

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee Friends of Mario Fiocca		Full Name of Candidate Mario Fiocca	
Street Address 4058 Redwing Trail		City Stow	
Office Sought City Council Ward 11	State OH	Zip Code 44224	District 11
Type of Report (place X to the left of report type) <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> July <input type="checkbox"/> Monthly <input type="checkbox"/> August <input type="checkbox"/> Monthly <input type="checkbox"/> September <input type="checkbox"/> Monthly <input type="checkbox"/> Termination <input type="checkbox"/> Annual Year <input type="checkbox"/> Semiannual		Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Report Electronically Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Election 11 7 17		Date of Election M 1 0 7 1 7	

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	5	0
2. Total monetary contributions (From Form No. 31-A)	5	1088
3. Total other income (From Form No. 31-A-2)	5	
4. Total funds available (sum of lines 1, 2, 3)	5	1088
5. Total monetary expenditures (From Form No. 31-B)	5	849
6. Balance on hand (line 4 minus line 5)	5	238
7. Value of in-kind contributions received (From Form No. 31-1)	5	896
8. Value of in-kind contributions made (From Form No. 31-2)	5	
9. Outstanding loans owed by committee (From Form No. 31-C)	5	
10. Outstanding debts owed by committee (From Form No. 31-N)	5	
11. Outstanding loans owed to committee (From Form No. 31-K)	5	
12. Value of independent expenditures made (From Form No. 31-U)	5	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	5	

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.

Print Name and Title (Treasurer and Deputy Treasurer only)
Mario Fiocca Treasurer

Signature
Mario Fiocca

Date
12/13/17

Contribution pages

Expenditure pages

Other pages

Total pages
10

#1651 @
AKRON OH
2017 DEC 14 PM 4:23



JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee	Full Name of Contributor	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	Amount	Form (Cash, Check, etc.)	Employer/Occupation/Labor Organization	Registration Number, if PAC
Friends of Mario Fiocca	John Hutzler	81 Edgerton Rd	Akron	OH	44303	08/04/17	300	Check		
	Eugene Fiocca	1540 Sackett Hills Dr	Akron	OH	44313	08/24/17	100	Check		
	Arlene Jacobs	2444 Shadow Ridge Ln	Fairlawn	OH	44333	08/20/17	25	Check		
	John Fiocca	842 Ashler Ct	Columbus	OH	43235	08/16/17	200	Check		
	Michael Duvall	55 Indian Hills Dr.	Fall Madsen	OH	44278	09/02/17	75	Check		

*Required for contributors 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)]



JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Maria Fiocca		Registration Number, if PAC		Street Address Greens Fiocca		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check		City 2284 Schubert st		State OH		Zip Code 44221		Date (MM/DD/YYYY) 6/16/17		Amount 100		Full Name of Contributor Contributors of \$ 25 or less		Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Cash		City Cuyahoga Falls		State OH		Zip Code		Date (MM/DD/YYYY) 10/23/17		Amount 113		Full Name of Contributor Transfer from 31-E		Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		City 175		State OH		Zip Code		Date (MM/DD/YYYY)		Amount		Full Name of Contributor		Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		City		State OH		Zip Code		Date (MM/DD/YYYY)		Amount		Full Name of Contributor		Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		City		State OH		Zip Code		Date (MM/DD/YYYY)		Amount	
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*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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full		City		Address		To Whom Paid		Amount		Check Number		City		Address		Purpose		City		State		Zip Code		Check Number	
Friends of Harb' Fishes		Hudson		65 South Main		Fed-EX		91.73		69091.7		Hudson		65 South Main		Literature		Hudson		OH		44236		Debit Card	
		Kent		427 E. Main St.		Copies				Debit Card		Kent		427 E. Main St.		Copies		Kent		OH		44226		Debit Card	
		Hudson		65 South Main		Fed-EX		70.08		10061.7		Hudson		65 South Main		Copies		Hudson		OH		44236		Debit Card	
		Akron		Cleveland. Mission Rd		COPY Paper				Debit Card		Akron		Cleveland. Mission Rd		COPY Paper		Akron		OH		44333		Debit Card	
		Hudson		65 S. Main St		Fed-EX		13.89		6917.17		Hudson		65 S. Main St		Copies		Hudson		OH		44236		Debit Card	
		Kent		427 E Main St		Fed-EX		7.13		69021.7		Kent		427 E Main St		Fed-EX		Kent		OH		44236		Debit Card	
		Stou		3900 Dorced Rd		Stamps				Debit Card		Stou		3900 Dorced Rd		Stamps		Stou		OH		44224		Debit Card	
		Stou		Post Office		To Whom Paid		11.17		11061.7		Stou		Post Office		To Whom Paid		Stou		OH		44224		Debit Card	
		Stou		427 E Main St		Bnder Clips				Debit Card		Stou		427 E Main St		Bnder Clips		Stou		OH		44224		Debit Card	
		Stou		3570 Hudson Dr		Envelopes				Debit Card		Stou		3570 Hudson Dr		Envelopes		Stou		OH		44224		Debit Card	
		Stou		Wcl. Mart		To Whom Paid		14.37		11021.7		Stou		Wcl. Mart		To Whom Paid		Stou		OH		44224		Debit Card	
		Stou		3570 Hudson Dr		Envelopes				Debit Card		Stou		3570 Hudson Dr		Envelopes		Stou		OH		44224		Debit Card	
		Stou		3570 Hudson Dr		Envelopes				Debit Card		Stou		3570 Hudson Dr		Envelopes		Stou		OH		44224		Debit Card	



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee		
Friends of Maria Fiore		
To Whom Paid	Date (MM/DD/YYYY)	Amount
Post Office	10/26/17	9.80
Street Address	Purpose	
3900 Dargow Rd	Stamps	
City	State	Zip Code
Stou	OH	14224
Check Number	Debit Card	
To Whom Paid	Date (MM/DD/YYYY)	Amount
Office Max	11/03/17	12.18
Street Address	Purpose	
4220 Kent Rd	Mailings	
City	State	Zip Code
Stou	OH	14224
Check Number	Debit Card	
To Whom Paid	Date (MM/DD/YYYY)	Amount
Office Max	11/21/17	46.22
Street Address	Purpose	
4220 Kent R	Mailings	
City	State	Zip Code
Stou	OH	14224
Check Number	Debit Card	
To Whom Paid	Date (MM/DD/YYYY)	Amount
Stou Mnutemen Press	8/25/17	16.00
Street Address	Purpose	
3515 Hudson Dr.	Copies	
City	State	Zip Code
Stou	OH	14224
Check Number	Debit Card	
To Whom Paid	Date (MM/DD/YYYY)	Amount
Stou Mnutemen Press	8/18-17	10.68
Street Address	Purpose	
3515 Hudson Dr	Copies	
City	State	Zip Code
Stou	OH	14224
Check Number	Debit Card	



JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Friends of Heroic Floods			
To Whom Paid	Date (MM/DD/YYYY)	Amount	
Post Office	10/18/17	4.90	
Street Address	Purpose		
3900 Percu Rd	Stamps		
City	State	Zip Code	Check Number
Stou	OH	44224	debit card
To Whom Paid	Date (MM/DD/YYYY)	Amount	
Post Office	10/31/17	4.90	
Street Address	Purpose		
3900 Percu Rd	Stamps		
City	State	Zip Code	Check Number
Stou	OH	44224	debit card
To Whom Paid	Date (MM/DD/YYYY)	Amount	
Wct-Mat	11/1/17	16.17	
Street Address	Purpose		
3520 Hudson Dr	Envelopes		
City	State	Zip Code	Check Number
Stou	OH	44224	CC's
To Whom Paid	Date (MM/DD/YYYY)	Amount	
Post Office	10/11/17	9.80	
Street Address	Purpose		
3900 Percu Rd	Stamps		
City	State	Zip Code	Check Number
Stou	OH	44224	debit card
To Whom Paid	Date (MM/DD/YYYY)	Amount	
Fed-Ex	10/17/17	137.71	
Street Address	Purpose		
655 Man St	Cardstock Copies		
City	State	Zip Code	Check Number
Hudson	OH	44226	debit card

