



Committee Name Citizens for Metro Parks		Office Sought		District
Street Address 975 Treaty Line Rd.		City Akron	State OH	Zip 44313
Candidate Name OR PAC Registration Number		Treasurer Name Ann Manby		Election Date (MM/DD/YYYY)

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
2017

Amended Report <input 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.
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1. Amount brought forward from last report	86,104.98
2. Total monetary contributions (From Forms 31-A and 31-E)	37,850.00
3. Total other income (From Form 31-A-2)	8.11
4. Total funds available (sum of lines 1, 2, & 3)	123,963.09
5. Total monetary expenditures (From Forms 31-B and 31-F)	3,685.65
6. Balance on hand (line 4 minus line 5)	120,277.44
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
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)	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 31 AM 8:23

#1970

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

Signature of Treasurer or Deputy Treasurer

1/31/18

Date (MM/DD/YYYY)

Contribution Pages
4

Expenditure Pages
1

Other Pages
1

Total Pages
6



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Matroparks				
Full Name of Contributor Anthony S. Manna			Registration Number, if PAC	
Street Address 75 East Market Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 12/5/17	Amount 1,000.00
Full Name of Contributor Roger Read			Registration Number, if PAC	
Street Address 1793 Brookwood Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/5/17	Amount 2,500.00
Full Name of Contributor Fairlawn Associates			Registration Number, if PAC	
Street Address 2660 W. Market Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/5/17	Amount 1,000.00
Full Name of Contributor G. Stephens, Inc.			Registration Number, if PAC	
Street Address 2460 Akron-Peninsula Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/5/17	Amount 1,000.00
Full Name of Contributor Philip Maynard			Registration Number, if PAC	
Street Address PO Box 277		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Mogadore	State OH	Zip Code 44260	Date (MM/DD/YYYY) 12/5/17	Amount 2,500.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Matroparks				
Full Name of Contributor Steven B. Scechter			Registration Number, if PAC	
Street Address 4260 Bramble Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 12/20/17	Amount 500.00
Full Name of Contributor John Baumgardner			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code	Date (MM/DD/YYYY) 12/20/17	Amount 100.00
Full Name of Contributor Burns McDonnell			Registration Number, if PAC	
Street Address 9400 Ward Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/20/17	Amount 2,500.00
Full Name of Contributor Roetzel			Registration Number, if PAC	
Street Address 1375 East Ninth Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cleveland	State OH	Zip Code 44114	Date (MM/DD/YYYY) 12/20/17	Amount 2,500.00
Full Name of Contributor Joseph Kanfer			Registration Number, if PAC	
Street Address 4445 Everett Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Richfield	State OH	Zip Code 44286	Date (MM/DD/YYYY) 12/20/17	Amount 1,000.00

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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Matroparks				
Full Name of Contributor Lisa Reffner			Registration Number, if PAC	
Street Address 247 Hollywood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/20/17	Amount 250.00
Full Name of Contributor Kenmore Companies			Registration Number, if PAC	
Street Address 700 Home Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44310	Date (MM/DD/YYYY) 12/20/17	Amount 2,500.00
Full Name of Contributor John Reyes			Registration Number, if PAC	
Street Address 2338 Stockbridge Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 12/20/17	Amount 1,000.00
Full Name of Contributor Matt Duncan			Registration Number, if PAC	
Street Address 4364 Ridge Crest Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 12/20/17	Amount 500.00
Full Name of Contributor Dan Rice			Registration Number, if PAC	
Street Address 1622 Grant Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cuyahoga Falls	State OH	Zip Code 44223	Date (MM/DD/YYYY) 12/20/17	Amount 500.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Matroparks				
Full Name of Contributor Brouse McDowell			Registration Number, if PAC	
Street Address 388 S. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44311	Date (MM/DD/YYYY) 12/20/17	Amount 1,000.00
Full Name of Contributor Rubber City Arches			Registration Number, if PAC	
Street Address 50 S. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 12/20/17	Amount 5,000.00
Full Name of Contributor FirstEnergy			Registration Number, if PAC	
Street Address 76 S. Main Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44308	Date (MM/DD/YYYY) 12/20/17	Amount 10,000.00
Full Name of Contributor Thomarios			Registration Number, if PAC	
Street Address 1 Thomarios Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 12/20/17	Amount 2,500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]

Page Total 18,500.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens for Metro Parks						
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		0	7	3 0 1 7	1.38
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	EFT			
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		0	8	3 1 1 7	1.38
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	EFT			
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		0	9	2 9 1 7	1.29
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	EFT			
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		1	0	3 1 1 7	1.43
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	EFT			
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		1	1	3 0 1 7	1.34
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	EFT			
Full Name			Registration Number, if PAC			
New York Community Bank						
Address	Type*		M	D	Y	Amount
One North Hawkins Ave.	I N		1	2	2 9 1 7	1.29
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	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, 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.



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for Matroparks			
To Whom Paid Renee Nied		Date (MM/DD/YYYY) 12/21/17	Amount 3,644.12
Street Address 2914 Burnham Jump Dr.		Purpose reimburse Sheraton venue rental expense	
City Cuyahoga Falls	State OH	Zip Code 44223	Check Number bank check
To Whom Paid New York Community Bank Harland Clark		Date (MM/DD/YYYY) 12/27/17	Amount 41.53
Street Address 1956 W. Market St.		Purpose order checks for account	
City Akron	State OH	Zip Code 44313	Check Number ACH
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 3,685.65