



Committee Name Carol Siciliano-Kilway for Council		Office Sought Ward 4 Council		District Tallmadge
Street Address 427 Melony Lane		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number Carol Ann Kilway		Treasurer Name Thomas E. Kilway		Election Date (MM/DD/YYYY) 11/03/2015

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2017

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	35.69
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	35.69
5. Total monetary expenditures (From Forms 31-B and 31-F)	35.69
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	2900.00
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
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 31 PM 12:37

#1985

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

Carol A. Kilway
Signature of Treasurer or Deputy Treasurer

1/30/17
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages

Other Pages
1

Total Pages



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Carol Siciliano-Kilway for Council			
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 01/31/2017	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Jan 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 02/28/2017	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Feb 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 03/31/17	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Mar 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 04/30/17	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Apr 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 5/31/17	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number May 2017 Stmt

Page Total \$ 25.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Carol Siciliano-Kilway for Council			
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 06/30/17	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Jun 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 07/31/2017	Amount 5.00
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number July 2017 Stmt
To Whom Paid The Huntington National Bank		Date (MM/DD/YYYY) 08/31/17	Amount .69
Street Address PO Box 1558 EA1W37		Purpose Dormant Account Fee	
City Columbus	State OH	Zip Code 43216	Check Number Aug 2017 Stmt
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



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Carol Siciliano-Kilway for Council						
From Whom Received Carol A. Kilway				Prior Amount 2900.00	Amt. Incurred this Period 0.00	
Street Address 427 Melony Lane					Outstanding Balance 2900.00	
City Tallmadge	State OH	Zip Code 44278	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (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)]

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).

Total Prior Amount \$ 2900.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2900.00 (also record on Form 30-A)