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Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

2019 JUN 12 AM 9:49

Committee Name Tallmadge Pride Committee dba Citizens for Tallmadge Schools		Office Sought		District
Street Address 756 Craig Drive		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number		Treasurer Name Mollie Gilbride		Election Date (MM/DD/YYYY) 05/07/2019
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" 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 2019
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	\$6,391.52
2. Total monetary contributions (From Forms 31-A and 31-E)	\$550.00
3. Total other income (From Form 31-A-2)	no
4. Total funds available (sum of lines 1, 2, 3)	\$6,941.52
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$3,978.10
6. Balance on hand (line 4 minus line 5)	\$2963.42
7. Value of in-kind contributions received (From Form 31-J-1)	no
8. Value of in-kind contributions made (From Form 31-J-2)	no
9. Outstanding loans owed by committee (From Form 31-C)	no
10. Outstanding debts owed by committee (From Form 31-N)	no
11. Outstanding loans owed to committee (From Form 31-K)	no
12. Value of independent expenditures made (From Form 31-U)	no

OFFICIAL COPY
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.

[Signature]
Signature of Treasurer or Deputy Treasurer

06/11/2019
Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 1	Total Pages 3
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Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools				
Full Name of Contributor The James B. Oswald Co.			Registration Number, if PAC	
Street Address 1100 Superior Avenue E., Suite 1500		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44114	Date (MM/DD/YYYY) 04/18/2019	Amount \$250.00
Full Name of Contributor Paul A. Warzinski			Registration Number, if PAC	
Street Address 595 Washburn Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Tallmadge	State OH	Zip Code 44278	Date (MM/DD/YYYY) 06/1/2019	Amount \$300.00
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
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
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
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

*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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Tallmadge Pride Committee dba Citizens for Tallmadge Schools			
To Whom Paid AA Blueprint		Date (MM/DD/YYYY) 04/24/2019	Amount \$2,016.00
Street Address 2757 Gilchrist Road		Purpose Campaign Yard Signs	
City Akron	State OH	Zip Code 44305	Check Number 2057
To Whom Paid US Postmaster		Date (MM/DD/YYYY) 04/25/2019	Amount \$664.00
Street Address Post Office		Purpose Campaign Postcard Mailing	
City Tallmadge	State OH	Zip Code 44278	Check Number 2058
To Whom Paid The Impact Group		Date (MM/DD/YYYY) 06/06/2019	Amount \$1,212.09
Street Address 5100 Darrow Road		Purpose Postcard and Door Hanger Production	
City Hudson	State OH	Zip Code 44236	Check Number 2059
To Whom Paid Jeff Ferguson		Date (MM/DD/YYYY) 06/06/2019	Amount 86.01
Street Address 2029 18th Street		Purpose Reimburse Call Night & Door-to-Door Expenses	
City Cuyahoga Falls	State OH	Zip Code 44223	Check Number 2060
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 3910.51