30-A
R.C. 3517.10

2013 Pre General

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee: Committee to Elect Malchosky	Registration Number, if PAC:
Full Name of Candidate: Paul R. Malchosky	
Street Address: 6680 Stratford Rd	Office Sought: Concord Twp. Trustee / District:
City: Concord Township	State: OH / Zip Code: 44077

Type of Report (place X to the left of report type)										
		Pre-Primary		Post-Primary	X	Pre-General		Post-General		Annual Year
		July Monthly		August Monthly		September Monthly		Termination		Semiannual

Amended Report? ☐ Yes ☐ No | Report Electronically Filed? ☐ Yes ☐ 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 for 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	$ 0	
2. Total monetary contributions (From Form No. 31-A)	$ 705	
3. Total other income (From Form No. 31-A-2)	$	
4. Total funds available (sum of lines 1, 2, 3)	$ 705	
5. Total monetary expenditures (From Form No. 31-B)	$ 213	.35
6. Balance on hand (line 4 minus line 5)	$ 491	.65
7. Value of in-kind contributions received (From Form No. 31-J-1)	$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	$	
9. Outstanding loans owed by committee (From Form No. 31-C)	$	
10. Outstanding debts owed by committee (From Form No. 31-N)	$	
11. Outstanding loans owed to committee (From Form No. 31-K)	$	
12. Value of independent expenditures made (From Form No. 31-U)	$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	$	

2013 OCT 22 PM 12:46

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.

Paul R. Malchosky — Print Name and Title (Treasurer and Deputy Treasurer only)
Signature
10-22-13 — Date

Contribution pages 2 | Expenditure pages 1 | Other pages 0 | Total pages 4

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: Committee to Elect Malcheski

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Amount	Form (Cash, Check, etc.)
Brian Falkowski		11149 Cuddie Ln		Concord	OH	44077	04	01	13	50	Check
Friends of Fred		372 E. 328th		Willowick	OH	44095	04	01	13	40	check
Friends of Maureen Kelly		9607 Dublin Ln		Mentor	OH	44060	04	01	13	100	check
Friends of Judy Moran				Willowick	OH	44095	04	01	13	40	check
Friends of Lori Malcheski		2540 Mapleridge Lane		Wickliffe	OH	44094	04	01	13	100	
Robert S. Leach		28787 Ridge		Wickliffe	OH	44092	04	01	13	100	Check
Thomas R. Wright		7305 Stewart Storm		Hubbard	OH	44425	04	22	13	150	check
Mark Schneider		8914 Tuttle Lane		Mentor	OH	44060	04	24	13	75	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 655

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Elect Makosky					
Full Name of Contributor: Ann Radcliffe				Registration Number, if PAC	
Street Address: 11067 Colhan Rd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City: Chardon	State: OH	Zip Code: 44024	M: 05	D: 01	Y: 13	Amount: 50
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 50

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full: Committee to Elect Malchesky					
To Whom Paid: Sam's Club				M 08 D 17 Y 13	Amount 182.36
Address	Purpose: Candy for Parade				
City: Mentor	State: OH	Zip Code: 44060	Check Number: 1001		
To Whom Paid: Fifth Third Bank				M D Y	Amount 15.98
Address	Purpose: Bank Fees				
City: Concord - Branch	State: OH	Zip Code: 44060	Check Number		
To Whom Paid: Fifth Third Bank				M D Y	Amount 15.00
Address	Purpose: Bank Fees				
City: Concord - Branch	State: OH	Zip Code: 44060	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		
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		

Page Total $ 213.35