

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Metro Parks</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>975 Treaty Line Rd.</b>					Office Sought		District		
City <b>Akron</b>					State <b>O H</b>	Zip Code <b>44313</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual <b>2017</b>
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 at 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	\$	86,096.86
2. Total monetary contributions (From Form No. 31-A)	\$	8.12
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	86,104.98
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	86,104.98
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

#1060  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 2017 JUL 28 AM 9:08

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 SUMMIT COUNTY  
 BOARD OF ELECTIONS**

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.

**Robert Freitag, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

*Robert Freitag*  
 Signature

07/28/17  
 Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages \_\_\_\_\_

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Metro Parks</b>						Registration Number, if PAC		
Full Name <b>Ohio Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   1   3   1   1   7</b>		Amount <b>1.43</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
Full Name <b>Ohio Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   2   2   8   1   7</b>		Amount <b>1.25</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
Full Name <b>One Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   3   3   1   1   7</b>		Amount <b>1.38</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
Full Name <b>Ohio Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   4   2   8   1   7</b>		Amount <b>1.25</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
Full Name <b>Ohio Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   5   3   1   1   7</b>		Amount <b>1.47</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
Full Name <b>Ohio Savings Bank</b>						Registration Number, if PAC		
Address <b>One North Hawkins Ave.</b>		Type* <b>I   N</b>		M   D   Y <b>0   6   3   0   1   7</b>		Amount <b>1.34</b>		
City <b>Akron</b>		State <b>O   H</b>		Zip Code <b>44313</b>		Form(Cash,Check,etc) <b>EFT</b>		
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, place the letters 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