



Committee Name Committee To Elect John A. Casalnuovo Judge		Office Sought Judge		District Summ
Street Address 471 Bobwhite Tr.		City Akron	State Oh	Zip 44319
Candidate Name OR PAC Registration Number		Treasurer Name Denise Casalnuovo		Election Date (MM/DD/YYYY)

**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  
2019

**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	118.46
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	118.46
5. Total monetary expenditures (From Forms 31-B and 31-F)	118.46
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2019 JAN 29 AM 10:47

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON OHIO 44314  
#2678 Arc

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

*Denise Casalnuovo* Denise Casalnuovo  
Signature of Treasurer or Deputy Treasurer

01/29/19  
Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages  
1

Other Pages  
2

Total Pages  
3



<b>Full Name of Committee</b>				
Committee To Elect John A. Casalnuovo Judge				
To Whom Paid			Date (MM/DD/YYYY)	Amount
US Bank Corp			01/28/19	118.46
Street Address		Purpose		
3100 Manchester Rd.		Analysis Monthly Checking Account Fees		
City	State	Zip Code	Check Number	
Akron	OH	44319	Monthly Auto Deduction	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			

Page Total \$ 118.46



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Committee To Elect John A. Casalinuovo Judge					
From Whom Received John A. Casalinuovo				Prior Amount 26652.58	Amt. Incurred this Period 0
Street Address 471 Bobwhite Tr.				Outstanding Balance Forgiven	
City Akron	State OH	Zip Code 44319	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 2009		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	<b>Loans Received This Period</b>		<b>Payments This Period</b>
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 \$ 26652.58

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

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

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