10/14/2005 11 : 05

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Capri Cafaro for Congress 2004

ADDRESS (number and street) ▼ 7448 Mentor Ave.

Check if different than previously reported. (ACC)

Mentor | OH | 44060

2. FEC IDENTIFICATION NUMBER ▼ C00394973

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT x NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT: OH 14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on ____ in the State of ____

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 09 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Ronald Silvestri

Signature of Treasurer: Electronically Filed by Ronald Silvestri — Date 10 14 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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