



2918 DT

BOARD OF ELECT
FROM OHIO

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

2019 JUN 10 AM 11:26

Committee Name COMMITTEE TO SUPPORT GREEN SCHOOLS		Office Sought		District
Street Address 4426 PROVENS DR		City AKRON	State OH	Zip 44319
Candidate Name OR PAC Registration Number _____		Treasurer Name MICHAEL TRINKO		Election Date (MM/DD/YYYY) 06/07/2019
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input 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 <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
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	14650
2. Total monetary contributions (From Forms 31-A and 31-E)	800.00
3. Total other income (From Form 31-A-2)	—
4. Total funds available (sum of lines 1, 2, 3)	2265.50
5. Total monetary expenditures (From Forms 31-B and 31-F)	1291.85
6. Balance on hand (line 4 minus line 5)	971.73
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	\$ 200.00
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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

Michael Trinko

Signature of Treasurer or Deputy Treasurer

06/10/2019

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

Full Name of Committee COMMITTEE TO SUPPORT GREEN SCHOOLS				
Full Name of Contributor Sally Fennally			Registration Number, if PAC	
Street Address 4723 Tahiti Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH CHK
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY)	Amount \$ 200.00
Full Name of Contributor Robert Campbell			Registration Number, if PAC	
Street Address 230 W GENRIDGE RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHK
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 04/18/2019	Amount \$ 200.00
Full Name of Contributor MARK HERDLICK			Registration Number, if PAC	
Street Address 5130 Arlington Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHK
City North Canton,	State OH	Zip Code 44720	Date (MM/DD/YYYY) 05/20/2019	Amount \$ 200.00
Full Name of Contributor DAVID COHEN			Registration Number, if PAC	
Street Address 1323 Cherrywood Dr Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHK
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 06/01/2019	Amount \$ 200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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 COMMITTEE TO SUPPORT GREEN SCHOOLS			
To Whom Paid Katie Stoyoff		Date (MM/DD/YYYY) 05/06/2019	Amount \$868.93
Street Address 235 Lakefront Dr		Purpose printing facebook ads	
City AKRON,	State OH	Zip Code 44319	Check Number 1123
To Whom Paid SWS Design		Date (MM/DD/YYYY) 05/06/2019	Amount \$130.00
Street Address 1049 LARKINS Way		Purpose Advertising Ad Design	
City Medina,	State OH	Zip Code 44260	Check Number 1124
To Whom Paid JW Color (see note attached)		Date (MM/DD/YYYY) 08/29/2018	Amount \$292.92
Street Address 5193 Stoneham Rd #200		Purpose media printing	
City North Canton	State OH	Zip Code 44720	Check Number 1122
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1291.85

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Support Green Schools			
Full Name of Contributor Katie Stovnoff		Employer, Occupation, Labor Organization * University of Akron	
Street Address 235 Lake Front Dr		Description of Item or Service Sign Wires	
City Akron		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Katie Stovnoff		Employer, Occupation, Labor Organization * University of Akron	
Street Address 235 Lake Front Dr.		Description of Item or Service Part of Leader Ad	
City Akron		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	

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