

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |                 |   |                   |                  |  |  |                             |                               |                            |
|--|-----------------|---|-------------------|------------------|--|--|-----------------------------|-------------------------------|----------------------------|
| Full Name of Committee<br><b>Vincent Rubino Committee</b>                              |                 |   |                   |                  |  |  | Registration Number, if PAC |                               |                            |
| Full Name of Candidate<br><b>Vincent Rubino</b>  |                 |   |                   |                  |  |  |                             |                               |                            |
| Street Address<br><b>880 Markham Avenue</b>  |                 |   |                   |                  | Office Sought<br><b>Ward One Council</b> |  |                             | District<br><b>Cuy. Falls</b> |                            |
| City<br><b>Cuyahoga Falls</b>  |                 |   |                   |                  |  |  | State<br><b>O H</b>         | Zip Code<br><b>44221</b>      |                            |
| Type of Report<br>(place X to the left of report type)                                 | Pre-Primary     |   | Post-Primary      |                  | Pre-General                              |  | Post-General                |                               | Annual Year<br><b>2016</b> |
|  | July<br>Monthly |   | August<br>Monthly |                  | September<br>Monthly                     |  | Termination                 |                               | Semiannual                 |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 | Report Electronically filed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   | Date of Election |  |  | M<br><b>1 1</b>             | D<br><b>0 3</b>               | Y<br><b>1 5</b>            |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

|  |           |
|--|-----------|
| 1. Amount brought forward from last report                         | \$ 199.56 |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ 0.00   |
| 3. Total other income (From Form No. 31-A-2)                       | \$ 0.00   |
| 4. Total funds available (Sum of lines 1, 2, & 3)                  | \$ 199.56 |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ 168.00 |
| 6. Balance on hand (line 4 minus line 5)                           | \$ 31.56  |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)  | \$ 0.00   |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)      | \$ 0.00   |
| 9. Outstanding loans owed by committee (From Form No. 31-C)        | \$ 900.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N)       | \$ 0.00   |
| 11. Outstanding loans owed to committee (From Form No. 31-K)       | \$ 0.00   |
| 12. Value of independent expenditures made (From Form No. 31-U)    | \$ 0.00   |
| 13. For Electronic Filing Entities only                            | \$        |
| Sum of lines 2, 7 and amount of any new loans received this period | \$        |

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 JAN 25 PM 2:15  
 Board of Elections  
 AKRON, OHIO  
 #S12 AVR

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Vincent Rubino, Treasurer** *Vincent Rubino* 1-25-17

|  |                            |                      |                      |      |  |
|--|----------------------------|----------------------|----------------------|------|--|
| Print Name and Title (Treasurer and Deputy Treasurer only) |                            | Signature            |                      | Date |  |
| Contribution pages <u>0</u>                                | Expenditure pages <u>2</u> | Other pages <u>1</u> | Total pages <u>3</u> |      |  |

# Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full |  |       |  |                    |  |              |   |   |        |   |   |       |
|---------------------------|--|-------|--|--------------------|--|--------------|---|---|--------|---|---|-------|
| Vincent Rubino Committee  |  |       |  |                    |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 1 | 0 | 4      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 2 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 3 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 4 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 5 | 0 | 2      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 6 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 7 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |
| To Whom Paid              |  |       |  |                    |  | M            | D | Y | Amount |   |   |       |
| PNC                       |  |       |  |                    |  | 0            | 8 | 0 | 1      | 1 | 6 | 14.00 |
| Address                   |  |       |  | Purpose            |  |              |   |   |        |   |   |       |
| PO BOX 609                |  |       |  | PNC Service Charge |  |              |   |   |        |   |   |       |
| City                      |  | State |  | Zip Code           |  | Check Number |   |   |        |   |   |       |
| Pittsburgh                |  | P   A |  | 15230              |  |              |   |   |        |   |   |       |