Page Total \$ 173.48



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			To Whom Paid			Street Address			City		
Friends of Maria Fiodora			Fed-Ex			375 W Market St			Fairlawn		
Amount			Date (MM/DD/YYYY)			Purpose			State OH		
33.15			16/10/17			COPIES			44333		
Check Number			Date (MM/DD/YYYY)			Purpose			State OH		
debit ckd			16/11/2017			Envelope			44224		
Amount			Date (MM/DD/YYYY)			Purpose			State OH		
8.53			16/11/2017			Office Hcr			44224		
Check Number			Date (MM/DD/YYYY)			Purpose			State OH		
debit ckd			16/12/17			4220 Kent Rd			44224		
Amount			Date (MM/DD/YYYY)			Purpose			State OH		
29.73			16/12/17			Giant Easie			44224		
Check Number			Date (MM/DD/YYYY)			Purpose			State OH		
debit ckd			16/12/17			Hollween Compas cndy			44224		
Amount			Date (MM/DD/YYYY)			Purpose			State OH		
267.99			31-F			Transfer from 31-F			44224		
Check Number			Date (MM/DD/YYYY)			Purpose			State OH		
Amount			Date (MM/DD/YYYY)			Purpose			State OH		
City			State			Zip Code			City		
Street Address			State			Zip Code			City		
City			State			Zip Code			City		
Street Address			State			Zip Code			City		

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

Prescribed by Secretary of State 03-05

Event Date: 9/22/17 Page 8

Name of Committee in Full		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Friends of Mario Fiocca		Greer Fiocca		2284 Schuberst St		Cuyahoga Falls, OH		44221		092417 \$ 50.00		Check	
Andy Freiburg		5004 Pine Point Dr.		Stow OH		44224		092417		092417 \$ 75.00		Check	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		Form (Cash, Check, etc.)	
Full Name of Contributor		City		Street Address		Employer/Occupation/Labor Organization*		Registration Number, if PAC		Amount		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
175 00

Total expenditures this event
267 99

Page Total \$
175

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

Name of Committee in Full: Friends of Maria Flocca

To Whom Paid: The Tavern of Stou
 Amount: 092417 | 248.01

Address: 4976 Darrou Rd.
 City: Stou
 State: OH
 Zip Code: 44224

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: Giant East
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Purpose: Fundraiser Food
 Check Number: Cash

To Whom Paid: Stou
 Amount: 692417 | 19.98

Address: 1700 Norton Rd
 City: Stou
 State: OH
 Zip Code: 44221

Page Total \$ 267.99

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.

In-Kind Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
Friends of Maria Fiocca		Shelia Hutzler		81 Edserton RD		AKron		Stamps		110117 \$ 196		<input type="radio"/> YES <input checked="" type="radio"/> NO			
		Maria Fiocca		4058 Redwings TR		Stau		Rdbs - Call		110617 67.78		<input type="radio"/> YES <input checked="" type="radio"/> NO			
		Pamela Fiocca		4058 Redwings TR		Stau		Campaign signs		101717 313.60		<input type="radio"/> YES <input checked="" type="radio"/> NO			
		Maria Fiocca		4058 Redwings TR		Stau		Copies		110217 69.10		<input type="radio"/> YES <input checked="" type="radio"/> NO			
		Max Schygeneman		4174 Springdale RD		Stau		Campaign Logo		892417 \$ 250		<input type="radio"/> YES <input checked="" type="radio"/> NO			
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	
		Full Name of Contributor		Street Address		City		Description of Item or Service		Fair Market Value		Received at Fundraising Event?		Registration Number, if PAC	

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