

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CARANO FOR COUNCIL		Registration Number, if PAC	
Full Name of Candidate MICHAEL J. CARANO			
Street Address 573 NARRAGANSETT DR.		Office Sought COUNCIL AT LARGE	District
City TALLMADGE		State OH	Zip Code 44278
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
			<input type="checkbox"/> Post-General
			<input type="checkbox"/> Termination
			<input type="checkbox"/> Annual Year
			<input type="checkbox"/> Semiannual
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 11/07/17	

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 for 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	\$	0	00
2. Total monetary contributions (From Form No. 31-A) + 31E	\$	4405	00 (4405. ⁰⁰)
3. Total other income (From Form No. 31-A-2)	\$	38	35
4. Total funds available (sum of lines 1, 2, 3)	\$	4443	35
5. Total monetary expenditures (From Form No. 31-B)	\$	3710	59
6. Balance on hand (line 4 minus line 5)	\$	732	76
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)	\$	1000	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.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 23 PM 4: 08

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

Robert D. Maguire, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature **Robert D. Maguire**

10/23/2017
Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Loans Received

Prescribed by Secretary of State 3 05

Full Name of Committee CARANO FOR COUNCIL																	
From Whom Received MICHAEL J. CARANO										Prior Amount		Amt. Incurred this Period 1,000⁰⁰					
Address 573 NARRAGANSETT DRIVE												Outstanding Balance					
City TALLMADGE		State OH		Zip Code 44278		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		S		M		D		Y		S	
06		23		17													
Registration Number, if PAC										M		D		Y		S	
Employer Occupation Labor Organization*										M		D		Y		S	
RETIRED																	

From Whom Received																	
Address										Prior Amount		Amt. Incurred this Period					
City												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		S		M		D		Y		S	
Registration Number, if PAC										M		D		Y		S	
Employer Occupation Labor Organization*										M		D		Y		S	

From Whom Received																	
Address										Prior Amount		Amt. Incurred this Period					
City												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		S		M		D		Y		S	
Registration Number, if PAC										M		D		Y		S	
Employer Occupation Labor Organization*										M		D		Y		S	

* 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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ _____
- ² Total received this period \$ 1000⁰⁰ (To Form No. 31-A-2)
- ³ Total payments this period \$ 0 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ 1000⁰⁰ (To Form No. 30-A)

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CARANO FOR COUNCIL					
Full Name of Contributor DAVID P. CARANO				Registration Number, if PAC	
Street Address 8450 MILMONT ST. NW		Employer Occupation Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City MASSILLON		State OHIO	Zip Code 44646	M 07	D 11
				Y 17	Amount 300⁰⁰
Full Name of Contributor FRED M. MENDIOLA				Registration Number, if PAC	
Street Address 488 CARTHAGE AVE		Employer Occupation Labor Organization* OWNER: DECK RESQUE		Form (Cash, Check, etc.) CHECK	
City KENT		State OHIO	Zip Code 44240	M 07	D 11
				Y 17	Amount 50⁰⁰
Full Name of Contributor JOHN M. MENDIOLA				Registration Number, if PAC	
Street Address 750 MIDLAND AVE		Employer Occupation Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City RAVENNA		State OH	Zip Code 44266	M 07	D 11
				Y 17	Amount 100⁰⁰
Full Name of Contributor PAUL A WARZINSKI				Registration Number, if PAC	
Street Address 595 WASHBURN RD		Employer Occupation Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City TALLMADGE		State OH	Zip Code 44278-2619	M	D
				Y	Amount 25⁰⁰
Full Name of Contributor BARBARA J WALDEN				Registration Number, if PAC	
Street Address 31100 CEDAR RD		Employer Occupation Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City PEPPER PIKE		State OH	Zip Code 44124	M	D
				Y	Amount 500⁰⁰
Full Name of Contributor MARY F. MICHEL-RHODES				Registration Number, if PAC	
Street Address 739 LINCOLN		Employer Occupation Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CUYAHOGA FALLS		State OH	Zip Code 44221	M	D
				Y	Amount 250⁰⁰
Full Name of Contributor LIN LUO				Registration Number, if PAC	
Street Address 5200 ANTHONY AVE		Employer Occupation Labor Organization* CNMC OF BALTIMORE		Form (Cash, Check, etc.) CHECK	
City BALTIMORE		State MD	Zip Code 21206	M 07	D 25
				Y 17	Amount 50⁰⁰
Full Name of Contributor KAREN L. LANURD				Registration Number, if PAC	
Street Address 487 FERNWOOD AVE		Employer Occupation Labor Organization*		Form (Cash, Check, etc.) CHECK	
City TALLMADGE		State OH	Zip Code 44278	M 07	D 25
				Y 17	Amount 25⁰⁰

