



2019 JUL -9 AM 11:18

Committee Name <b>KEEP MOGADORE SCHOOLS STRONG</b>		Office Sought		District
Street Address <b>261 RIDGE RD</b>		City <b>MOGADORE</b>	State <b>OH</b>	Zip <b>44260</b>
Candidate Name OR PAC Registration Number <b>27-3358546</b>		Treasurer Name <b>JOHN C. YEARGIN</b>		Election Date (MM/DD/YYYY)
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input checked="" 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				
<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 (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year  
**2019**

<b>1. Amount brought forward from last report</b>	1,780.18
<b>2. Total monetary contributions (From Forms 31-A and 31-E)</b>	0
<b>3. Total other income (From Form 31-A-2)</b>	.41
<b>4. Total funds available (sum of lines 1, 2, 3)</b>	1,780.59
<b>5. Total monetary expenditures (From Forms 31-B and 31-F)</b>	0
<b>6. Balance on hand (line 4 minus line 5)</b>	1,780.59
<b>7. Value of in-kind contributions received (From Form 31-J-1)</b>	0
<b>8. Value of in-kind contributions made (From Form 31-J-2)</b>	0
<b>9. Outstanding loans owed by committee (From Form 31-C)</b>	0
<b>10. Outstanding debts owed by committee (From Form 31-N)</b>	0
<b>11. Outstanding loans owed to committee (From Form 31-K)</b>	0
<b>12. Value of independent expenditures made (From Form 31-U)</b>	0

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 of Treasurer or Deputy Treasurer

**07/09/2019**  
 Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
		<b>2</b>	<b>3</b>



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee KEEP MOGADORE SCHOOLS STRONG			
Full Name of Contributor US BANK- ELLET CANTON RD BRANCH		Registration Number, if PAC	
Street Address 693 CANTON RD	Type* Refund IN	Date (MM/DD/YYYY) 01/31/2019	Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44312	Amount .07
Full Name of Contributor US BANK- ELLET CANTON RD BRANCH		Registration Number, if PAC	
Street Address 693 CANTON RD	Type* Refund IN	Date (MM/DD/YYYY) 02/28/2019	Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44312	Amount -.06
Full Name of Contributor US BANK- ELLET CANTON RD BRANCH		Registration Number, if PAC	
Street Address 693 CANTON RD	Type* Refund IN	Date (MM/DD/YYYY) 03/29/2019	Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44312	Amount .07
Full Name of Contributor US BANK- ELLET CANTON RD BRANCH		Registration Number, if PAC	
Street Address 693 CANTON RD	Type* Refund IN	Date (MM/DD/YYYY) 04/30/2019	Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44312	Amount .07
Full Name of Contributor US BANK- ELLET CANTON RD BRANCH		Registration Number, if PAC	
Street Address 693 CANTON RD	Type* Refund IN	Date (MM/DD/YYYY) 05/31/2019	Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44312	Amount .07

\* 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 <b>KEEP MOGADORE SCHOOLS STRONG</b>			
Full Name of Contributor <b>US BANK - ELLET CANTON RD BRANCH</b>		Registration Number, if PAC	
Street Address <b>693 CANTON RD</b>	Type* Refund <b>IN</b>	Date (MM/DD/YYYY) <b>06/28/2019</b>	Form (Cash, Check, etc.) <b>EFT</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44312</b>	Amount <b>.07</b>
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.