

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ELECT PAUL COLAVECCHIO						Registration Number, if PAC			
Full Name of Candidate PAUL V. COLAVECCHIO									
Street Address 3414 HAGGARTY WAY					Office Sought Cuy Falls City Council		District At-Large		
City CUYAHOGA FALLS					State O H	Zip Code 44223			
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 0	3 1

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	\$ 208.69
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)	\$ 208.69
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 208.69
7. Value of in-kind contributions received (From Form No. 31-D)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-F-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 9,510.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 1,753.43
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	\$ 0.00

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SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JUL 28 PM 12: 28

AKRON, OHIO

#1149 AVC

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.

Patrick J Horning, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Patrick J Horning
Signature

7.26.2017

Date

Contribution pages <u>0</u>

Expenditure pages <u>0</u>

Other pages <u>3</u>

Total pages <u>3</u>

Statement of Loans Received

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Full Name of Committee ELECT PAUL COLAVECCHIO												
From Whom Received COMMITTEE FOR COLAVECCHIO							Prior Amount 9,510.00		Amt. Incurred this Period 0.00			
Address 3414 HAGGARTY WAY									Outstanding Balance 9,510.00			
City CUYAHOGA FALLS		State OH	Zip Code 44223		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1		2	1	4	1	1						
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			
Date Loan was originally Incurred		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			
Date Loan was originally Incurred		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 \$ 9,510.00
- 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 \$ 9,510.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee ELECT PAUL COLAVECCHIO										
To Whom Owed PAUL COLAVECCHIO						Prior Amount 1,753.43		Amt. Incurred this Period 0.00		
Address 3414 HAGGARTY WAY						Item or Purpose for Debt		Outstanding Balance 1,753.43		
City CUYAHOGA FALLS				State OH	Zip Code 44223		Payments Made This Period			
							Date	Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State	Zip Code		Payments Made This Period			
							Date	Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State	Zip Code		Payments Made This Period			
							Date	Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						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 \$ 1,753.43 (also record on cover page)