



2847 Arc
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

2019 JAN 31 PM 12:37

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
2018

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	0.00
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)	0.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
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-L-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

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

Carol Kilway
Signature of Treasurer or Deputy Treasurer

1/29/2019
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
0

Other Pages
1

Total Pages
2



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
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)