

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | |
|---|---|--|--|
| Full Name of Committee COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | Registration Number, if PAC | |
| Full Name of Candidate MARY F. NICHOLS-RHODES | | | |
| Street Address 739 LINCOLN AVE | | Office Sought WARD 4 CITY COUNCIL | District CUYAHOGA FALLS |
| City CUYAHOGA FALLS | | State OH | Zip Code 44221 |
| Type of Report (place X to the left of report type) | <input checked="" type="checkbox"/> Pre-Primary | <input type="checkbox"/> Post-Primary | <input type="checkbox"/> Pre-General |
| | <input type="checkbox"/> July Monthly | <input type="checkbox"/> August Monthly | <input type="checkbox"/> September Monthly |
| 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 10/9/12 |

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(B) for details.

| | | |
|--|----|---------|
| 1. Amount brought forward from last report | \$ | 214.88 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 4360.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 4574.88 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 2053.18 |
| 6. Balance on hand (From Schedule B) | \$ | 2521.70 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | 571.83 |
| 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) | \$ | 0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | 0.00 |
| 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 |

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 AUG 30 PM 3:41

\$ 1287.13

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.

BRIDGET M. NICHOLS Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Bridget M. Nichols
Signature

05/30/17
Date

Contribution pages **7**

Expenditure pages **1**

Other users **2**

Total **10**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|---|--------------------|---|----------------|-----------------------------|--|--------------------------|
| Name of Committee in Full COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | | | | | |
| Full Name of Contributor Cuy. Falls Democratic Club | | | | Registration Number, if PAC | | |
| Street Address 2687 State Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City CUYAHOGA FALLS | State OH | Zip Code 44123 | M 07 | D 20 | Y 17 | Amount 500.00 |
| Full Name of Contributor BARBARA WALDEN | | | | Registration Number, if PAC | | |
| Street Address 31100 Cedar Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City PEPPER PIKE | State OH | Zip Code 44124 | M 07 | D 16 | Y 17 | Amount 500.00 |
| Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO 31-E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH & CHECKS | |
| City | State | Zip Code | M 03 | D 08 | Y 17 | Amount 2310.00 |
| Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH & CHECKS | |
| City | State | Zip Code | M 07 | D 27 | Y 17 | Amount 1050.00 |
| 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 201

| Name of Committee in Full | | Registration Number, if PAC | | | |
|---|---|-----------------------------|--------------------------|----|--------|
| COMMITTEE TO ELECT NICHOLS-RHOODES FOR COUNCIL | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| JODY SMITH | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 841 MARKHAM | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| DANA CAPRIULO | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 595 EASTGLEN CIRCLE | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| TALLMADGE | OH | 44278 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| DIANA COLAVECCHIO | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3414 HAGGERTY WAY | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44223 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| ANTHONY GOMEZ | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3670-9 th ST | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| MICHAEL CARANO | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 573 NARRAGANSETT | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| TALLMADGE | OH | 44278 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| BRIDGET NICHOLS | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 1918 BRYN MAWR DR | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| STOW | OH | 44224 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| MEGAN MORELAND | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 1492 W. EXCHANGE ST | | 0 | 3 | 08 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| AKRON | OH | 44311 | check | | |

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

| | |
|--|--|
| | |
|--|--|

Total expenditures this event

| | |
|--|--|
| | |
|--|--|

Page Total \$ _____

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/01

| Name of Committee in Full | | | | Registration Number, if PAC | | | |
|--|--|---|--|-----------------------------|--------------------------|--------------------------|--------|
| COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | | | | | | |
| Full Name of Contributor | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| DENNIS McCLINTICK | | | | 0 | 3 | 08 | 100.00 |
| Street Address | | City | | State | Zip Code | Form (Cash, Check, etc.) | |
| 299 CRAWFORD CRL | | CUYAHOGA FALLS | | OH | 44223 | check | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| JOHN SCHMIDT | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1460 CURTIS AVE | | | | 0 | 3 | 08 | 100.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | | OH | | 44221 | check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| BARBARA McCLINTICK | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 299 CRAWFORD CRL | | | | 0 | 3 | 08 | 100.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | | OH | | 44223 | check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| DONALD WALTERS | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 3395 PENNINGTON ST | | | | 0 | 3 | 08 | 500.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | | OH | | 44221 | check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| SHELLEY GOODRICH | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 2765 CEDAR HILL RD. | | | | 0 | 3 | 08 | 50.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | | OH | | 44223 | check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| DONNA MUSCI | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 3421 BOARD DR | | | | 0 | 3 | 08 | 50.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | | OH | | | check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| SANDRA KURT | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 140 MAYFIELD AV | | | | 0 | 3 | 08 | 50.00 |
| City | | State | | Zip Code | Form (Cash, Check, etc.) | | |
| AKRON | | OH | | 44313 | check | | |