* 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 Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CARANO FOR COUNCIL									
Full Name of Contributor CATHERINE NORA DUFFY							Registration Number, if PAC		
Street Address 243 WHITTLESEY DR			Employer/Occupation/Labor Organization* NURSE				Form (Cash, Check, etc.) CHECK		
City TALLMADGE,		State OH		Zip Code 44278- 1000		M 07	D 25	Y 17	Amount 50 ⁰⁰
Full Name of Contributor LORI M. KELLY							Registration Number, if PAC		
Street Address 369 JONES RD APT B			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK		
City TALLMADGE		State OH		Zip Code 44278		M 08	D 03	Y 17	Amount 20 ⁰⁰
Full Name of Contributor KEY BANK							Registration Number, if PAC		
Street Address 76 TALLMADGE CIRCLE			Employer/Occupation/Labor Organization* REFUND				Form (Cash, Check, etc.) EFT		
City TALLMADGE		State OH		Zip Code 44278		M 06	D 30	Y 17	Amount 3.00
Full Name of Contributor JOE SCHULTZ							Registration Number, if PAC		
Street Address 253 NUTWOOD DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City TALLMADGE		State OH		Zip Code 44278		M 08	D 15	Y 17	Amount 40 ⁰⁰
Full Name of Contributor DON DUFFY							Registration Number, if PAC		
Street Address 946 VICKI PATH			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City TALLMADGE		State OH		Zip Code 44278		M 08	D 15	Y 17	Amount 50 ⁰⁰
Full Name of Contributor MRS. BRIDGET M. NICHOLS							Registration Number, if PAC		
Street Address 1918 BRYN MAWR DR			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CHECK		
City STOW		State OH		Zip Code 44224-2614		M 08	D 18	Y 17	Amount 50 ⁰⁰
Full Name of Contributor CHRISTOPHER B GRIMM							Registration Number, if PAC		
Street Address 508 GREENMEADOW DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City TALLMADGE		State OH		Zip Code 44278		M 09	D 01	Y 17	Amount 250 ⁰⁰
Full Name of Contributor TEAMSTERS LOCAL #348 PAC FUND # LA1564							Registration Number, if PAC # LA1564		
Street Address 272 W. MARKET ST			Employer/Occupation/Labor Organization* LABOR ORGANIZATION				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44303		M 10	D 02	Y 17	Amount 200 ⁰⁰

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CARANO FOR COUNCIL									
Full Name of Contributor COMMITTEE TO ELECT JERRY FEEMAN							Registration Number, if PAC		
Street Address 1068 LEDGEBROOK DR				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City TALLMADGE,		State OH	Zip Code 44278		M 10	D 02	Y 17	Amount 100⁰⁰	
Full Name of Contributor JAMES E MACKAY							Registration Number, if PAC		
Street Address 191 ERNEST DRIVE				Employer Occupation Labor Organization*			Form (Cash, Check, etc.) CHECK		
City TALLMADGE		State OH	Zip Code 44278-1628		M 10	D 03	Y 17	Amount 50⁰⁰	
Full Name of Contributor TRANSFER FROM 31-E							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount 1495⁰⁰	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03 05

