



Committee Name Citizens Supporting Twinsburg Public Library		Office Sought		District
Street Address 2520 Maple Drive		City Twinsburg	State OH	Zip 44087
Candidate Name OR PAC Registration Number		Treasurer Name Edward Kancler		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

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report</b> (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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<b>1. Amount brought forward from last report</b>	2939.99
<b>2. Total monetary contributions</b> (From Forms 31-A and 31-E)	
<b>3. Total other income</b> (From Form 31-A-2)	8.75
<b>4. Total funds available</b> (sum of lines 1, 2, 3)	2948.74
<b>5. Total monetary expenditures</b> (From Forms 31-B and 31-F)	0
<b>6. Balance on hand</b> (line 4 minus line 5)	2948.74
<b>7. Value of in-kind contributions received</b> (From Form 31-J-1)	0
<b>8. Value of in-kind contributions made</b> (From Form 31-J-2)	0
<b>9. Outstanding loans owed by committee</b> (From Form 31-C)	0
<b>10. Outstanding debts owed by committee</b> (From Form 31-N)	0
<b>11. Outstanding loans owed to committee</b> (From Form 31-K)	0
<b>12. Value of independent expenditures made</b> (From Form 31-U)	0

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SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44314

# 2624 AVC

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

*Edward Kancler* TREASURER  
Signature of Treasurer or Deputy Treasurer

01/14/2019  
Date (MM/DD/YYYY)

Contribution Pages  
4

Expenditure Pages  
0

Other Pages  
2

Total Pages  
3



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Citizens Supporting Twinsburg Public Library			
<b>Full Name of Contributor</b> Middlefield Banking Company		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15985 East High Street P.O. Box 35	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 11/30/2018	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Middlefield	<b>State</b> OH	<b>Zip Code</b> 44062	<b>Amount</b> 8.00
<b>Full Name of Contributor</b> Middlefield Banking Company		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15985 East High Street P.O. Box 35	<b>Type*</b> Investment/Income	<b>Date (MM/DD/YYYY)</b> 07/31/2018	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Middlefield	<b>State</b> OH	<b>Zip Code</b> 44062	<b>Amount</b> .13
<b>Full Name of Contributor</b> Middlefield Banking Company		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15985 East High Street P.O. Box 35	<b>Type*</b> Investment/Income	<b>Date (MM/DD/YYYY)</b> 08/31/2018	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Middlefield	<b>State</b> OH	<b>Zip Code</b> 44062	<b>Amount</b> .13
<b>Full Name of Contributor</b> Middlefield Banking Company		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15985 East High Street P.O. Box 35	<b>Type*</b> Investment/Income	<b>Date (MM/DD/YYYY)</b> 09/30/2018	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Middlefield	<b>State</b> OH	<b>Zip Code</b> 44062	<b>Amount</b> .11
<b>Full Name of Contributor</b> Middlefield Banking Company		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 15985 East High Street P.O. Box 35	<b>Type*</b> Investment/Income	<b>Date (MM/DD/YYYY)</b> 10/31/2018	<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Middlefield	<b>State</b> OH	<b>Zip Code</b> 44062	<b>Amount</b> .13

\* 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)

<b>Full Name of Committee</b> Citizens Supporting Twinsburg Public Library			
Full Name of Contributor Middlefield Banking Company		Registration Number, if PAC	
Street Address 15985 East High Street P.O. Box 35	Type* Investment/Income	Date (MM/DD/YYYY) 11/30/2018	Form (Cash, Check, etc.) Cash
City Middlefield	State OH	Zip Code 44062	Amount .12
Full Name of Contributor Middlefield Banking Company		Registration Number, if PAC	
Street Address 15985 East High Street P.O. Box 35	Type* Investment/Income	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) Cash
City Middlefield	State OH	Zip Code 44062	Amount .13
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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