

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF MAYOR JOSEPH MIGHIORIWI						Registration Number, if PAC			
Full Name of Candidate JOSEPH MIGHIORIWI									
Street Address 8036 PROW DR. SUITE 210					Office Sought MAYOR		District		
City MACEDONIA					State OH		Zip Code 44056		
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 2017
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input 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 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	\$	534	89
2. Total monetary contributions (From Form No. 31-A)	\$	4,745	00
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	5,279	89
5. Total monetary expenditures (From Form No. 31-B)	\$	2,199.	69
6. Balance on hand (line 4 minus line 5)	\$	3,080	20
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
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.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

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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.

JOSEPH MIGHIORIWI Signature 1-25-18 Date
Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Form 31-A
 ORC 3517.10

Full Name of Committee FRIENDS OF JOSEPH MICHIORINI, MAYAD				
Full Name of Contributor TRANSFER FROM MEET + GREET			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount 4,745 ⁰⁰
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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 OH	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

Full Name of Committee FRIENDS OF JOSEPH MGLIORINI MAYOR CMTTEE			
To Whom Paid JESSICA BRANDT		Date (MM/DD/YYYY) 10/12/2017	Amount 750 ⁰⁰
Street Address 573 BLUE JAY TRL		Purpose CAMPAIGN DONATION	
City MACEDONIA	State OH OH	Zip Code 44056	Check Number 0994
To Whom Paid VINI VENTURA		Date (MM/DD/YYYY) 10/12/2017	Amount 750 ⁰⁰
Street Address 1479 BRUCE		Purpose CAMPAIGN DONATION	
City MACEDONIA	State OH	Zip Code 44056	Check Number 0995
To Whom Paid TRUSTEE MEET + GREET		Date (MM/DD/YYYY)	Amount 699 ⁰⁰
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid TRUSTEE		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ ~~1,199.00~~

2,199.69



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ _____



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee FRIENDS OF JOSEPH MIGLIORINI, MAYOR CMTA.				
To Whom Paid WINKING LIZARD		Date (MM/DD/YYYY) 10/8/2017		Amount 206 ³⁵
Street Address 511 EAST AURORA		Purpose MEET + GREET FUNDRAISER		
City MACEDONIA OHIO	State OH	Zip Code 44056	Check Number 0991	
To Whom Paid KIMTION PRINTING		Date (MM/DD/YYYY) 10/19/2017		Amount 267 ⁸⁴
Street Address 400 E. HIGHLANDS		Purpose PRINTING FOR MEET + GREET		
City MACEDONIA OHIO	State OH	Zip Code 44056	Check Number 0992	
To Whom Paid US POST OFFICE		Date (MM/DD/YYYY) 9-21-2017		Amount 225 ⁴⁰
Street Address 10377 VALLEY VIEW		Purpose STAMPS FOR MEET + GREET		
City MACEDONIA	State OH	Zip Code 44056	Check Number (CREDIT CARD)	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 699⁶⁹

Statement of Expenditures for Social or Fund-Raising Event - Form 31-F

The Statement of Expenditures for Social or Fund Raising Events is used when a specific event is held on a specific date. All money spent at the event is listed on this form. Include all expenses that were incurred in relation to the event even if the money is spent before or after the actual date of the fund-raiser. It is not uncommon for activity from one event to appear in more than one report because the dates overlap a reporting deadline [R.C. 3517.08(E), 3517.10(B)(4)(e)].

A street address including a zip code should appear for each expense. Post office entries need only the city and state.

The Date block should be completed with six digits. For example, March 9, 2001, would appear as 03 09 01.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Check Number block should be completed with the number of the committee check used to make the expenditure. Expenditures made by personal check should not be listed on this form.

The total spent at the fund-raiser should be transferred to the second summary box on a Statement of Contributions for a Social or Fund-Raising Event

The total of the fund-raising event expenses should also be transferred to the general Statement of Expenditures.

Copies of canceled checks or receipts for all expenses more than \$25 must be attached to the report. In the event that the report is due before checks are available, they should be filed as an addendum to the report. The addendum should either bear a cover letter or a report cover page clearly indicating what committee is filing and what type of addendum is being filed. Do not wait until the next reporting period to file the addendum to the former report. Do *not* attach checks from one report to a report from a different reporting period.

If expenses are billed to a credit card, the Statement of Expenditures should *not* reflect only a single entry to the credit card company. Each underlying date, recipient, amount and purpose must appear. If the committee uses a credit card, a copy of the itemized billing statement or credit card receipt should be attached in addition to a copy of the canceled check to the credit card company.

The total of the expenses for each fund-raising event should be transferred to the general Statement of Expenditures.



