



Committee Name <b>COMMITTEE TO ELECT TONY MALORAI FOR 2 COUNCIL</b>		Office Sought <b>CUYAHOGA FALLS CITY COUNCIL -</b>		District <b>WARD 1</b>	
Street Address <b>1193 CLIFFSIDE ST CS</b>		City <b>CUYAHOGA FALLS</b>		State	Zip <b>44721</b>
Candidate Name OR PAC Registration Number <b>TONY MALORAI</b>			Treasurer Name <b>JIM ILIA</b>		Election Date (MM/DD/YYYY) <b>11-6-2017</b>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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					Year <b>2017</b>
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	<del>0</del>
2. Total monetary contributions (From Forms 31-A and 31-E)	<b>2,280<sup>00</sup></b>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1,2, and 3)	<b>2,280<sup>00</sup></b>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<b>1,255<sup>44</sup></b>
6. Balance on hand (line 4 minus line 5)	<b>1,024<sup>54</sup></b>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 OCT 26 PM 3:06

#1461 ⊕

**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

**10/25/2017**  
Date (MM/DD/YYYY)

Contribution Pages <b>6</b>	Expenditure Pages <b>3</b>	Other Pages <b>15</b>	Total Pages <b>24</b>
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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee (in Full) <b>COMMITTEE TO ELECT ANY MALONE FOR 1 COUNCIL</b>									
Full Name of Contributor <b>Dawn Tallent</b>							Registration Number, if PAC		
Street Address <b>534 Lynn Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cuy Falls</b>		State <b>Oh</b>		Zip Code <b>44221</b>		M   D   Y <b>07   20   17</b>		Amount <b>25<sup>00</sup></b>	
Full Name of Contributor <b>Victor Rosato</b>							Registration Number, if PAC		
Street Address <b>2191 Osage trail</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Wadsworth</b>		State <b>OH</b>		Zip Code <b>44281</b>		M   D   Y <b>07   20   17</b>		Amount <b>25<sup>00</sup></b>	
Full Name of Contributor <b>Committee to Elect Russ Ianna</b>							Registration Number, if PAC		
Street Address <b>675 Dominic Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cuy Falls</b>		State <b>OH</b>		Zip Code <b>44223</b>		M   D   Y <b>07   20   17</b>		Amount <b>100<sup>00</sup></b>	
Full Name of Contributor <b>TED Sadar</b>							Registration Number, if PAC		
Street Address <b>445 S Rose Blvd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44320</b>		M   D   Y <b>07   17   17</b>		Amount <b>25<sup>00</sup></b>	
Full Name of Contributor <b>Guido DiIorio</b>							Registration Number, if PAC		
Street Address <b>1177 OAKLAND AVE</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Akron</b>		State <b>Oh</b>		Zip Code <b>44310</b>		M   D   Y <b>07   24   17</b>		Amount <b>25</b>	
Full Name of Contributor <b>Richard Brown</b>							Registration Number, if PAC		
Street Address <b>3410 Keyser Pkwy</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cuyahoga Falls</b>		State <b>Oh</b>		Zip Code <b>44223</b>		M   D   Y <b>07   31   17</b>		Amount <b>25<sup>00</sup></b>	
Full Name of Contributor <b>Mary E Pyke</b>							Registration Number, if PAC		
Street Address <b>854 Chestnut Blvd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cuy Falls</b>		State <b>Oh</b>		Zip Code <b>44221</b>		M   D   Y <b>08   28   17</b>		Amount <b>100 - ✓</b>	
Full Name of Contributor <b>ERIC J Sladky</b>							Registration Number, if PAC		
Street Address <b>1425 E Mulberry DR</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Tampa</b>		State <b>FL</b>		Zip Code <b>33604</b>		M   D   Y <b>08   01   17</b>		Amount <b>25<sup>00</sup></b>	

