

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE FOR COLAVECCHIO</b>						Registration Number, if PAC			
Full Name of Candidate <b>DIANA M. COLAVECCHIO</b>									
Street Address <b>3414 HAGGARTY WAY</b>					Office Sought <b>CLERK OF COURTS</b>		District <b>STOW</b>		
City <b>CUYAHOGA FALLS</b>						State <b>O H</b>	Zip Code <b>44223</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 2017
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 1	D 1	Y 0315	

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	\$ 802.27
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)	\$ 802.27
5. Total monetary expenditures (From Form No. 31-B)	\$ 500.00
6. Balance on hand (line 4 minus line 5)	\$ 302.27
7. Value of in-kind contributions received (From Form No. 31-I)	\$ 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)	\$ 44,688.49
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 12,136.12
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 1,500.00
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 JUN 20 PM 12:08

AKRON, OHIO

#1150 Ave

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

**Denise Caldwell Horning, Treasurer**

*Denise Caldwell Horning, Treasurer*

7/26/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 1

Other pages 4

Total pages 5

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE FOR COLAVECCHIO</b>												
To Whom Paid <b>DENISE HORNING</b>						M	D	Y	Amount			
						0	1	2	8	1	7	500.00
Address <b>80 PADDISON AVENUE</b>				Purpose <b>MANAGEMENT FEE</b>								
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>		Zip Code <b>44223</b>		Check Number <b>1075</b>						
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						
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						
To Whom Paid						M	D	Y	Amount			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE FOR COLAVECCHIO</b>												
From Whom Received <b>DIANA M. COLAVECCHIO</b>								Prior Amount <b>44,688.49</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>3414 HAGGARTY WAY</b>										Outstanding Balance <b>44,688.49</b>		
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		3	1	7	0	4						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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	Amount		Date	Amount			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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	Amount		Date	Amount			
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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 \$ 44,688.49
- 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 \$ 44,688.49 (To Form No. 30-A)

## Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <b>COMMITTEE FOR COLAVECCHIO</b>											
To Whom Made <b>ELECT PAUL COLAVECCHIO</b>						Prior Amount <b>1,500.00</b>		Amt. Loaned this Period <b>0.00</b>			
Address <b>3414 HAGGARTY WAY</b>								Outstanding Balance <b>1,500.00</b>			
City <b>CUYAHOGA FALLS</b>				State <b>OH</b>				Zip Code <b>44223</b>		Payments Received This Period Date                      Amount	
Date Loan was originally Made						M		D			
						1		2		1	
						M		D		Y	
						M		D		Y	
To Whom Made						Prior Amount		Amt. Loaned this Period			
Address								Outstanding Balance			
City				State		Zip Code		Payments Received This Period			
				M		D		Y			
Date Loan was originally Made						M		D		Y	
						M		D		Y	
						M		D		Y	
To Whom Made						Prior Amount		Amt. Loaned this Period			
Address								Outstanding Balance			
City				State		Zip Code		Payments Received This Period			
				M		D		Y			
Date Loan was originally Made						M		D		Y	
						M		D		Y	
						M		D		Y	

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

Total Loans this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,500.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>COMMITTEE FOR COLAVECCHIO</b>									
To Whom Owed <b>DIANA COLAVECCHIO</b>					Prior Amount <b>12,136.12</b>			Amt. Incurred this Period	
Address <b>3414 HAGGARTY WAY</b>					Item or Purpose for Debt			Outstanding Balance <b>12,136.12</b>	
City <b>CUYAHOGA FALLS</b>			State <b>OH</b>	Zip Code <b>44223</b>		<b>Payments Made This Period</b>			
						Date		Amount	
<b>Date Debt was originally Incurred</b>					M	D	Y	\$	
					0	3	0	4	15
Registration Number, if PAC					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		<b>Payments Made This Period</b>			
						Date		Amount	
<b>Date Debt was originally Incurred</b>					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		<b>Payments Made This Period</b>			
						Date		Amount	
<b>Date Debt was originally Incurred</b>					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 12,136.12 (also record on cover page)