

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>The Pyke campaign committee</i>						Registration Number, if PAC	
Full Name of Candidate <i>Mary Ellen Pyke</i>							
Street Address <i>854 Chestnut Blvd</i>				Office Sought <i>City Council</i>		District <i>Ward 2</i>	
City <i>Cuyahoga Falls</i>				State <i>OH</i>		Zip Code <i>44221</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		<i>11 07 17</i>	

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	\$	<i>137</i>	<i>90</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1,000</i>	
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>1,137</i>	<i>90</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>1,000</i>	
6. Balance on hand (line 4 minus line 5)	\$	<i>137</i>	<i>90</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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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.

Rama Pyke Treasurer *Rama Pyke* Signature _____ Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages _____

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full							
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	
The Pyke campaign committee							
Mary Ellen Pyke							
854 Chestnut Blvd			Summa / City of C Falls			Check	
Cuyahoga Falls	OH	44221	10	02	17	\$ 1,000	
Full Name of Contributor							
Street Address						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							
Street Address						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							
Street Address						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							
Street Address						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							
Street Address						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							
Street Address						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							
Street Address						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, 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)]

31-B

R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2-01

Name of Committee in Full The Pyke campaign committee						
To Whom Paid Friends of vic Pallotta			M 10	D 02	Y 17	Amount \$1,000
Address 407 Marian lake blvd		Purpose Contributions				
City Cuyahoga Falls		State OH	Zip Code 44223		Check Number 101	
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	
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