01/31/2005 19 : 17

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)

CITY ▲ Mentor STATE ▲ OH ZIP CODE ▲ 44060

2. FEC IDENTIFICATION NUMBER ▼ C00394973

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

STATE ▼ OH DISTRICT 14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

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:

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

Election on 11 02 2004 in the State of OH

5. Covering Period 10 14 2004 through 11 22 2004

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 01 31 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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