

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ELECT PAUL COLAVECCHIO							Registration Number, if PAC		
Full Name of Candidate PAUL V. COLAVECCHIO									
Street Address 3236 STATE ROAD - APT. 175					Office Sought Cuy Falls City Council			District At-Large	
City CUYAHOGA FALLS					State O H		Zip Code 44223		
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	Annual Year 2017		X		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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	

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 at 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	\$	208.69
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	12.00
4. Total funds available (sum of lines 1-3)	\$	220.69
5. Total monetary expenditures (From Form No. 31-B)	\$	36.00
6. Balance on hand (line 4 minus line 5)	\$	184.69
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
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)	\$	9,510.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1,753.43
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	\$	0.00

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SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 30 AM 8:24

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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

Patrick J Horning, Treasurer

Patrick J Horning

1 27 2018
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages 0

Expenditure pages 1

Other pages 4

Total pages 5

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full ELECT PAUL COLAVECCHIO						
Full Name WESTFIELD BANK			Registration Number, if PAC			
Address 505 GRAHAM ROAD		Type* R E	M 1	D 1	Y 0	Amount 12.00
City CUYAHOGA FALLS		State O H	Zip Code 44223		Form(Cash,Check,etc) Auto-Rev Chg	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name						
Address			Type*	M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full ELECT PAUL COLAVECCHIO							
To Whom Paid WESTFIELD BANK				M	D	Y	Amount
				1	0	3	12.00
Address 505 GRAHAM ROAD		Purpose BANK FEE					
City CUYAHOGA FALLS		State O H	Zip Code 44223	Check Number Auto-Withdraw			
To Whom Paid WESTFIELD BANK				M	D	Y	Amount
				1	1	0	12.00
Address 505 GRAHAM ROAD		Purpose BANK FEE					
City CUYAHOGA FALLS		State O H	Zip Code 44223	Check Number Auto-Withdraw			
To Whom Paid WESTFIELD BANK				M	D	Y	Amount
				1	2	0	12.00
Address 505 GRAHAM ROAD		Purpose BANK FEE					
City CUYAHOGA FALLS		State O H	Zip Code 44223	Check Number Auto-Withdraw			
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			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee ELECT PAUL COLAVECCHIO												
From Whom Received COMMITTEE FOR COLAVECCHIO								Prior Amount 9,510.00		Amt. Incurred this Period 0.00		
Address 3414 HAGGARTY WAY										Outstanding Balance 9,510.00		
City CUYAHOGA FALLS		State OH	Zip Code 44223		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 2		1	4	1 1								
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred 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	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred 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	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 9,510.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 9,510.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 201

Full Name of Committee ELECT PAUL COLAVECCHIO										
To Whom Owed PAUL COLAVECCHIO						Prior Amount 1,753.43		Amt. Incurred this Period 0.00		
Address 3236 STATE ROAD - APT. 175						Item or Purpose for Debt		Outstanding Balance 1,753.43		
City CUYAHOGA FALLS				State OH		Zip Code 44223		Payments Made This Period		
						Date		Amount		
Date Debt was originally Incurred				M	D	Y	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 for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
								Date		
Date Debt was originally Incurred				M	D	Y	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 for Debt		Outstanding Balance		
City				State		Zip Code		Payments Made This Period		
								Date		
Date Debt was originally Incurred				M	D	Y	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 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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,753.43 (also record on cover page)