

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 DRIVE		Office Sought TALLMADGE CITY COUNCIL-AT-LARGE	District TALLMADGE
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 type="checkbox"/> Pre-General
	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Termination
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election	
		M	D

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(11) for details.

1. Amount brought forward from last report	\$	736.76
2. Total monetary contributions (From Form No. 31-A)	\$	00
3. Total other income (From Form No. 31-A-2)	\$	00
4. Total funds available (sum of lines 1, 2, 3)	\$	732.76 800.00
5. Total monetary expenditures (From Form No. 31-B)	\$	69.97
6. Balance on hand (From Form No. 31-C)	\$	662.79
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	610.00
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.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

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.

LISA ZERO CARANO
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12-12-17
00/00/0000
Date

Contribution pages **0**

Expenditure pages **1**

Other pages **1**

Total pages **3**

In-Kind Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full CARABO FOR COUNCIL			
Full Name of Contributor TALLMADGE DEMOCRATIC CLUB		Employer, Occupation, Labor Organization*	
Street Address 1188 SHADYSIDE LANE		Description of Item or Service COORDINATED CAMPAIGN LITERATURE	
City TALLMADGE		State OH	Zip Code 44278
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value 610²²
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 CAPANO FOR COUNCIL										
To Whom Paid FACEBOOK						M	D	Y	Amount	
Address 1 HACKER WAY						103017				\$50.00
Purpose FACEBOOK ADVERT										
City MENLO PARK			State CA	Zip Code 94025		Check Number EFT				
To Whom Paid FACEBOOK						M	D	Y	Amount	
Address 1 HACKER WAY						103117				\$9.97
Purpose FACEBOOK ADVERT										
City MENLO PARK			State CA	Zip Code 94025		Check Number EFT				
To Whom Paid KEY BANK						M	D	Y	Amount	
Address 76 TALLMADGE CIRCLE						103117				\$5.00
Purpose BANK FEE										
City TALLMADGE			State OH	Zip Code 44278		Check Number EFT				
To Whom Paid KEY BANK						M	D	Y	Amount	
Address 76 TALLMADGE CIRCLE						113017				\$5.00
Purpose BANK FEE										
City TALLMADGE			State OH	Zip Code 44278		Check Number EFT				
To Whom Paid						M	D	Y	Amount	
Address										
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address										
City			State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address										
City			State	Zip Code		Check Number				

31-C

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CARANO FOR COUNCIL									
To Whom Owed MICHAEL CARANO					Prior Amount \$ 1000⁰²			Amt. Incurred this Period	
Address 573 NARRAGANSETT DR					Item or Purpose of Debt LOAN			Outstanding Balance 1000⁰²	
City TALLMADGE		State OH	Zip Code 44278		Payments This Period				
Date Debt was originally Incurred					Date			Amount	
					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 of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
Date Debt was originally Incurred					Date			Amount	
					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 of Debt			Outstanding Balance	
City		State	Zip Code		Payments This Period				
Date Debt was originally Incurred					Date			Amount	
					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 in 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 (also record on Form 31-B)

Total Outstanding Balance \$ 1000⁰² (also record on cover page)