

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ELECT PAUL COLAVECCHIO							Registration Number, if PAC		
Full Name of Candidate PAUL V. COLAVECCHIO									
Street Address 3236 STATE ROAD - APT. 175					Office Sought Cuy Falls City Council			District At-Large	
City CUYAHOGA FALLS							State O H	Zip Code 44223	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2018
	July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" 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 at 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	\$ 184.69
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 184.69
5. Total monetary expenditures (From Form No. 31-B)	\$ 144.00
6. Balance on hand (line 4 minus line 5)	\$ 40.69
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 9,510.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 1,753.43
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$ 0.00
Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

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SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 17 PM 12:57

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311
2704 BFB

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

Patrick J Horning, Treasurer 1 14 2019
Print Name and Title (Treasurer and Deputy Treasurer only) Date

Contribution pages 0

Expenditure pages 2

Other pages 3

Total pages 5

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
ELECT PAUL COLAVECCHIO										
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	1	0	8	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	2	0	6	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	3	0	8	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	4	0	6	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	5	0	8	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	6	0	6	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	7	0	9	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				
To Whom Paid						M	D	Y	Amount	
WESTFIELD BANK						0	8	0	7	12.00
Address				Purpose						
505 GRAHAM ROAD				BANK FEE						
City		State		Zip Code		Check Number				
CUYAHOGA FALLS		OH		44223		Auto-Withdraw				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full ELECT PAUL COLAVECCHIO										
To Whom Paid WESTFIELD BANK							M	D	Y	Amount
							0	9	1118	12.00
Address 505 GRAHAM ROAD				Purpose BANK FEE						
City CUYAHOGA FALLS			State O H	Zip Code 44223		Check Number Auto-Withdraw				
To Whom Paid WESTFIELD BANK							M	D	Y	Amount
							1	0	0918	12.00
Address 505 GRAHAM ROAD				Purpose BANK FEE						
City CUYAHOGA FALLS			State O H	Zip Code 44223		Check Number Auto-Withdraw				
To Whom Paid WESTFIELD BANK							M	D	Y	Amount
							1	1	0918	12.00
Address 2875 STATE ROAD				Purpose BANK FEE						
City CUYAHOGA FALLS			State O H	Zip Code 44223		Check Number Auto-Withdraw				
To Whom Paid WESTFIELD BANK							M	D	Y	Amount
							1	2	0618	12.00
Address 2875 STATE ROAD				Purpose BANK FEE						
City CUYAHOGA FALLS			State O H	Zip Code 44223		Check Number Auto-Withdraw				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee ELECT PAUL COLAVECCHIO												
From Whom Received COMMITTEE FOR COLAVECCHIO						Prior Amount 9,510.00		Amt. Incurred this Period 0.00				
Address 3414 HAGGARTY WAY								Outstanding Balance 9,510.00				
City CUYAHOGA FALLS		State OH	Zip Code 44223			Loans Received This Period Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		State	Zip Code			Loans Received This Period Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		State	Zip Code			Loans Received This Period Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 9,510.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 9,510.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee ELECT PAUL COLAVECCHIO									
To Whom Owed PAUL COLAVECCHIO						Prior Amount 1,753.43		Amt. Incurred this Period 0.00	
Address 3236 STATE ROAD - APT. 175						Item or Purpose for Debt		Outstanding Balance 1,753.43	
City CUYAHOGA FALLS				State OH		Zip Code 44223		Payments Made This Period	
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period	
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period	
						Date		Amount	
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is for given, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount for given 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 \$ 0.00 (also record on Form 31-B)
 Total Outstanding Balance \$ 1,753.43 (also record on cover page)