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|  |  |  |                                      |  |                          |     |              |     |        |   |   |       |
|--|--|--|--------------------------------------|--|--------------------------|-----|--------------|-----|--------|---|---|-------|
| Name of Committee in Full<br><b>Vincent Rubino Committee</b> |  |  |                                      |  |                          |     |              |     |        |   |   |       |
| To Whom Paid<br><b>PNC</b>                                   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | 0   | 9            | 0   | 1      | 1 | 6 | 14.00 |
| Address<br><b>PO BOX 609</b>                                 |  |  | Purpose<br><b>PNC Service Charge</b> |  |                          |     |              |     |        |   |   |       |
| City<br><b>Pittsburgh</b>                                    |  |  | State<br><b>P   A</b>                |  | Zip Code<br><b>15230</b> |     | Check Number |     |        |   |   |       |
| To Whom Paid<br><b>PNC</b>                                   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | 1   | 0            | 0   | 3      | 1 | 6 | 14.00 |
| Address<br><b>PO BOX 609</b>                                 |  |  | Purpose<br><b>PNC Service Charge</b> |  |                          |     |              |     |        |   |   |       |
| City<br><b>Pittsburgh</b>                                    |  |  | State<br><b>P   A</b>                |  | Zip Code<br><b>15230</b> |     | Check Number |     |        |   |   |       |
| To Whom Paid<br><b>PNC</b>                                   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | 1   | 1            | 0   | 1      | 1 | 6 | 14.00 |
| Address<br><b>PO BOX 609</b>                                 |  |  | Purpose<br><b>PNC Service Charge</b> |  |                          |     |              |     |        |   |   |       |
| City<br><b>Pittsburgh</b>                                    |  |  | State<br><b>P   A</b>                |  | Zip Code<br><b>15230</b> |     | Check Number |     |        |   |   |       |
| To Whom Paid<br><b>PNC</b>                                   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | 1   | 2            | 0   | 1      | 1 | 6 | 14.00 |
| Address<br><b>PO BOX 609</b>                                 |  |  | Purpose<br><b>PNC Service Charge</b> |  |                          |     |              |     |        |   |   |       |
| City   |  |  | State<br><b>P   A</b>                |  | Zip Code<br><b>15230</b> |     | Check Number |     |        |   |   |       |
| To Whom Paid   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | ... | ...          | ... |        |   |   |       |
| Address  |  |  | Purpose                              |  |                          |     |              |     |        |   |   |       |
| City   |  |  | State                                |  | Zip Code                 |     | Check Number |     |        |   |   |       |
| To Whom Paid   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | ... | ...          | ... |        |   |   |       |
| Address  |  |  | Purpose                              |  |                          |     |              |     |        |   |   |       |
| City   |  |  | State                                |  | Zip Code                 |     | Check Number |     |        |   |   |       |
| To Whom Paid   |  |  |                                      |  |                          | M   | D            | Y   | Amount |   |   |       |
|  |  |  |                                      |  |                          | ... | ...          | ... |        |   |   |       |
| Address  |  |  | Purpose                              |  |                          |     |              |     |        |   |   |       |
| City   |  |  | State                                |  | Zip Code                 |     | Check Number |     |        |   |   |       |

## Statement of Loans Received

Prescribed by Secretary of State 3/05

|   |  |                    |                          |              |    |                               |    |  |          |        |
|---|--|--------------------|--------------------------|--------------|----|-------------------------------|----|--|----------|--------|
| Full Name of Committee<br><b>Vincent Rubino Committee</b> |  |                    |                          |              |    |                               |    |  |          |        |
| From Whom Received<br><b>Vincent Rubino</b>               |  |                    |                          |              |    | Prior Amount<br><b>100.00</b> |    | Amt. Incurred this Period<br><b>0.00</b> |          |        |
| Address<br><b>880 Markham Ave.</b>                        |  |                    |                          |              |    |                               |    | Outstanding Balance<br><b>100.00</b>     |          |        |
| City<br><b>Cuyahoga Falls</b>                             |  | State<br><b>OH</b> | Zip Code<br><b>44221</b> |              |    | Loans Received This Period    |    | Payments This Period                     |          |        |
|   |  |                    |                          |              |    | Date                          |    | Date                                     |          | Amount |
| <b>Date Loan was originally Incurred</b>                  |  | M: <b>05</b>       | D: <b>01</b>             | Y: <b>09</b> | M: | D:                            | Y: | \$                                       | <b>0</b> |        |
| Registration Number, if PAC                               |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |
| Employer/Occupation/Labor Organization*                   |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |
| From Whom Received<br><b>Vincent Rubino</b>               |  |                    |                          |              |    | Prior Amount<br><b>800.00</b> |    | Amt. Incurred this Period<br><b>0.00</b> |          |        |
| Address<br><b>880 Markham Ave.</b>                        |  |                    |                          |              |    |                               |    | Outstanding Balance<br><b>800.00</b>     |          |        |
| City<br><b>Cuyahoga Falls</b>                             |  | State<br><b>OH</b> | Zip Code<br><b>44221</b> |              |    | Loans Received This Period    |    | Payments This Period                     |          |        |
|   |  |                    |                          |              |    | Date                          |    | Date                                     |          | Amount |
| <b>Date Loan was originally Incurred</b>                  |  | M: <b>07</b>       | D: <b>17</b>             | Y: <b>09</b> | M: | D:                            | Y: | \$                                       | <b>0</b> |        |
| Registration Number, if PAC                               |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |
| Employer/Occupation/Labor Organization*                   |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |
| From Whom Received  |  |                    |                          |              |    | Prior Amount                  |    | Amt. Incurred this Period                |          |        |
| Address   |  |                    |                          |              |    |                               |    | Outstanding Balance                      |          |        |
| City  |  | State              | Zip Code                 |              |    | Loans Received This Period    |    | Payments This Period                     |          |        |
|   |  |                    |                          |              |    | Date                          |    | Date                                     |          | Amount |
| <b>Date Loan was originally Incurred</b>                  |  | M:                 | D:                       | Y:           | M: | D:                            | Y: | \$                                       |          |        |
| Registration Number, if PAC                               |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |
| Employer/Occupation/Labor Organization*                   |  |                    |                          |              |    | M:                            | D: | Y:                                       |          |        |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 900.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 900.00 (To Form No. 30-A)