

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF VINI J. VENTURA						Registration Number, if PAC	
Full Name of Candidate VINCENT J. VENTURA SR.							
Street Address 1479 BRUCE RD.				Office Sought CONVUL AT LARGE		District	
City MAEDONIA				State OH		Zip Code 44056	
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"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<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		M / D / Y 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	\$	N/A
2. Total monetary contributions (From Form No. 31-A)	\$	3375⁰⁵ XX
3. Total other income (From Form No. 31-A-2)	\$	N/A
4. Total funds available (sum of lines 1, 2, 3)	\$	3375⁰⁵
5. Total monetary expenditures (From Form No. 31-B)	\$	2183⁰⁵ XX
6. Balance on hand (From Form No. 31-E)	\$	1191⁰² XX
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2075⁰⁵ XX
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
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 1:43

1420 ~~ABC~~ **AB**

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.

Darleen M Ventura - Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/22/17
Date

Contribution pages **1**

Expenditure pages **1**

Other pages **2**

Total pages **4**

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full FRIENDS OF VINI J. VENTURA							
Full Name of Contributor RONALD A. MARTIN					Registration Number, if PAC		
Street Address 9576 MIKENNA RUN		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) CHECK		
City MALEDONIA	State OH	Zip Code 44056	M 07	D 13	Y 17	Amount \$300⁰⁰ XX	
Full Name of Contributor MICHAEL MENHART					Registration Number, if PAC		
Street Address NORTH BEDFORD RD.		Employer/Occupation/Labor Organization DISABILITY RETIREMENT			Form (Cash, Check, etc.) CASH		
City MALEDONIA	State OH	Zip Code 44056	M 08	D 31	Y 17	Amount \$50⁰⁰ XX	
Full Name of Contributor BEN P. GRIMO					Registration Number, if PAC		
Street Address 78 BRIDGEWATER LN		Employer/Occupation/Labor Organization RELATIVE / SELF			Form (Cash, Check, etc.) CHECK		
City SAGAMORE HILLS	State OH	Zip Code 44067	M 08	D 25	Y 17	Amount \$100⁰⁰ XX	
Full Name of Contributor MARK SOCHACKI					Registration Number, if PAC		
Street Address 130 BRIDGEWATER		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) CHECK		
City SAGAMORE HILLS	State OH	Zip Code 44067	M 09	D 11	Y 17	Amount \$100⁰⁰ XX	
Full Name of Contributor FRIENDS OF JOSEPH MIGNORINI Mayor CMTE					Registration Number, if PAC		
Street Address 853 CROW DR 3-410		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City MALEDONIA	State OH	Zip Code 44056	M 11	D 11	Y 17	Amount \$750⁰⁰ XX	
Full Name of Contributor VINCENT J VENTURA SR.					Registration Number, if PAC		
Street Address 1479 BRUCE RD.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CASH		
City MALEDONIA	State OH	Zip Code 44056	M 05	D 26	Y 17	Amount \$75⁰⁰ XX	
Full Name of Contributor VINCENT J. VENTURA SR.					Registration Number, if PAC		
Street Address 1479 BRUCE RD.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City MALEDONIA	State OH	Zip Code 44056	M 05	D 27	Y 17	Amount \$1000⁰⁰ XX	
Full Name of Contributor VINCENT J. VENTURA SR.					Registration Number, if PAC		
Street Address 1479 BRUCE RD.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City MALEDONIA	State OH	Zip Code 44056	M 10	D 10	Y 17	Amount \$1000⁰⁰ XX	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employers 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)]

\$ 3375⁰⁰ XX

31-B

R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full		To Whom Paid		M	D	Y	Amount	
FRIENDS OF VINI J. VENTURA		CITY OF MACEDONIA FUND FEST		0	5	26	17 \$75.00	
Address 1494 E. AURORA RD.		Purpose RENTAL OF A BOOTH		City MACEDONIA		State OH	Zip Code 44056	Check Number CASH
To Whom Paid		SUMMIT COUNTY BOARD OF ELECTIONS		0	7	07	17 \$25.00	
Address 470 GRANT ST.		Purpose FILING FEE		City AKRON		State OH	Zip Code 44311	Check Number 201821773
To Whom Paid		SUMMIT COUNTY BOARD OF ELECTIONS		0	7	07	17 \$20.00	
Address 470 GRANT ST.		Purpose FILING FEE		City AKRON		State OH	Zip Code 44311	Check Number 201821773
To Whom Paid		OHIO ETHICS COMMISSION		0	7	20	17 \$35.00	
Address WILLIAM GREEN BUILDING 30 WEST SPRING STREET L3		Purpose REQUIRED FINANCIAL DISCLOSURE STATEMENT		City COLUMBUS		State OH	Zip Code 43215	Check Number 201850714
To Whom Paid		SPIDERCAT MARKETING		0	9	07	17 \$250.00	
Address 8354 SHEPARD RD.		Purpose ELECTRONIC MEDIA SERVICES / NORDONIA HILLS NEWS		City MACEDONIA		State OH	Zip Code 44056	Check Number 2011954989
To Whom Paid		CLASSIC DESIGNS		0	9	26	17 \$622.08	
Address 26310 BROADWAY AV.		Purpose SHIRTS, SIGNS, BANNER, MAGNETS & TONS SIGNS		City OAKWOOD VILLAGE		State OH	Zip Code 44146	Check Number 2011985717
To Whom Paid		RECORD PUBLISHING (AKA) GATEHOUSE MEDIA		1	0	10	17 \$715.00	
Address P.O. BOX 719		Purpose NEWSPAPER AD		City WOOSTER		State OH	Zip Code 44691	Check Number 2012009171
To Whom Paid		POSTMASTER NORTHFIELD		1	0	12	17 \$441.00	
Address 10377 VALLEY VIEW RD.		Purpose STAMPS FOR MAILERS		City MACEDONIA		State OH	Zip Code 44056	Check Number 2012009183

Statement of Loans Received

Prescribed by Secretary of State 5/05

Full Name of Committee FRIENDS OF VINI J. VENTURA														
From Whom Received VINCENT J. VENTURA SR										Prior Amount 0		Amt. Insured this Period 2075⁰⁰ XX		
Address 1479 BRUCE RD										Outstanding Balance 2075⁰⁰ XX				
City MACEDONIA		State OH		Zip Code 44056		Loans Received This Period						Payments This Period		
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	S	Amount		M	D	Y	S
Registration Number, if PAC									Amount					
Employer/Occupation/Labor Organization*									Amount					
From Whom Received										Prior Amount		Amt. Insured 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	S	Amount		M	D	Y	S
Registration Number, if PAC									Amount					
Employer/Occupation/Labor Organization*									Amount					

* 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 \$ 0
- 2 Total received this period \$ 2075⁰⁰ (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 2075⁰⁰ (To Form No. 30-A)