Name of Committee in Full CARANO FOR COUNCIL				
Full Name of Contributor NICOLE WALKER			Registration Number, if PAC	
Street Address 2380 LANCASTER RD	Employer Occupation Labor Organization*		M 08	D 03
City AKRON	State OH	Zip Code 44313	Y 17	Amount 50⁰⁰
Form (Cash, Check, etc.) CASH				
Full Name of Contributor ELINORE STORMER				
Street Address 343 NICKORY ST			Registration Number, if PAC	
Employer Occupation Labor Organization*		M 08	D 03	Y 17
City AKRON	State OH	Zip Code 44303	Amount 100⁰⁰	
Form (Cash, Check, etc.) CASH				
Full Name of Contributor JILL STRITCH				
Street Address 776 PREMIERA DR.			Registration Number, if PAC	
Employer Occupation Labor Organization*		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 20⁰⁰	
Form (Cash, Check, etc.) CASH				
Full Name of Contributor JILL STRITCH				
Street Address 776 PREMIERA DR.			Registration Number, if PAC	
Employer Occupation Labor Organization*		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 25⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor TERRY HOUSE				
Street Address 1105 WOODWARD AVE			Registration Number, if PAC	
Employer Occupation Labor Organization*		M 08	D 03	Y 17
City AKRON	State OH	Zip Code 44278	Amount 25⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor SUE CONERY				
Street Address 7748 ELMA ST.			Registration Number, if PAC	
Employer Occupation Labor Organization* RETIRED		M 08	D 03	Y 17
City KENT	State OH	Zip Code 44240	Amount 50⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor STEVE SMITH				
Street Address 841 MARKHAM AVE			Registration Number, if PAC	
Employer Occupation Labor Organization*		M 08	D 03	Y 17
City CUYAHOGA FALLS	State OH	Zip Code 44278	Amount 100⁰⁰	
Form (Cash, Check, etc.) CHECK				

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03 05

Name of Committee in Full CARANO FOR COUNCIL				
Full Name of Contributor JOSEPH R. FALKENSTEIN			Registration Number, if PAC	
Street Address 1006 ASPHUN AVE	Employer Occupation Labor Organization* RETIRED		M 08	D 03
City TALLMADGE	State OH	Zip Code 44278	Y 17	Amount 25⁰⁰
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MARY E TRICASSO				
Street Address 577 DUNBAR RD			Registration Number, if PAC	
Employer Occupation Labor Organization* 		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 50⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor LINDA S. POINAR				
Street Address 444 S. RIDGECLEFT ST.			Registration Number, if PAC	
Employer Occupation Labor Organization* 		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 50⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor LARRY M ANDRELLA				
Street Address 4025 WEBB RD.			Registration Number, if PAC	
Employer Occupation Labor Organization* RETIRED		M 08	D 03	Y 17
City RAVENNA	State OH	Zip Code 44266-3224	Amount 50⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ANDREA KIDDER				
Street Address 191 HIGH POINT CIRCLE			Registration Number, if PAC	
Employer Occupation Labor Organization* 		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 30⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor PATRICIA MILLER				
Street Address 1618 MORRIS RD			Registration Number, if PAC	
Employer Occupation Labor Organization* 		M 08	D 03	Y 17
City KENT	State OH	Zip Code 44240	Amount 25⁰⁰	
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JOHN D. RUTECKI				
Street Address 587 NARRAGANSETT DR			Registration Number, if PAC	
Employer Occupation Labor Organization* 		M 08	D 03	Y 17
City TALLMADGE	State OH	Zip Code 44278	Amount 50⁰⁰	
Form (Cash, Check, etc.) CHECK				

