

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee KEEP MOGDORE SCHOOLS STRONG						Registration Number, if PAC 27-3358546				
Full Name of Candidate										
Street Address 261 RIDGE RD					Office Sought		District			
City MOGADORE					State OH		Zip Code 44260			
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	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual 2017
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 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	\$	\$952.53
2. Total monetary contributions (From Form No. 31-A)	\$	\$826.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.40
4. Total funds available (Sum of lines 1-3)	\$	\$1,778.93
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,778.93
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0.00

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2017 JUN 23 AM 10:04

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SUMMIT COUNTY
BOARD OF ELECTIONS

0925 BT

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



07/03/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 0

Other pages 1

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KEEP MOGADORE SCHOOLS STRONG						
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City	State OH	Zip Code	M 0	D 3	Y 2 8 1 7	Amount \$826.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full KEEP MOGADORE SCHOOLS STRONG								
Full Name of Contributor PROCEEDS FROM MOGADORE COMMUNITY FAIR				Registration Number, if PAC				
Street Address SALES OF FOOD CONCESSIONS		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	3	2	817	\$826.00
City SALES OF BASKET RAFFLE TICKETS OF \$1 EACH		State OH	Zip Code	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor						Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)				

* 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)}

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$826.00

Total expenditures this event

\$0.00

Page Total \$ \$826.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full KEEP MOGADORE SCHOOLS STRONG							
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 1	Y 3 1 1 7	Amount \$0.07
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 2	Y 2 8 1 7	Amount \$0.06
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 3	Y 3 1 1 7	Amount \$0.07
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 4	Y 2 8 1 7	Amount \$0.06
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 5	Y 3 1 1 7	Amount \$0.07
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name US BANK - MOGADORE BRANCH				Registration Number, if PAC			
Address 3878 MOGADORE RD		Type* IN		M 0	D 6	Y 3 0 1 7	Amount \$0.07
City MOGADORE		State OH	Zip Code 44260	Form (Cash, Check, etc.) EFT			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	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.