

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)	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General		Annual Year
	July Monthly		August Monthly		September Monthly		Semiannual
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		11/07/17	

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	\$	2521.70
2. Total monetary contributions (From Form No. 31-A)	\$	800.00
3. Total other income (From Form No. 31-A-2)	\$	0
4. Total funds available (sum of lines 1, 2, 3)	\$	3321.70
5. Total monetary expenditures (From Form No. 31-B)	\$	1495.00
6. Balance on hand (line 4 minus line 5)	\$	1826.70
7. Value of in-kind contributions received (From Form No. 31-I)	\$	447.19
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0
12. Value of independent expenditures made (From Form No. 31-U)	\$	0
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	0

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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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 Nichols TREASURER Bridget M Nichols 10/24/17
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 3

Expenditure pages 1

Other pages 1

Total pages 5

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 Summit County PROG Democrats					Registration Number, if PAC 1249	
Street Address 1996 White Pond Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City AKRON	State OH	Zip Code 44313	M 0	D 9	Y 23	Amount 750.00
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributors 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)]

Page Total \$ 750.00

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	
STEFANIE CASTILLO			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2911 Northland		0 8 28 17	10.00
City	State Zip Code	Form (Cash, Check, etc.)	
Cuyahoga Falls	OH 44221	cash	
Full Name of Contributor		Registration Number, if PAC	
DENNIS STOIBER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2850 Hastings Rd.		0 8 28 17	40.00
City	State Zip Code	Form (Cash, Check, etc.)	
Silver Lake	OH 44224	cash	
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.)	
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.)	

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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

50	00
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Total expenditures this event

0	0
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Page Total \$ 50.00

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTED TO ELECT Nichols-Rhodes for Council			
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service US Postage & Mailhouse Fees	
City Cuyahoga Falls		State OH	Zip Code 44221
		Registration Number, if PAC	
		M D Y 0 9 2 9 1 7	Fair Market Value \$420.24
Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization*	
Street Address 3395 Pendleton St		Description of Item or Service Postage Stamps	
City Cuyahoga Falls		State OH	Zip Code 44221
		Registration Number, if PAC	
		M D Y 1 0 1 1 1 7	Fair Market Value \$26.95
Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M D Y	Fair Market Value
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M D Y	Fair Market Value
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M D Y	Fair Market Value
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M D Y	Fair Market Value
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M D Y	Fair Market Value
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT NICHOLS- RHODES FOR COUNCIL							
To Whom Paid FIRST CLASS CAMPAIGNS				M	D	Y	Amount 1250.00
Address 1460 CURTIS AVE		Purpose WARD 4 INTRO MAILER/HANDOUTS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 531				
To Whom Paid UNITED STATES POSTAL SERVICE				M	D	Y	Amount 245.00
Address 2054 - 2nd STREET		Purpose 500 1st CLASS POSTAGE STAMPS					
City CUYAHOGA FALLS	State OH	Zip Code 44221	Check Number 532				
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 \$1495.00