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03.05

Name of Committee in Full			
CARANO FOR COUNCIL			
Full Name of Contributor		Registration Number, if PAC	
DAVID G. KLINE			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
1178 GROVEWOOD DR		08	03 17 50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK
Full Name of Contributor		Registration Number, if PAC	
DAVID KEVIN NORNER			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
534 WEBER AVE		08	03 17 50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
AKRON	OH	44303	CHECK
Full Name of Contributor		Registration Number, if PAC	
CHRISTINE HIGNAM			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
1188 SHADYSIDE LANE		08	03 17 25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK
Full Name of Contributor		Registration Number, if PAC	
CAROL A. KILWAY			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
427 MELONA LN		08	03 17 50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK
Full Name of Contributor		Registration Number, if PAC	
TAMARA L SHOMO			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
1104 LEDGEBROOK DRIVE		08	03 17 25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK
Full Name of Contributor		Registration Number, if PAC	
MOLLIE A. GILBRIDE			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
756 CRAIG DR.		08	03 17 25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK
Full Name of Contributor		Registration Number, if PAC	
KAREN S. MORGAN			
Street Address	Employer, Occupation, Labor Organization*	M	D Y Amount
598 DUNBAR RD.		08	03 17 25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
TALLMADGE	OH	44278	CHECK

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Fill in the boxes below only on the last page for this event
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03 05

Name of Committee in Full <u>CARANO FOR COUNCIL</u>			
Full Name of Contributor <u>GREGORY C. WESTMEYER</u>		Registration Number, if PAC	
Street Address <u>3956 APRIL DR</u>	Employer Occupation Labor Organization* <u>RETIRED</u>	M D Y <u>08 03 17</u>	Amount <u>25⁰⁰</u>
City <u>TOLLMADGE UNIONTOWN</u>	State <u>OH</u>	Zip Code <u>44685-9358</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>LISA ZENO CARANO</u>		Registration Number, if PAC	
Street Address <u>125 ERNEST DRIVE</u>	Employer Occupation Labor Organization*	M D Y <u>08 03 17</u>	Amount <u>250⁰⁰</u>
City <u>TOLLMADGE</u>	State <u>OH</u>	Zip Code <u>44278</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>LISA MARTINEZ</u>		Registration Number, if PAC	
Street Address <u>725 PARK AVE.</u>	Employer Occupation Labor Organization*	M D Y <u>08 03 17</u>	Amount <u>100⁰⁰</u>
City <u>KENT</u>	State <u>OH</u>	Zip Code <u>44240</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>MEGAN E RABER</u>		Registration Number, if PAC	
Street Address <u>449 VICTORIA PARK DR.</u>	Employer Occupation Labor Organization*	M D Y <u>08 03 17</u>	Amount <u>100⁰⁰</u>
City <u>TOLLMADGE</u>	State <u>OH</u>	Zip Code <u>44278</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor <u>MADHUCHANDRA MITRA</u>		Registration Number, if PAC	
Street Address <u>503 GRALEVIEW LOOP</u>	Employer Occupation Labor Organization*	M D Y <u>08 03 17</u>	Amount <u>100⁰⁰</u>
City <u>ST. JOSEPH</u>	State <u>MN</u>	Zip Code <u>56374</u>	Form (Cash, Check, etc.) <u>CHECK</u>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer Occupation Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer Occupation Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

