



2019 JUL 25 PM 2: 13

Committee Name John Impellizzeri for Munroe Falls City Council		Office Sought City Council at Large		District
Street Address 42 Luden Ave		City Munroe Falls	State OH	Zip 44262
Candidate Name OR PAC Registration Number John Impellizzeri		Treasurer Name Tari Hillegass		Election Date (MM/DD/YYYY) 11/05/2019
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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.

Year

1. Amount brought forward from last report	
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	
5. Total monetary expenditures (From Forms 31-B and 31-F)	
6. Balance on hand (line 4 minus line 5)	
7. Value of in-kind contributions received (From Form 31-J-1)	300.00
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
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.

Tari Hillegass
Signature of Treasurer or Deputy Treasurer

07/22/2019
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages

Other Pages

Total Pages
2



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee John Impellizzeri for Munroe Falls City Council				
Full Name of Contributor John Impellizzeri		Employer, Occupation, Labor Organization* I.T		Registration Number, if PAC
Street Address 42 Luden Ave		Description of Item or Service Parade Supplies		Date (MM/DD/YYYY) 07/01/2019
Fair Market Value 300.00				
City Munroe Falls		State OH	Zip Code 4262	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value				
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value				
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value				
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value				
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
Fair Market Value				
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total \$ 300.00