**205-8**

\* 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 <b>COMMITTEE TO ELECT TONY MARONNI FOR I COUNCIL</b>									
Full Name of Contributor <b>Giovanni Donatelli</b>							Registration Number, if PAC		
Street Address <b>70 Cedar Woods Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cuy Falls</b>		State <b>Oh</b>		Zip Code <b>44223</b>		M   D   Y <b>09   07   17</b>		Amount <b>50<sup>00</sup></b>	
Full Name of Contributor <b>Summit PAC</b>							Registration Number, if PAC		
Street Address <b>863 N. Cleveland Massillon</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Akron</b>		State <b>Oh</b>		Zip Code <b>44333</b>		M   D   Y <b>10   17   17</b>		Amount <b>500<sup>00</sup></b>	
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 <b>08   04   17</b>		Amount <b>175<sup>00</sup></b>	
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 <b>09   26   17</b>		Amount <b>2500<sup>00</sup></b>	
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				Registration Number, if PAC			
COMMITTEE TO ELECT TONY MALONNI FOR 1 COUNCIL							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
ADAM Miller				1	0	17	100 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
100 Alameda		Cuy Falls		CK			
State		Zip Code					
OH		44221					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
JEFFREY JULA				1	0	17	50 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
2597 24th St		Cuy Falls		CK			
State		Zip Code					
OH		44223					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
SUSAN HALE				1	0	17	100 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
707 Hidden Valley Rd		Cuy Falls		CK			
State		Zip Code					
OH		44223					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Victor Palotta				1	0	17	25 <sup>00</sup>
Street Address		City		Form (Cash, Check, etc.)			
407 Marigold Lake Blvd		Cuy Falls		CK			
State		Zip Code					
OH		44223					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LORI GRIP LESPADA				1	0	17	200-
Street Address		City		Form (Cash, Check, etc.)			
621 Walnut		Bay Village OH		CK			
State		Zip Code					
OH		44140					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
State		Zip Code					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
State		Zip Code					

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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  
475<sup>00</sup>

Total expenditures this event  
0

Page Total \$ 475-

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC		
COMMITTEE TO ELECT TONY MALONE FOR 1 COUNCIL						
Full Name of Contributor <u>Tim Leane</u>				Registration Number, if PAC		
Street Address <u>3439 RIVER ROCK DR</u>	Employer/Occupation/Labor Organization* <u>Semi Retired</u>		M <u>07</u>	D <u>19</u>	Y <u>17</u>	Amount <u>25.00</u>
City <u>Cuy. Falls</u>	State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, Check, etc.) <u>CASH</u>			
Full Name of Contributor <u>Adam Miller</u>				Registration Number, if PAC		
Street Address <u>100 Alameda Ave</u>	Employer/Occupation/Labor Organization* <u>Non-Profit</u>		M <u>07</u>	D <u>19</u>	Y <u>17</u>	Amount <u>100.00</u>
City <u>Cuy. Falls</u>	State <u>OH</u>	Zip Code <u>44221</u>	Form (Cash, Check, etc.) <u>CHECK</u>			
Full Name of Contributor <u>Dennis S. Debothan</u>				Registration Number, if PAC		
Street Address <u>3127 Orchard</u>	Employer/Occupation/Labor Organization* <u>Off</u>		M <u>7</u>	D <u>19</u>	Y <u>17</u>	Amount <u>50.00</u>
City <u>Schen Lake</u>	State <u>OH</u>	Zip Code <u>44224</u>	Form (Cash, Check, etc.) <u>CASH</u>			
Full Name of Contributor <u>Suzanne Upton</u>				Registration Number, if PAC		
Street Address <u>1938 Main Street</u>	Employer/Occupation/Labor Organization* <u>Off</u>		M <u>07</u>	D <u>19</u>	Y <u>17</u>	Amount <u>30.00</u>
City <u>PENINSULA,</u>	State <u>OH</u>	Zip Code <u>44264</u>	Form (Cash, Check, etc.) <u>ck</u>			
Full Name of Contributor <u>DORA GIPP</u>				Registration Number, if PAC		
Street Address <u>22569 DETROIT</u>	Employer/Occupation/Labor Organization* <u>Off</u>		M <u>07</u>	D <u>19</u>	Y <u>17</u>	Amount <u>100.00</u>
City <u>Rocky River</u>	State <u>OH</u>	Zip Code <u>44116</u>	Form (Cash, Check, etc.) <u>ck</u>			
Full Name of Contributor <u>S Joseph Hinkle, II</u>				Registration Number, if PAC		
Street Address <u>411 Scala Dr</u>	Employer/Occupation/Labor Organization* <u>Off</u>		M <u>07</u>	D <u>19</u>	Y <u>17</u>	Amount <u>50.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	Zip Code <u>44224</u>	Form (Cash, Check, etc.) <u>ck</u>			
Full Name of Contributor <u>Art Medeiros</u>				Registration Number, if PAC		
Street Address <u>1020 Highland Ave</u>	Employer/Occupation/Labor Organization* <u>Self</u>		M <u>7</u>	D <u>19</u>	Y <u>17</u>	Amount <u>50.00</u>
City <u>Cuyahoga Falls</u>	State <u>Ohio</u>	Zip Code <u>4422</u>	Form (Cash, Check, etc.) <u>ck</u>			

