



Committee Name <i>COMMITTEE TO ELECT TONY MALOWI WARD 1 COUNCIL</i>		Office Sought <i>CUYAHOGA FALLS WARD 1 COUNCIL</i>		District <i>1</i>
Street Address <i>1193 CLIFFSIDE</i>		City <i>CUYAHOGA FALLS</i>	State <i>OH</i>	Zip <i>44221</i>
Candidate Name OR PAC Registration Number <i>TONY MALOWI</i>		Treasurer Name <i>JAY ZULA</i>		Election Date (MM/DD/YYYY) <i>11-6-17</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <i>2017</i>
Amended Report <input checked="" 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	<i>1024 56</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>500 00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>1524 56</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>468 54</i>
6. Balance on hand (line 4 minus line 5)	<i>1056 02</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>160 40</i>
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  
JOHNSON COUNTY  
BOARD OF ELECTIONS

APPROVED AND FILED

#116538

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

*[Signature]*

*12-15-17*

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages  
*1*

Expenditure Pages  
*2*

Other Pages  
*6*

Total Pages  
*9*



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Committee to Elect Tony Melorni WARD 1 Council</i>				
Full Name of Contributor <i>Summit County Republican Party</i>			Registration Number, if PAC	
Street Address <i>1755 Merriman Rd #250</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>11/7/17</i>	Amount <i>500<sup>00</sup></i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	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)]



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT TONY MALOINI FOR WARD 1 COUNCIL			
<b>To Whom Paid</b> PURE BUTTONS		<b>Date (MM/DD/YYYY)</b> 11/03/2017	<b>Amount</b> <del>120.00</del>
<b>Street Address</b> 4930 CHIPPEWA ROAD		<b>Purpose</b> CAMPAIGN BUTTON	
<b>City</b> MEDINA	<b>State</b> OH	<b>Zip Code</b> 44256	<b>Check Number</b> N/A DEBIT CARD
<b>To Whom Paid</b> PNC		<b>Date (MM/DD/YYYY)</b> 11/01/2017	<b>Amount</b> <del>12.00</del>
<b>Street Address</b> 3557 S. ARLINGTON		<b>Purpose</b> MAINTENANCE FEES	
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44312	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> FACEBOOK		<b>Date (MM/DD/YYYY)</b> 10/23/2017	<b>Amount</b> 37 <sup>00</sup>
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> FACEBOOK		<b>Date (MM/DD/YYYY)</b> 10/31/2017	<b>Amount</b> 81 <sup>11</sup>
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> FACEBOOK		<b>Date (MM/DD/YYYY)</b> 10/31/2017	<b>Amount</b> 186 <sup>3</sup>
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT

Page Total \$ 268<sup>78</sup>



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT TONY MALOMI WARD 1 COUNCIL			
<b>To Whom Paid</b> <del>PAC SERVICE CHARGE</del>		<b>Date (MM/DD/YYYY)</b> 10/02/2017	<b>Amount</b> 12.00
<b>Street Address</b> 3557 S. ARLINGTON RD		<b>Purpose</b> ACCOUNT MAINTENANCE	
<b>City</b> AHLON	<b>State</b> OH	<b>Zip Code</b> 44312	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> <del>FACEBOOK</del>		<b>Date (MM/DD/YYYY)</b> 10/16/2017	<b>Amount</b> 7.90 ✓
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> <del>FACEBOOK</del>		<b>Date (MM/DD/YYYY)</b> 10/16/2017	<b>Amount</b> 6.45 ✓
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT
<b>To Whom Paid</b> <del>FACEBOOK</del>		<b>Date (MM/DD/YYYY)</b> 10/23/2017	<b>Amount</b> 13.01 ✓
<b>Street Address</b> 1 HACKER WAY		<b>Purpose</b> AD - SOCIAL MEDIA	
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code</b> 94025	<b>Check Number</b> DEBIT
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 39.36



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> <i>COMMITTEE TO ELECT TONY MALONNI FOR WARD 1 COUNCIL</i>			
<b>Full Name of Contributor</b> <i>TONY MALONNI</i>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b> <i>1193 CLIFFSIDE</i>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b> <i>11/6/27</i>
<b>City</b> <i>CUYAHOGA FALLS</i>	<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>OHIO</i>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>	<b>Registration Number, if PAC</b>
<b>Street Address</b>	<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>

\* 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)]