



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): <input type="checkbox"/> Annual <input checked="" 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 2018
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.

1. Amount brought forward from last report	120,277.44
2. Total monetary contributions (From Forms 31-A and 31-E)	3,600.00
3. Total other income (From Form 31-A-2)	8.29
4. Total funds available (sum of lines 1, 2, 3)	
5. Total monetary expenditures (From Forms 31-B and 31-F)	235.00
6. Balance on hand (line 4 minus line 5)	123,650.73
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 JUL 31 PM 12:58

AKRON, OHIO

#124150

**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

7/31/18
 Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
1

Total Pages
3



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Metro Parks				
Full Name of Contributor J. W. Didado			Registration Number, if PAC	
Street Address 1033 Kelly Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44306	Date (MM/DD/YYYY) 03/28/2018	Amount 2,600.00
Full Name of Contributor Herb Newman			Registration Number, if PAC	
Street Address 1320 Oak Knoll Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 03/27/2018	Amount 1,000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Metro Parks						
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 1	D 3 1	Y 1 8	Amount 1.47
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) EFT	
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 2	D 2 8	Y 1 8	Amount 1.25
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) EFT	
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 3	D 3 0	Y 1 8	Amount 1.34
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) EFT	
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 4	D 3 0	Y 1 8	Amount 1.44
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) EFT	
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 5	D 3 1	Y 1 8	Amount 1.44
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) EFT	
Full Name New York Community Bank			Registration Number, if PAC			
Address One North Hawkins Ave.		Type* I N	M 0 6	D 2 9	Y 1 8	Amount 1.35
City Akron		State O H	Zip Code 44313		Form(Cash,Check,etc) 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 Metro Parks			
To Whom Paid C.O.S. Blueprint Co. Inc.		Date (MM/DD/YYYY) 01/30/2018	Amount 187.00
Street Address 590 North Main Street		Purpose Photo Prints of Parks for Event	
City Akron	State OH	Zip Code 44310	Check Number debit card
To Whom Paid Untied States Post Office		Date (MM/DD/YYYY) 05/10/2018	Amount 48.00
Street Address 2711 West Market Street		Purpose Post Office Box for Committee Mail	
City Fairlawn	State OH	Zip Code 44333	Check Number debit card
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 \$ 235.00