

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>KEEP MOGADORE SCHOOLS STRONG</b>						Registration Number, if PAC <b>27-3358546</b>		
Full Name of Candidate								
Street Address <b>261 RIDGE RD</b>					Office Sought		District	
City <b>MOGADORE</b>					State <b>OH</b>		Zip Code <b>44260</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year <b>2016</b>		Semiannual	
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> 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

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 for 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	\$	1778	11
2. Total monetary contributions (From Form No. 31-A)	\$		0
3. Total other income (From Form No. 31-A-2)	\$		42
4. Total funds available (sum of lines 1, 2, 3)	\$	1778	53
5. Total monetary expenditures (From Form No. 31-B)	\$		0
6. Balance on hand (line 4 minus line 5)	\$	1778	53
7. Value of in-kind contributions received (From Form No. 31-D)	\$		0
8. Value of in-kind contributions made (From Form No. 31-E)	\$		0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		0
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		0
12. Value of independent expenditures made (From Form No. 31-U)	\$		0
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS

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AKRON, OHIO

PCB #0381

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.

JOHN C. YEARGIN  
Print Name and Title (Treasurer and Deputy Treasurer only)  
**TREASURER**

*[Signature]*  
Signature

1/23/17  
Date

Contribution pages <u>0</u>	Expenditure pages <u>0</u>	Other pages <u>1</u>	Total pages <u>2</u>
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# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
KEEP MOGADORE SCHOOLS STRONG						
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		0	7	29	16 .07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		0	8	31	16 .07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		0	9	30	16 -.07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		1	0	31	16 .07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		1	1	30	16 .07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
US BANK - MOGADORE BRANCH						
Address	Type*		M	D	Y	Amount
3878 MOGADORE RD	IN		1	2	30	16 -.07
City	State	Zip Code	Form (Cash, Check, etc.)			
MOGADORE	OH	44260	EFT			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

\* 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.