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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

705.00

Total expenditures this event

354.00

Page Total \$

405 ✓

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

Prescribed by Secretary of State 03/05

Name of Committee or Full				Registration Number, if PAC	
COMMITTEE TO ELECT TONY MALONE'S FOR 1 COUNCIL					
Full Name of Contributor Amy Martin		Employer/Occupation/Labor Organization*		M   D   Y	Amount
Street Address 1740 16th St		Management		0   7   19   17	100.00
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, etc.) check	
Full Name of Contributor BILL NETTLING				Registration Number, if PAC	
Street Address 744 Hampshire Rd		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Stow		State OH	Zip Code 44224	0   7   19   17	25.00
Full Name of Contributor Bob Heydorn		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
Street Address 527 Portage Trail				M   D   Y	Amount
City Cuyahoga Falls		State OH	Zip Code 44221	0   7   19   17	100.00
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.)	
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.)	

\* 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)]

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

705

Total expenditures this event

354.00

Page Total \$ 225

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<i>COMMITTEE TO ELECT TONY MALDANI FOR A COUNCIL</i>			
Full Name of Contributor		Registration Number, if PAC	
<i>JEFF JULIA</i>			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
<i>2597 24TH ST.</i>		<i>07   19   17</i>	<i>50.00</i>
City	State	Zip Code	Form (Cash, Check, etc)
<i>CUYAHOGA FALLS</i>	<i>OH.</i>	<i>44223</i>	<i>CK</i>
Full Name of Contributor		Registration Number, if PAC	
<i>THELMA A. ROGERS</i>			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
<i>1409 HUNTERD LAKE DR E</i>		<i>07   19   17</i>	<i>25.00</i>
City	State	Zip Code	Form (Cash, Check, etc)
<i>CUYAHOGA FALLS OH</i>	<i>OH</i>	<i>44221</i>	<i>CASH</i>
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)
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)
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  
*705.00*

Total expenditures this event  
*354.09*

Page Total \$ *75*

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
COMMITTEE TO ELECT DNY MALONI FOR NAASZ COUNCIL											
To Whom Paid							M	D	Y	Amount	
FIRST WATCH							0	8	23	17	36.00
Address				Purpose							
2051 Portage Tr				██████████ Mtg							
City				State	Zip Code		Check Number				
Cuy Falls				Oh	44221		D.C.				
To Whom Paid							M	D	Y	Amount	
STAPLES							0	8	23	17	13.34
Address				Purpose							
2981 S. Arlington				Copy Paper - Flyers							
City				State	Zip Code		Check Number				
Akron				Oh	44312		D.C.				
To Whom Paid							M	D	Y	Amount	
PURE BUTTONS							0	9	25	17	225.01
Address				Purpose							
4900 Chippewa Rd				CAMPAIGN BUTTONS 10 CR							
City				State	Zip Code		Check Number				
Medina				Oh	44256		D.C.				
To Whom Paid							M	D	Y	Amount	
Victory Signs							0	8	03	17	390.00
Address				Purpose							
2133 ROUTE 22 HWY W				CAMPAIGN SIGNS							
City				State	Zip Code		Check Number				
Blainville				PA	15717		D.C.				
To Whom Paid							M	D	Y	Amount	
Vista Print							0	8	07	17	57.61
Address				Purpose							
95 HAYDEN AVE				BUSINESS CARDS							
City				State	Zip Code		Check Number				
Lexington				MA	02421		D.C.				
To Whom Paid							M	D	Y	Amount	
STAPLES							0	9	29	17	8.32
Address				Purpose							
2981 ARLINGTON ROAD				STICKERS FOR BUTTONS							
City				State	Zip Code		Check Number				
Akron				OH	44312		D.C.				
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				
							D.C.				



# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>COMMITTEE TO ELECT TONY MADRANI FOR NUM 1 COUNCIL</u>				
To Whom Paid <u>PNC BANK</u>	M <u>09</u>	D <u>29</u>	Y <u>17</u>	Amount <u>36.00</u>
Address <u>3557 S. ARLINGTON</u>	Purpose <u>BANK SERVICE CHARGES</u>			
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44312</u>	Check Number	
To Whom Paid <u>FACEBOOK</u>	M <u>10</u>	D <u>15</u>	Y <u>17</u>	Amount <u>7.41</u>
Address <u>1 HACKER WAY</u>	Purpose <u>ADVERTISEMENT ON FACEBOOK</u>			
City <u>MENLO PARK</u>	State <u>CA</u>	Zip Code <u>94025</u>	Check Number <u>DEBIT</u>	
To Whom Paid <u>FACEBOOK</u>	M <u>10</u>	D <u>15</u>	Y <u>17</u>	Amount <u>3.53</u>
Address <u>1 HACKER WAY</u>	Purpose <u>ADVERTISEMENT ON FACEBOOK</u>			
City <u>MENLO PARK</u>	State <u>CA</u>	Zip Code <u>94025</u>	Check Number <u>DEBIT</u>	
To Whom Paid <u>SUMMIT COUNTY OF ELECTIONS</u>	M <u>06</u>	D <u>14</u>	Y <u>17</u>	Amount <u>45.00</u>
Address <u>470 SUMMIT STREET</u>	Purpose <u>FEE</u>			
City <u>AKRON</u>	State <u>OH</u>	Zip Code <u>44311</u>	Check Number <u>445H</u>	
To Whom Paid <u>PANERA BREAD</u>	M <u>08</u>	D <u>25</u>	Y <u>17</u>	Amount <u>2.98</u>
Address <u>689 HINE ROAD</u>	Purpose <u>MEET THE CANDIDATE FOOD</u>			
City <u>CUYAHOGA FALLS</u>	State <u>OH</u>	Zip Code <u>44221</u>	Check Number <u>DEBIT</u>	
To Whom Paid <u>YOUNGS SCREEN PRINTING</u>	M <u>06</u>	D <u>21</u>	Y <u>17</u>	Amount <u>41.63</u>
Address <u>1245 JUNNIE FRAUS AVE</u>	Purpose <u>CAMPAIGN SHIRTS</u>			
City <u>CUYAHOGA FALLS</u>	State <u>OH</u>	Zip Code <u>44221</u>	Check Number	
To Whom Paid <u>MAN'S WESTLIFE</u>	M <u>05</u>	D <u>20</u>	Y <u>17</u>	Amount <u>19.94</u>
Address <u>3005 DETROIT BLVD</u>	Purpose <u>ADVERTISING - CFHS</u>			
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

Full Name of Committee <i>COMMITTEE TO ELECT TONY MALONI FOR WARD 1 COUNCIL</i>				
To Whom Paid <i>VFW POST 1062</i>		Date (MM/DD/YYYY) <i>07-19-17</i>	Amount <i>150<sup>00</sup></i>	
Street Address <i>100 MAIN ST.</i>		Purpose <i>FUNDRAISER - HALL</i>		
City <i>CUYAHOGA FALLS</i>	State <i>OH</i>	Zip Code <i>44231</i>	Check Number <i>101</i>	
To Whom Paid <i>GFS</i>		Date (MM/DD/YYYY) <i>07-19-17</i>	Amount <i>30<sup>56</sup></i>	
Street Address <i>620 WEST AVE</i>		Purpose <i>FUNDRAISER - FOOD</i>		
City <i>TALLMADGE</i>	State <i>OH</i>	Zip Code <i>44228</i>	Check Number	
To Whom Paid <i>GIANT EAGLE 5875</i>		Date (MM/DD/YYYY) <i>07-09-2017</i>	Amount <i>13.47</i>	
Street Address <i>230 HOWE ROAD</i>		Purpose <i>FUNDRAISER - ICE</i>		
City <i>CUYAHOGA FALLS</i>	State <i>OH</i>	Zip Code <i>44221</i>	Check Number	
To Whom Paid <i>Rocco's PIZZA</i>		Date (MM/DD/YYYY) <i>07-19-2017</i>	Amount <i>160<sup>00</sup></i>	
Street Address <i>1053 PORTAGE TRAIL</i>		Purpose <i>FUNDRAISER - FOOD</i>		
City <i>CUYAHOGA FALLS</i>	State <i>OH</i>	Zip Code <i>44233</i>	Check Number <i>DEBIT CARD</i>	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	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.

Page Total \$ *354<sup>03</sup>*