

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>COMMITTEE TO ELECT TOM VELO</i>						Registration Number, if PAC				
Full Name of Candidate <i>TOM VELO</i>										
Street Address <i>436 FRANKLIN AVE</i>				Office Sought			District			
City <i>CUYAHOGA FALLS</i>						State <i>OH</i>	Zip Code <i>44221</i>			
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 type="checkbox"/>	Annual Year <i>2017</i>
	<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 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(H) for details.

1. Amount brought forward from last report	\$	<i>836</i>	<i>90</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$		<i>90</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>838</i>	<i>80</i>
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$	<i>838</i>	<i>80</i>
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.	\$		

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2018 JAN 29 AM 10:32

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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.

Thomas Velo Print Name and Title (Treasurer and Deputy Treasurer only) *Thomas Velo* Signature *1/29/18* Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages <u>3</u>
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Statement of Other Income

Prescribed by Secretary of State 2-01

Name of Committee in Full				Registration Number, if PAC			
Full Name				M	D	Y	Amount
COMMITTEE TO ELECT TOM VETO							
5/3 BANK							
Address		Type*		M	D	Y	Amount
911 GRAHAM Rd		INT		VARIOUS			190
City		State	Zip Code	Form (Cash, Check, etc.)			
CUYAHOGA FALLS		OH	44221	E-DEPOSITS			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address				M	D	Y	Amount
City				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, 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.

RE



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

Form 31-A
ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT TOM VELO				
Full Name of Contributor Tom Velo			Registration Number, if PAC	
Street Address 436 FRANKLIN AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City CUYAHOGA FALLS	State OH	Zip Code 44221	Date (MM/DD/YYYY) 04/14/2017	Amount 1.00
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)]