Name of Committee in Full CARANO FOR COUNCIL				
To Whom Paid STAPLES			M D Y 08 03 17	Amount \$ 8.32
Address 645 HOWE ROAD		Purpose DRINK TICKETS FOR 8-3-17 FUNDRAISER		
City CUYANOGA FALLS	State OH	Zip Code 44227	Check Number DEBIT CARD	
To Whom Paid EL TREN GRILL & MEXICAN RESTAURANT			M D Y 08 03 17	Amount 445.74
Address 78 EAST AVENUE		Purpose FOOD & DRINKS AT FUNDRAISER		
City FALLMADGE	State OH	Zip Code 44278	Check Number 1001	
To Whom Paid			M D Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CARRNO FOR COUNCIL							
To Whom Paid KEY BANK				M	D	Y	Amount
Address 76 TALLMADGE CIRCLE				06	30	17	3.00
City TALLMADGE		State OH	Zip Code 44278	Check Number EFT			
To Whom Paid OFFICE MAX				M	D	Y	Amount
Address 4220 KENT RD				07	10	17	3.20
City STOW		State OH	Zip Code 44224	Check Number DEBIT			
To Whom Paid USPS (POST OFFICE)				M	D	Y	Amount
Address 162 NORTHEAST AVE				07	11	17	129.36
City TALLMADGE		State OH	Zip Code 44278	Check Number DEBIT			
To Whom Paid DOLLAR TREE # 2096				M	D	Y	Amount
Address 574 SOUTH AVE.				07	11	17	2.54
City TALLMADGE		State OH	Zip Code 44278	Check Number DEBIT			
To Whom Paid MILLCRAFT PAPER				M	D	Y	Amount
Address 1450 FIRESTONE PKWY # B				07	12	17	35.86
City AKRON		State OH	Zip Code 44301	Check Number DEBIT			
To Whom Paid ZIPPIT PRINT				M	D	Y	Amount
Address 1600 E. 23RD ST				07	31	17	426.60
City CLEVELAND		State OH	Zip Code 44114	Check Number DEBIT			
To Whom Paid KEY BANK				M	D	Y	Amount
Address 76 TALLMADGE CIRCLE				07	31	17	3.00
City TALLMADGE		State OH	Zip Code 44278	Check Number EFT			
To Whom Paid KEY BANK				M	D	Y	Amount
Address 76 TALLMADGE CIRCLE				07	31	17	5.00
City TALLMADGE		State OH	Zip Code 44278	Check Number EFT			

Statement of Expenditures

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Name of Committee in Full CARANO FOR COUNCIL						
To Whom Paid ZIPPITT PRINT			M	D	Y	Amount
Address 1600 E 23RD ST			Purpose BUSINESS CARDS FOR CAMPAIGN			
City CLEVELAND		State OH	Zip Code 44114		Check Number DEBIT CARD	
To Whom Paid SAWICKI & SONS			M	D	Y	Amount
Address 1521 W. LAFAYETTE			Purpose YARD SIGNS			
City DETROIT		State MI	Zip Code 48216		Check Number DEBIT	
To Whom Paid SAWICKI & SONS			M	D	Y	Amount
Address 1521 W. LAFAYETTE			Purpose YARD SIGNS			
City DETROIT		State MI	Zip Code 48216		Check Number DEBIT	
To Whom Paid KELSEY KULESZA			M	D	Y	Amount
Address 1653 BENDLOW DR			Purpose DESIGNING LITERATURE			
City COLUMBUS		State OH	Zip Code 43288		Check Number 1002	
To Whom Paid PRINTRUNNER.COM			M	D	Y	Amount
Address 8008 HASKELL AVE			Purpose CAMPAIGN STICKERS			
City VAN NUYS		State CA	Zip Code 91406		Check Number	
To Whom Paid KEY BANK			M	D	Y	Amount
Address 76 TALLMADGE CIR			Purpose PAPER STATEMENT FEE			
City TALLMADGE		State OH	Zip Code 44278		Check Number GFT	
To Whom Paid KEY BANK			M	D	Y	Amount
Address 76 TALLMADGE CIR			Purpose PAPER STATEMENT FEE, SERVICE			
City TALLMADGE		State OH	Zip Code 44278		Check Number GFT	
To Whom Paid KEY BANK			M	D	Y	Amount
Address 76 TALLMADGE CIR			Purpose IMAGED ITEMS W/ STATEMENT			
City TALLMADGE		State OH	Zip Code 44278		Check Number GFT	

