



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 Donae Ceja		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
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.
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1. Amount brought forward from last report	123,650.73
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	8.63
4. Total funds available (sum of lines 1, 2, 3)	
5. Total monetary expenditures (From Forms 31-B and 31-F)	48.00
6. Balance on hand (line 4 minus line 5)	123,611.36
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)	


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SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 28 AM 11:34

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44314

2723

**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

01/28/2019
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 2	Total Pages 4
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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee CITIZENS FOR METRO PARKS			
Full Name of Contributor New York Community Bank			Registration Number, if PAC
Street Address One North Hawkins Ave.	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 07/31/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.49
Full Name of Contributor New York Community Bank			Registration Number, if PAC
Street Address One North Hawkins Ave.	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 8/31/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.44
Full Name of Contributor New York Community Bank			Registration Number, if PAC
Street Address One North Hawkins Ave.	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 9/28/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.31
Full Name of Contributor New York Community Bank			Registration Number, if PAC
Street Address One North Hawkins Ave.	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 10/31/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.54
Full Name of Contributor New York Community Bank			Registration Number, if PAC
Street Address One North Hawkins Ave.	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 11/30/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.40

* 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 CITIZENS FOR METRO PARKS			
Full Name of Contributor New York Community Bank		Registration Number, if PAC	
Street Address One North Hawkins Ave	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) EFT
City Akron	State OH	Zip Code 44313	Amount 1.45
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

* 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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR METRO PARKS			
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 10/18/2018	Amount 48.00
Street Address 2711 West Market St.		Purpose Post Office Box for Committee Mail	
City Akron	State OH	Zip Code 44333	Check Number ACF
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 48.00