



Committee Name COVENTRY STRONG		Office Sought		District
Street Address 4117 STATE PARK DR.		City AKRON	State OH	Zip 44319
Candidate Name OR PAC Registration Number 47-4958993		Treasurer Name ANNA M. BRYANT		Election Date (MM/DD/YYYY) 11/06/2018
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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 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	93.10
2. Total monetary contributions (From Forms 31-A and 31-E)	400.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	493.10
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	493.10
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2018 OCT 19 PM 12:05

BOARD OF ELECTIONS
AKRON, OHIO

#2503 Ave

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

Anna M. Bryant
Signature of Treasurer or Deputy Treasurer

10/18/2018
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 COVENTRY STRONG				
Full Name of Contributor EDWARD AND JULIE DIEBOLD			Registration Number, if PAC N/A	
Street Address 580 VAUGHN TRAIL		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK 5848
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/08/2018	Amount \$100.00
Full Name of Contributor COVENTRY YOUTH FOOTBALL			Registration Number, if PAC N/A	
Street Address 2701 N. TURKEYFOOT RD.		Employer/Occupation/Labor Organization* YOUTH FOOTBALL BOARD OF DIRECTORS		Form (Cash, Check, etc.) CHECK 1784
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/02/2018	Amount \$100.00
Full Name of Contributor PORTAGE LAKES ACTIVE YOUTH, INC.			Registration Number, if PAC N/A	
Street Address P.O. BOX 19131		Employer/Occupation/Labor Organization* YOUTH BASEBALL ORGANIZATION		Form (Cash, Check, etc.) CHECK 4399
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/16/2018	Amount \$100.00
Full Name of Contributor RICHARD P. KUTUCHIEF, ESQUIRE			Registration Number, if PAC N/A	
Street Address 159 S. MAIN ST., SUITE 807		Employer/Occupation/Labor Organization* ATTORNEY		Form (Cash, Check, etc.) CHECK 1249
City AKRON	State OH	Zip Code 44308	Date (MM/DD/YYYY) 10/16/2018	Amount \$100.00
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)]