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Full Name of Committee				
Full Name of Contributor ANTHONY COX			Registration Number, if PAC	
Street Address 8530 BELLADR.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 25⁰⁰	
City Macedonia	State OH	Zip Code 44056	Form (Cash, Check, Etc) 355	
Full Name of Contributor ANTHONY A. PETRARCA			Registration Number, if PAC	
Street Address 1765 MERRIMAN	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 200⁰⁰	
City Stow	State OH	Zip Code 44224	Form (Cash, Check, Etc) 2482	
Full Name of Contributor BRET KELLER			Registration Number, if PAC	
Street Address 10220 REGATTA RL	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9-29-17	Amount 150⁰⁰	
City Reminderville	State OH	Zip Code 44202	Form (Cash, Check, Etc) 552	
Full Name of Contributor CAROL HREW			Registration Number, if PAC	
Street Address 11625 BLUE HARBOR	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 150⁰⁰	
City Chardon	State OH	Zip Code 44024	Form (Cash, Check, Etc) 3750	
Full Name of Contributor DANIEL J. NEUBERTZ			Registration Number, if PAC	
Street Address 1205 RAMONA AV.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 150⁰⁰	
City Lake Wood	State OH	Zip Code 44106	Form (Cash, Check, Etc) 1685	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$4,745

Total Expenditures This Event
\$699⁰⁰

Page Total \$ **3,150⁰⁰**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Contributor					Registration Number, if PAC	
DONALD KUCHTA						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
8855 SMOKE RISE				10-2-17	25 ⁰⁰	
City		State	Zip Code	Form (Cash, <u>Check</u> , Etc)		
MACEDONIA		OH	44056	1230		
Full Name of Contributor					Registration Number, if PAC	
DON WEBBER						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
859 JENNIFER				9-22-17	50 ⁰⁰	
City		State	Zip Code	Form (Cash, <u>Check</u> , Etc)		
MACEDONIA		OH	44056	5470		
Full Name of Contributor					Registration Number, if PAC	
JEFFREY J. FILARSKI						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
990 WHISPERWOOD LN				10-2-17	150 ⁰⁰	
City		State	Zip Code	Form (Cash, <u>Check</u> , Etc)		
AURORA		OH	44202	2891		
Full Name of Contributor					Registration Number, if PAC	
JOHN OLIVERIO						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
6070 SEA PINES DR				10-19-17	150 ⁰⁰	
City		State	Zip Code	Form (Cash, <u>Check</u> , Etc)		
MENTOR		OH	44060			
Full Name of Contributor					Registration Number, if PAC	
KAREN BARTOLOZZI						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1377 DRIFTWOOD				10-2-17	25 ⁰⁰	
City		State	Zip Code	Form (Cash, <u>Check</u> , Etc)		
MACEDONIA		OH	44056	755		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$ 4,745⁰⁰

Total Expenditures This Event
\$ 699⁰⁰

Page Total \$ 400⁰⁰



**Statement of Contributions Received
at a Social or Fund-Raising Event**

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Form 31-E
R.C. 3517.10(B)

Full Name of Contributor					Registration Number, if PAC	
LANCE F. OSBORNE						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
7670 TYLER BLVD				10-2-17	250 ⁰⁰	
City	State	Zip Code		Form (Cash, Check, Etc)		
MENTOR	OH	44060		1099		
Full Name of Contributor					Registration Number, if PAC	
LOUIS R. ALDI						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
8610 COUNTRYSIDE DR.				10-2-17	50 ⁰⁰	
City	State	Zip Code		Form (Cash, Check, Etc)		
NORTHFIELD	OH	44067		2571		
Full Name of Contributor					Registration Number, if PAC	
MARY J. BIAN						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
8538 ALEXIS DR.				10-2-17	25 ⁰⁰	
City	State	Zip Code		Form (Cash, Check, Etc)		
MACEDONIA	OH	44056		3371		
Full Name of Contributor					Registration Number, if PAC	
NANCY TRUBE						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
9393 WESTWOOD DR				10-2-17	25 ⁰⁰	
City	State	Zip Code		Form (Cash, Check, Etc)		
MACEDONIA	OH	44056		10501		
Full Name of Contributor					Registration Number, if PAC	
RALPH J. JAROS						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
10285 3RD MEADOW				9-25-17	20 ⁰⁰	
City	State	Zip Code		Form (Cash, Check, Etc)		
TWINSBURG	OH	44087		1604		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$4,745⁰⁰

Total Expenditures This Event
\$699⁰⁰

Page Total \$ 370⁰⁰



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E

R.C. 3517.10(B)

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Full Name of Committee				
Full Name of Contributor SAM PETROS			Registration Number, if PAC	
Street Address 10474 BROADVIEW	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 500⁰⁰	
City BROADVIEW HTS	State OH	Zip Code 44147	Form (Cash, Check, Etc) 4057	
Full Name of Contributor SHANE R BARKER			Registration Number, if PAC	
Street Address 1048 TWINSBOEG RD	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 50⁰⁰	
City MACEDONIA	State OH	Zip Code 44056	Form (Cash, Check, Etc) 2359	
Full Name of Contributor VINCENT L. YAKOPOVICH			Registration Number, if PAC	
Street Address 1011 CESSNA DR.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 10-2-17	Amount 25⁰⁰	
City MACEDONIA	State OH	Zip Code 44056	Form (Cash, Check, Etc) 9853	
Full Name of Contributor ROBTZEL + ADDRESS			Registration Number, if PAC	
Street Address 222 SOUTH MAIN ST	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 5-28-17 10-2-17	Amount 250⁰⁰	
City AKRON	State OH	Zip Code 44308	Form (Cash, Check, Etc) 1039985	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, Etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$ 4,745⁰⁰

Total Expenditures This Event
\$ 699⁰⁰

Page Total \$ **825⁰⁰**