



Committee Name <i>Committee to Improve the Summit County Charter</i>		Office Sought _____	District _____
Street Address <i>2370 Schubert Ave</i>		City <i>Cuyahoga Falls</i>	State Zip <i>OH 44221</i>
Candidate Name OR PAC Registration Number _____		Treasurer Name <i>Paul J Gallagher</i>	Election Date (MM/DD/YYYY) _____
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly			
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	
Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.			

1. Amount brought forward from last report	<i>186.54</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>1900.00</i>
3. Total other income (From Form 31-A-2)	<i>—</i>
4. Total funds available (sum of lines 1, 2, 3)	<i>2086.54</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>2000.00</i>
6. Balance on hand (line 4 minus line 5)	<i>86.54</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>—</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>—</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>—</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>- 0 -</i>
11. Outstanding loans owed to committee (From Form 31-K)	<i>—</i>
12. Value of independent expenditures made (From Form 31-U)	<i>—</i>

2019 JAN 28 AM 9:34

SUMMIT COUNTY BOARD OF ELECTIONS AKRON OHIO 44311

2660 Ave

OFFICIAL COPY
SUMMIT COUNTY BOARD OF ELECTIONS

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

Paul J Gallagher
Signature of Treasurer or Deputy Treasurer

01/22/2019
Date (MM/DD/YYYY)

Contribution Pages <i>1</i>	Expenditure Pages <i>1</i>	Other Pages <i>1</i>	Total Pages <i>4</i>
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Committee to Improve the Summit County Charter</i>				
Full Name of Contributor <i>Paul J Gallagher</i>			Registration Number, if PAC	
Street Address <i>2370 Schubert Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>CHK</i>
City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip Code <i>44227</i>	Date (MM/DD/YYYY) <i>11/28/2018</i>	Amount <i>\$1,900.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	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	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	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 Committee to Improve the Summit County Charter			
To Whom Paid A William Zavarallo		Date (MM/DD/YYYY) 12/12/2018	Amount \$2,000
Street Address 313 S High St		Purpose Repayment of debt (from 31-N)	
City Akron, OH	State OH	Zip Code 44308	Check Number 1002
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
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

Page Total \$ 2,000



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee <i>Committee to Improve the Summit County Charter</i>			
To Whom Owed <i>A William Zavarelli</i>		Prior Amount <i>\$2,000</i>	Amount Incurred this Period <i>—</i>
Street Address <i>313 S High St</i>		Item or Purpose of Debt <i>Signs</i>	Outstanding Balance <i>- 0 -</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44308</i>	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY) <i>12/18/1985</i>		Date of Payment (MM/DD/YYYY) <i>12/12/2018</i>	Amount <i>\$2,000</i>
Registration Number, if PAC <i>—</i>		Date of Payment (MM/DD/YYYY)	Amount
Date of Payment (MM/DD/YYYY)		Amount	
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date of Payment (MM/DD/YYYY)		Amount	

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 \$ 2,000

(also record on Form 31-B)

Total Outstanding Balance \$ - 0 -

(also record on cover page)