

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Gallagher For Judge Committee						Registration Number, if PAC _____				
Full Name of Candidate Paul J Gallagher										
Street Address 2370 Schubert Avenue				Office Sought Comm Pls Judge		District County				
City Cuyahoga Falls				State OH		Zip Code 44221				
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 type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	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 11 D 06 Y 12				

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	\$	2639	50
2. Total monetary contributions (From Form No. 31-A)	\$	—	
3. Total other income (From Form No. 31-A-2)	\$	—	
4. Total funds available (sum of lines 1, 2, 3)	\$	2639	50
5. Total monetary expenditures (From Form No. 31-B)	\$	—	
6. Balance on hand (cash + money orders)	\$	2639	50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	—	
8. Value of in-kind expenditures made (From Form No. 31-K)	\$	—	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	3700	—
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1311	07
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
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

#1950
2018 JAN 30 AM 11:27

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.

Drane K Evans, Treas
Print Name and Title (Treasurer and Deputy Treasurer only)

Drane K Evans
Signature

1/28/2018
Date

Contribution pages _____

Expenditure pages _____

Other pages **3**

Total pages **4**

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Committee Gallagher For Judge Committee													
From Whom Received A. William Zavarello							Prior Amount \$2,900.-		Amt. Incurred this Period —				
Address 313 S. High St.									Outstanding Balance \$2,900.-				
City Akron		St. State OH	Zip Code 44308			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
10		06	84										
Registration Number, if PAC					M	D	Y	S	M	D	Y	S	
Employer Occupation Labor Organization*					M	D	Y	S	M	D	Y	S	
From Whom Received Thomas Bittels							Prior Amount \$700.-		Amt. Incurred this Period —				
Address 51 Overlook									Outstanding Balance \$700.-				
City Akron		St. State OH	Zip Code 44303			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
05		01	84										
Registration Number, if PAC					M	D	Y	S	M	D	Y	S	
Employer Occupation Labor Organization*					M	D	Y	S	M	D	Y	S	
From Whom Received Paul J Gallagher							Prior Amount \$700.-		Amt. Incurred this Period —				
Address 2370 Schubert Ave									Outstanding Balance \$700.-				
City Cuy Falls		St. State OH	Zip Code 44221			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
02		03	04										
Registration Number, if PAC					M	D	Y	S	M	D	Y	S	
Employer Occupation Labor Organization*					M	D	Y	S	M	D	Y	S	

* 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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ ~~500~~ **\$3,700.-**
- 2 Total received this period \$ **\$0.00** (To Form No. 31-A-2)
- 3 Total payments this period \$ **\$0.00** (To Form No. 31-B)
- 4 Total Outstanding Balance \$ ~~500~~ **\$3,700.-** (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Callagher for Judge Committee					Prior Amount 406.52		Amt. Incurred this Period —	
To Whom Owed Paul J Callagher					Item or Purpose of Debt mailing labels		Outstanding Balance 406.52	
Address 2370 Schubert Ave					City Cuy Falls		State OH	
					Zip Code 44221		Payments This Period	
Date Debt was originally Incurred					M		Date	
Registration Number, if PAC					D		Amount	
					Y			
					M			
					D			
					Y			
To Whom Owed Paul J Callagher					Prior Amount 200.49		Amt. Incurred this Period —	
Address 2370 Schubert Ave					Item or Purpose of Debt booze to file		Outstanding Balance 200.49	
City Cuy Falls					State OH		Payments This Period	
Date Debt was originally Incurred					M		Date	
Registration Number, if PAC					D		Amount	
					Y			
					M			
					D			
					Y			
To Whom Owed					Prior Amount		Amt. Incurred this Period	
Address					Item or Purpose of Debt		Outstanding Balance	
City					State		Payments This Period	
Date Debt was originally Incurred					M		Date	
Registration Number, if PAC					D		Amount	
					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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ ~~607.01~~ **DE** (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Gallagher for Judge Committee							
To Whom Owed Paul J Gallagher				Prior Amount 604.06		Amt. Incurred this Period ---	
Address 2370 Schubert Ave				Item or Purpose of Debt sign posts		Outstanding Balance 604.06	
City Cuy Falls		State OH	Zip Code 44221	Payments This Period			
Date Debt was originally incurred 090512				Date	M	D	Y
Registration Number, if PAC ---				M	D	Y	S
				M	D	Y	S
				M	D	Y	S
To Whom Owed Paul J Gallagher				Prior Amount 100.00		Amt. Incurred this Period ---	
Address 2370 Schubert Ave				Item or Purpose of Debt golf sponsor		Outstanding Balance 100.00	
City Cuy Falls		State OH	Zip Code 44221	Payments This Period			
Date Debt was originally incurred 072512				Date	M	D	Y
Registration Number, if PAC ---				M	D	Y	S
				M	D	Y	S
				M	D	Y	S
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	M	D	Y
Registration Number, if PAC				M	D	Y	S
				M	D	Y	S
				M	D	Y	S

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 \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 1311.07 (also record on cover page)