Statement of Expenditures

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Name of Committee in Full							
CARANO FOR COUNCIL							
To Whom Paid		Address		Purpose		M D Y Amount	
TALLMADGE ATHLETIC BOOSTERS		246 WOODBRIDGE RD		AD FOR FOOTBALL PROGRAM		09 01 17 100.00	
City		State		Zip Code		Check Number	
TALLMADGE		OH		44278		1005	
To Whom Paid		Address		Purpose		M D Y Amount	
NUTS.COM		5517 W. MINNESOTA ST		PEANUTS FOR FOOTBALL GAME		09 06 17 59.75	
City		State		Zip Code		Check Number	
INDIANAPOLIS		IN		46241		DEBIT	
To Whom Paid		Address		Purpose		M D Y Amount	
ZIPPITO PRINT		1600 E 23RD ST		CAMPAIGN LIT (POSTCARDS - 5000)		09 06 17 223.98	
City		State		Zip Code		Check Number	
CLEVELAND		OH		44114			
To Whom Paid		Address		Purpose		M D Y Amount	
SAM'S CLUB		1189 BUCKHOLZER BLVD		PAPER BAGS & CANDY FOR FOOTBALL GAME		09 25 17 63.09	
City		State		Zip Code		Check Number	
CUYANOGA FALLS		OH		44221		DEBIT	
To Whom Paid		Address		Purpose		M D Y Amount	
SAM'S CLUB		1189 BUCKHOLZER BLVD		USED WROTE CARD - SEC "OTHER INCOME" FOR CORRECTION		09 25 17 27.35	
City		State		Zip Code		Check Number	
CUYANOGA FALLS		OH		44221		DEBIT	
To Whom Paid		Address		Purpose		M D Y Amount	
ZIPPITO PRINT		1600 E. 23RD ST		BALANCE OF POST CARDS		08 18 17 23.30	
City		State		Zip Code		Check Number	
CLEVELAND		OH		44114		DEBIT	
To Whom Paid		Address		Purpose		M D Y Amount	
KET BANK		76 TALLMADGE CIR		CHARGED ITEMS W/ STATEMENT		09 29 17 3.50	
City		State		Zip Code		Check Number	
TALLMADGE		OH		44278		CFT	
To Whom Paid		Address		Purpose		M D Y Amount	
KET BANK		76 TALLMADGE CIRCLE		PAPER STATEMENT FEE		09 29 17 3.00	
City		State		Zip Code		Check Number	
TALLMADGE		OH		44278		CFT	

Statement of Expenditures

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Name of Committee in Full CARANO FOR COUNCIL									
To Whom Paid KEY BANK						M	D	Y	Amount
Address 76 TALLMADGE CIR						Purpose SERVICE FEE			
City TALLMADGE			State OH	Zip Code 44278		Check Number EFT			
To Whom Paid FACEBOOK						M	D	Y	Amount
Address 1 HACKER WAY						Purpose FACEBOOK ADVERTISEMENTS			
City MENLO PARK			State CA	Zip Code 94025		Check Number DEBIT			
To Whom Paid STARS OFFICE MAX #8256						M	D	Y	Amount
Address 4333 LINCOLN WAY EAST						Purpose COPIES OF CAMPAIGN LIT FOR MAIL			
City MARIETTA			State OH	Zip Code 44646		Check Number DEBIT			
To Whom Paid ZIPPIT PRINT						M	D	Y	Amount
Address 1600 E. 23RD ST						Purpose CAMPAIGN LITERATURE			
City CLEVELAND			State OH	Zip Code 44114		Check Number DEBIT			
To Whom Paid USPS						M	D	Y	Amount
Address 162 NORTHEAST AVE						Purpose STAMPS			
City TALLMADGE			State OH	Zip Code 44278		Check Number DEBIT			
To Whom Paid TALLMADGE DEMOCRATIC CLUB						M	D	Y	Amount
Address 1188 SANDYSIDE LN						Purpose DONATION TALLMADGE DEMOCRATIC CLUB			
City TALLMADGE			State OH	Zip Code 44278		Check Number 1006			
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			