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

| | |
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| | |
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Total expenditures this event

| | |
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| | |
|--|--|

Page Total \$ _____

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 201

| Name of Committee in Full | | Registration Number, if PAC | | | | |
|--|---|-----------------------------|--------------------------|----|--------|-------|
| COMMITTEE TO ELECT NICHOLS-RHONES FOR COUNCIL | | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| RUSSELL BALTHIS | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 2316 RIVERFRONT PKWY | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | OH | 44221 | check | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| BRYAN HOFFMAN | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 3466 SQUIRES BEND | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | OH | 44223 | check | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| STEPHANIE WEISS | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 1774-23 rd ST | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | OH | 44223 | check | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| ANDY PADRUTT | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 1460 CURTIS AVE | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | OH | 44221 | CASH | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| JAMES W. CORRIGAN | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 16614 W. PARK | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CLEVELAND | OH | 44111 | check | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| ELIZABETH WALTERS | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 84 PASTERNAU AV #4 | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| AKRON | OH | 44303 | check | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| ALLISON BREAU | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 675 MERRIMAN RD. | | 0 | 3 | 08 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| AKRON | OH | 44303 | check | | | |

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

| | |
|--|--|
| | |
|--|--|

Total expenditures this event

| | |
|--|--|
| | |
|--|--|

Page Total \$ _____

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 201

| Name of Committee in Full | | | | | | | |
|---|--|---|-----------------------------|--------------------------|---|----|-----------|
| COMMITTEE TO ELECT NICHOLS-RHOES FOR COUNCIL | | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| JANET CIOTOLA | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 163 RAVENSHOLLOW DR | | | | 0 | 3 | 08 | 17 30.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | | OH | 44223 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| TERRY JAMES | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 2209 LIBERTY ST. | | | | 0 | 3 | 08 | 17 30.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| CUYAHOGA FALLS | | OH | 44221 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| CONTRIBUTORS OF \$25 OR LESS | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 3 | 08 | 17 250.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | | | cash & checks | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | | | | | | |

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

| | |
|------|----|
| 2310 | 00 |
|------|----|

Total expenditures this event

| | |
|-----|----|
| 170 | 00 |
|-----|----|

Page Total 5 _____

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 201

| Name of Committee in Full | | Registration Number, if PAC | | | |
|--|---|-----------------------------|--------------------------|----|--------|
| COMMITTEE TO Elect NICHOLS-RHODES FOR COUNCIL | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| COLLENA RHODES | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 739 LINCOLN AVE | | 0 | 7 | 17 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| DIANA Calavecchio | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3414 Haggerty way | | 0 | 7 | 17 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44223 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| Michael CARANO | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 573 NARRAGANSETT | | 0 | 7 | 17 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| TALLMADGE | OH | 44278 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| JODI SMITH | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 841 MARKHAM | | 0 | 7 | 17 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| DONALD WALTERS | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3395 PENOLETON ST. | | 0 | 7 | 17 | 100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| ANTHONY GOMEZ | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3070-9 th ST | | 0 | 7 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| CUYAHOGA FALLS | OH | 44221 | check | | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| DANA CAPRIUL | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 595 EASTLEN CRL | | 0 | 7 | 17 | 50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| TALLMADGE | OH | 44278 | check | | |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

