



#2846 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

2019 JAN 31 PM 12:34


Committee Name Committee to Elect Matt Kelly		Office Sought Village Council		District
Street Address 81 Hale Ave		City Mogadore	State OH	Zip 44260
Candidate Name OR PAC Registration Number Matt Kelly		Treasurer Name Lisa Kelly		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				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input checked="" 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.

Year
2018

1. Amount brought forward from last report	98.36
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	98.36
5. Total monetary expenditures (From Forms 31-B and 31-F)	98.36
6. Balance on hand (line 4 minus line 5)	0
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

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SUMMIT COUNTY
BOARD OF ELECTIONS

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

 Lisa M. Kelly
Signature of Treasurer or Deputy Treasurer

01/31/2019
Date (MM/DD/YYYY)

Contribution Pages 0	Expenditure Pages 1	Other Pages 0	Total Pages 1
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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Matt Kelly				
To Whom Paid US Bank		Date (MM/DD/YYYY)		Amount 98.36
Street Address 3878 Mogadore Rd.		Purpose Bank Fees For inactive account		
City Mogadore	State OH	Zip Code 44260	Check Number N/A	
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 \$ 98.36