

TERMINATED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Nicholas Kostoff Ward 5 Council						Registration Number, if PAC			
Full Name of Candidate Nicholas J. Kostoff									
Street Address 161 Grayling Drive					Office Sought Council Ward 5		District Fairlawn		
City Fairlawn					State OH	Zip Code 44333			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		2016
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 at 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,863.69
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	Forgiven
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	Forgiven
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	0.00

2017 JAN 27 PM 3:59
534 Ave
BOARD OF ELECTIONS
AKRON, OHIO

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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

Nicholas J. Kostoff, Treasurer Nicholas J. Kostoff 1/27/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 0

Expenditure pages 0

Other pages 7

Total pages 7

Including Front Page

Including Front Pages

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Nicholas Kostoff Ward 5 Council													
From Whom Received Nicholas J. Kostoff										Prior Amount 100.00		Amt. Incurred this Period 0.00	
Address 161 Grayling Drive												Outstanding Balance Forgiven	
City Fairlawn		State OH	Zip Code 44333		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 9 1 9 0 9													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received Nicholas J. Kostoff										Prior Amount 1,000.00		Amt. Incurred this Period 0.00	
Address 161 Grayling Drive												Outstanding Balance Forgiven	
City Fairlawn		State OH	Zip Code 44333		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1 0 0 5 0 9													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 1,100.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ Forgiven (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Committee to Elect Nicholas Kostoff Ward 5 Council			
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Campaign Lit	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 410.96
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Sign Expense	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 431.00
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Ethics File fee	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 25.00
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Supplies	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 270.74
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Stamps	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 28.00
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Supplies	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 17.00
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Signs	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 487.00
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Nicholas J. Kostoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 161 Grayling Drive	Description of Item or Service Supplies	M <u>12</u> D <u>30</u> Y <u>14</u>	Fair Market Value 155.49
City Fairlawn	State <u>OH</u> Zip Code 44333	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

* 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)]

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Nicholas Kostoff Ward 5 Council			
Full Name of Contributor Nicholas J. Kostoff		Employer, Occupation, Labor Organization *	
Street Address 161 Grayling Drive		Description of Item or Service	
City Fairlawn		State OH	Zip Code 44333
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	Zip Code

M | D | Y | Fair Market Value
12 | 30 | 11 | 38.50

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

M | D | Y | Fair Market Value

Received at Fundraising Event?
 YES NO

* 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)]

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Nicholas Kostoff Ward 5 Council										
To Whom Owed Nicholas J. Kostoff					Prior Amount 410.96			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Campaign Lit			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					0	9	1	8	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed Nicholas J. Kostoff					Prior Amount 431.00			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Sign Expense			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					0	9	2	3	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed Nicholas J. Kostoff					Prior Amount 25.00			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Ethics File fee			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
					Date			Amount		
Date Debt was originally Incurred					M	D	Y	\$		
					1	0	0	5	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Nicholas Kostoff Ward 5 Council											
To Whom Owed Nicholas J. Kostoff					Prior Amount 270.74			Amt. Incurred this Period 0.00			
Address 161 Grayling Drive					Item or Purpose for Debt Supplies			Outstanding Balance Forgiven			
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period					
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					1	0	0	7	0	9	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed Nicholas J. Kostoff					Prior Amount 28.00			Amt. Incurred this Period 0.00			
Address 161 Grayling Drive					Item or Purpose for Debt Stamps			Outstanding Balance Forgiven			
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period					
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					1	0	0	9	0	9	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed Nicholas J. Kostoff					Prior Amount 17.00			Amt. Incurred this Period 0.00			
Address 161 Grayling Drive					Item or Purpose for Debt Supplies			Outstanding Balance Forgiven			
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period					
					Date			Amount			
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					1	0	1	2	0	9	
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Nicholas Kostoff Ward 5 Council										
To Whom Owed Nicholas J. Kostoff					Prior Amount 487.00			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Signs			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
Date Debt was originally Incurred					M	D	Y	Date		Amount
					1	0	2	1	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed Nicholas J. Kostoff					Prior Amount 155.49			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Supplies			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
Date Debt was originally Incurred					M	D	Y	Date		Amount
					1	2	0	1	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed Nicholas J. Kostoff					Prior Amount 38.50			Amt. Incurred this Period 0.00		
Address 161 Grayling Drive					Item or Purpose for Debt Supplies			Outstanding Balance Forgiven		
City Fairlawn			State OH	Zip Code 44333		Payments Made This Period				
Date Debt was originally Incurred					M	D	Y	Date		Amount
					1	2	0	1	0	9
Registration Number, if PAC					M	D	Y			
					M	D	Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)