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## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

| 0   |                          |                                     |   |             |        |                            |      |   |
|---|--------------------------|-------------------------------------|---|-------------|--------|----------------------------|------|---|
| Committee Name  |                          | 1                                   | Office Sought   |             |        | District                   |      |   |
| Committee To Elect Greg Bellan  |                          | City Cour                           | City Council - Ward 5   |             |        | Twinsburg                  |      |   |
| Street Address  |                          | City                                | City  |             |        | Zip                        |      |   |
| 10189 Scenic View Drive   |                          | Twinsburg                           | Twinsburg   |             |        | 4087                       |      |   |
| Candidate Name OR PAC Registration Number Tre                                     |                          | Treasurer Name                      | Treasurer Name  |             |        | Election Date (MM/DD/YYYY) |      |   |
| Gregory A Bellan  |                          | Gregory A B                         | Gregory A Bellan  |             |        | 11/07/2017                 |      |   |
| Type of Report (choo  | ose one):                |                                     |   | <u> </u>    |        |                            |      |   |
| Annual Se   | miannual Pre-Primary     | Post-Pr                             | rimary 🗍 Pre-   | General X   | Pos    | t-General                  |      |   |
| Statewide Candidates  | s Only:                  |                                     |   |             |        |                            | Year |   |
| July Monthly  | August Monthly Se        | ptember Mont                        | thly  |             |        |                            |      |   |
| Amended Report  |                          | Short Form Report (R.C. 3517.10(H)) |   |             |        |                            |      |   |
| ☐ No ☐ Yes ☐ Check this box if the committee wishes to terminate with this report |                          |                                     | Check this box if the committee is filing a short term report. See attached instructions. |             |        |                            |      |   |
| 1. Amount brought forward from last report  |                          |                                     |   | \$415.15    |        |                            |      |   |
| 2. Total monetary   | E)                       |                                     |   |             |        |                            |      |   |
| 3. Total other inco   |                          |                                     |   |             |        | 并                          |      |   |
| 4. Total funds available (sum of lines 1,2, and 3)                                |                          |                                     |   | \$415.15    |        |                            |      | 6 |
| 5. Total monetary   | ₹)                       | \$303.84                            |   |             |        | 0)                         |      |   |
| 6. Balance on han   |                          | \$111.3                             | 1   | 1 3         | 9-10 M |                            |      |   |
| 7. Value of in-kind   | l-1)                     |                                     |   | 7           |        |                            |      |   |
| 8. Value of in-kind   |                          |                                     |   | ÷.          |        |                            |      |   |
| 9. Outstanding loa  | 5)                       |                                     |   | 21          | 71. ** |                            |      |   |
| 10. Outstanding d   | N)                       |                                     |   |             |        |                            |      |   |
| 11. Outstanding lo  | K)                       |                                     |   |             |        |                            |      |   |
| 12. Value of indep  | endent expenditures made | (From Form 3                        | 31-U)   |             |        |                            |      |   |
|   | IS MADE UNDER PENALT     |                                     |   |             | THE    | DEGREE.                    |      |   |
| A.  |                          | 12/14/2017                          |   |             |        |                            |      |   |
| Signature of Treasurer or   | Deputy Treasurer         |                                     |   | Date (      | MM/D   | D/YYYY)                    |      |   |
| Contribution Pages  | Expenditure Pages        | Other F                             | Pages   | Total Pages |        |                            |      |   |

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Last Updated 09/2017





## Statement of Expenditures

Form 31-B

R.C. 3517.10

| Full Name of Committee         |                             |                       |                   |               |           |  |
|--------------------------------|-----------------------------|-----------------------|-------------------|---------------|-----------|--|
| Committee To Elect Greg Bellan |                             |                       |                   |               |           |  |
| To Whom Paid                   |                             |                       | Date (MM/DD/YYYY) |               | Amount    |  |
| Vistaprint                     |                             | 10/29/2               |                   | 017           | \$60.84   |  |
| Street Address                 | Purpose                     |                       |                   |               |           |  |
| 75 Wyman Street Business       |                             | Cards                 |                   |               |           |  |
| City                           | State Zip Code              |                       | Code              | Check Number  |           |  |
| Waltham                        | MA 02451                    |                       |                   |               |           |  |
| To Whom Paid                   |                             |                       | Date (MM/DD/YYYY) |               | Amount    |  |
| PensXpress.com                 |                             | 10/25/                |                   | 9017 \$243.00 |           |  |
| Street Address                 | Purpose                     |                       |                   |               |           |  |
| 1070-H Route 34 #196           | Pens                        |                       |                   |               |           |  |
| City                           | State Zip Code              |                       | Check Number      |               |           |  |
| Matawan                        | NJ                          | 07747                 |                   |               |           |  |
| To Whom Paid                   |                             |                       | Date (MM/DD/YYYY) |               | Amount    |  |
|                                |                             |                       | •                 |               |           |  |
| Street Address                 | Purpose                     |                       |                   |               |           |  |
|                                |                             |                       |                   |               |           |  |
| City                           | State Zip Code Check Number |                       | ck Number         |               |           |  |
|                                | ОН                          |                       |                   |               |           |  |
| To Whom Paid                   |                             |                       | Date (MM/DD/YYYY) |               | Amount    |  |
|                                |                             |                       |                   |               |           |  |
| Street Address                 | Purpose                     |                       |                   |               |           |  |
|                                |                             |                       |                   |               |           |  |
| City                           | State                       | Zip (                 | Code              | Che           | ck Number |  |
|                                | ОН                          |                       |                   |               |           |  |
| To Whom Paid                   |                             |                       | Date (MM/DD/YYYY) |               | Amount    |  |
|                                |                             |                       |                   |               |           |  |
| Street Address                 | Purpose                     |                       |                   |               |           |  |
|                                |                             |                       |                   |               |           |  |
| City State                     |                             | Zip Code Check Number |                   |               | ck Number |  |
|                                | ОН                          |                       |                   |               |           |  |
|                                |                             |                       |                   | _             |           |  |

| Page Total \$ | 303.84 |
|---------------|--------|
| -             |        |