



Committee Name KEEP MOGADORE SCHOOLS STRONG		Office Sought		District
Street Address 261 RIDGE RD		City MOGADORE	State OH	Zip 44260
Candidate Name OR PAC Registration Number 27-3358546		Treasurer Name JOHN C. YEARGIN		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input 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 2017
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	1,778.93
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	.42
4. Total funds available (sum of lines 1, 2, 3)	1,779.35
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	1,779.35
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 29 PM 9:18

#1844 Ave

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

[Signature]

Signature of Treasurer or Deputy Treasurer

01/08/2018

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
		2	3



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee KEEP MOGADORE SCHOOLS STRONG			
Full Name of Contributor US BANK-MOGADORE BRANCH			Registration Number, if PAC
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 07/31/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07
Full Name of Contributor US BANK-MOGADORE BRANCH			Registration Number, if PAC
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 08/31/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07
Full Name of Contributor US BANK-MOGADORE BRANCH			Registration Number, if PAC
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 09/29/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07
Full Name of Contributor US BANK-MOGADORE BRANCH			Registration Number, if PAC
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 10/31/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07
Full Name of Contributor US BANK-MOGADORE BRANCH			Registration Number, if PAC
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 11/30/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07

* 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.



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee KEEP MOGADORE SCHOOLS STRONG			
Full Name of Contributor US BANK- MOGADORE BRANCH		Registration Number, if PAC	
Street Address 3878 MOGADORE RD	Type* Refund IN	Date (MM/DD/YYYY) 12/29/2017	Form (Cash, Check, etc.) EFT
City MOGADORE	State OH	Zip Code 44260	Amount .07
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

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Page Total \$.07

TOTAL .42