b>Amount</b> 500	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>					<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>					<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>
<b>From Whom Received</b>					<b>Prior Amount</b>		<b>Amt. Incurred this Period</b>
<b>Street Address</b>							<b>Outstanding Balance</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Loans Received This Period</b>		<b>Payments This Period</b>
<b>Date Loan was Originally Incurred (MM/DD/YYYY)</b>			<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>					<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>					<b>Date of Loan (MM/DD/YYYY)</b>		<b>Amount</b>

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ \_\_\_\_\_

Total Received This Period \$ 500 (also record on Form 31-A-2)

Total Payments Received this Period \$ \_\_\_\_\_ (also record on Form 31-B)

Total Outstanding Balance \$ 500 (also record on Form 30-A)



# Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee <b>MATT SHAUGHNESSY FOR GREEN</b>							
To Whom Owed <b>MATT SHAUGHNESSY</b>				Prior Amount		Amt. Incurred this Period <b>133.94</b>	
Address <b>4781 LA BURNUM DR.</b>				Item or Purpose of Debt <b>1,000 DOOR HANGERS</b>		Outstanding Balance <b>133.94</b>	
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44319</b>		Payments This Period		
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	\$
				M	D	Y	\$
To Whom Owed <b>MATT SHAUGHNESSY</b>							
Address <b>4781 LA BURNUM DR.</b>				Item or Purpose of Debt <b>100 SIGNS &amp; STAKES</b>		Outstanding Balance <b>348.56</b>	
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44319</b>		Payments This Period		
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	\$
				M	D	Y	\$
To Whom Owed <b>MATT SHAUGHNESSY</b>							
Address <del>MATT SHAUGHNESSY</del> <b>4781 LA BURNUM DR.</b>				Item or Purpose of Debt <b>50 SIGNS 4 LARGE SIGNS</b>		Outstanding Balance <b>391.46</b>	
City <del>4781 LA BURNUM DR. AKRON</del>		State <b>OH</b>	Zip Code <b>44319</b>		Payments This Period		
Date Debt was originally Incurred				M	D	Y	\$
Registration Number, if PAC				M	D	Y	\$
				M	D	Y	\$

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 \$ 0- (also record on Form 31-B)

Total Outstanding Balance \$ ON NEXT PAGE (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>MATT SHAUGHNESSY FOR GREEN</b>												
To Whom Owed <b>MATT SHAUGHNESSY</b>					Prior Amount			Amt. Incurred this Period <b>133.94</b>				
Address <b>4781 LABURNUM DRIVE</b>					Item or Purpose of Debt			Outstanding Balance <b>133.94</b>				
City <b>AKRON</b>			State <b>OH</b>		Zip Code <b>44319</b>		Payments This Period					
Date Debt was originally Incurred					M		D		Y		Amount	
Registration Number, if PAC					M		D		Y			
					M		D		Y			
To Whom Owed <b>MATT SHAUGHNESSY</b>					Prior Amount			Amt. Incurred this Period <b>288.00</b>				
Address <b>4781 LABURNUM</b>					Item or Purpose of Debt <b>POSTAGE 400 STAMPS</b>			Outstanding Balance <b>288.00</b>				
City <b>AKRON</b>			State <b>OH</b>		Zip Code <b>44319</b>		Payments This Period					
Date Debt was originally Incurred					M		D		Y		Amount	
Registration Number, if PAC					M		D		Y			
					M		D		Y			
To Whom Owed					Prior Amount			Amt. Incurred this Period				
Address					Item or Purpose of Debt			Outstanding Balance				
City			State		Zip Code		Payments This Period					
Date Debt was originally Incurred					M		D		Y		Amount	
Registration Number, if PAC					M		D		Y			
					M		D		Y			

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 \$ 0- (also record on Form 31-B)

Total Outstanding Balance \$ 1,295.90 (also record on cover page)