| | |
|--|--|
| | |
|--|--|

Total expenditures this event

| | |
|--|--|
| | |
|--|--|

Page Total \$ _____

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 201

| | | | | | |
|---|--------------------|---|--|--|-------------------------|
| Name of Committee in Full COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | | | | |
| Full Name of Contributor ANDY PAORUITT | | | | Registration Number, if PAC | |
| Street Address 1460 CURTIS | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 50.00 |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor JAMES DAVIS | | | | Registration Number, if PAC | |
| Street Address 626 JAMES AV | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 50.00 |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor DIANE SHERIDAN | | | | Registration Number, if PAC | |
| Street Address 2481 N. HAVEN BLVD. | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 30.00 |
| City CUYAHOGA FALLS | State OH | Zip Code 44223 | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor ANDREA CONTI | | | | Registration Number, if PAC | |
| Street Address 112 N. ALLING RD. | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 30.00 |
| City TALLMAGE | State OH | Zip Code 44278 | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor ANTHONY ZUMBO | | | | Registration Number, if PAC | |
| Street Address 189 GRANITE DR | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 30.00 |
| City PENINSULA | State OH | Zip Code 44264 | | Form (Cash, Check, etc.) CASH | |
| Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y 07 27 17 | Amount 260.00 |
| City | State | Zip Code | | Form (Cash, Check, etc.) CASH & CHECKS | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | | Form (Cash, Check, etc.) | |

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

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
1050.00

Total expenditures this event
283.18

Page Total \$ _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| | | | |
|---|--|---|---|
| Name of Committee in Full COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | | |
| Full Name of Contributor The committee to elect DON WALTERS | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 3395 Pendleton | | Description of Item or Service FLYER COPIES | M D Y Fair Market Value 0 8 04 17 258.46 |
| City CUYAHOGA FALLS | | State Zip Code OH 44221 | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Full Name of Contributor MARY F. Nichols-Rhodes | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 739 LINCOLN AVE | | Description of Item or Service UTENSILS AND REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 0 3 07 17 42.78 |
| City CUYAHOGA FALLS | | State Zip Code OH 44221 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor SARA LEEDHAM | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 310 HIDDEN LK LN | | Description of Item or Service REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 0 3 07 17 9.99 |
| City PENINSULA | | State Zip Code OH 44264 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor CARRIE SNYDER | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 1248 Chestnut Blvd | | Description of Item or Service REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 03 07 17 10.98 |
| City CUYAHOGA FALLS | | State Zip Code OH 44223 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor DIANE SHERIDAN | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 2481 N.HAVEN Blvd | | Description of Item or Service REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 0 2 25 17 57.74 |
| City CUYAHOGA FALLS | | State Zip Code OH 44223 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor MARY Nichols-Rhodes | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 739 LINCOLN AVE | | Description of Item or Service REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 0 3 08 17 56.70 |
| City CUYAHOGA FALLS | | State Zip Code OH 44221 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor COLLENA RHODES | | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Street Address 739 LINCOLN AVE | | Description of Item or Service REFRESHMENTS FOR FUNDRAISER | M D Y Fair Market Value 0 7 27 17 135.18 |
| City CUYAHOGA FALLS | | State Zip Code OH 44221 | Received at Fundraising Event? <input checked="" 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 | M D Y 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)]

Statement of Expenditures

Prescribed by Secretary of State 201

| | | | | | | | |
|---|--------------------|---|----------------------------|---|---|---|--------------------------|
| Name of Committee in Full COMMITTEE TO ELECT NICHOLS-RHODES FOR COUNCIL | | | | | | | |
| To Whom Paid CASHMERE CRICKET | | | | M | D | Y | Amount 170.00 |
| Address 2235 FRONT ST | | Purpose REFRESHMENTS FOR FUNDRAISER | | | | | |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | Check Number 526 | | | | |
| To Whom Paid COMMITTEE TO ELECT DON WALTERS | | | | M | D | Y | Amount 250.00 |
| Address 3395 PENDLETON ST. | | Purpose CAMPAIGN CONTRIBUTION | | | | | |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | Check Number 527 | | | | |
| To Whom Paid GRAVE CANTINA | | | | M | D | Y | Amount 283.18 |
| Address 2097 FRONT ST. | | Purpose REFRESHMENTS FOR FUNDRAISER | | | | | |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | Check Number 529 | | | | |
| To Whom Paid FIRST CLASS CAMPAIGNS | | | | M | D | Y | Amount 1350.00 |
| Address 1460 CURTIS AV | | Purpose | | | | | |
| City CUYAHOGA FALLS | State OH | Zip Code 44221 | Check Number 530 | | | | |
| 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 | | | | |