

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	Post-Primary	Pre-General
	July Monthly	August Monthly	September Monthly
			Post-General
			Termination
			Annual Year
			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	\$	1826.70
2. Total monetary contributions (From Form No. 51-A)	\$	0.00
3. Total other income (From Form No. 51-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1826.70
5. Total monetary expenditures (From Form No. 51-B)	\$	1457.48
6. Balance on hand (line 4 minus line 5)	\$	369.22
7. Value of in-kind contributions received (From Form No. 51-B-2)	\$	31.36
8. Value of in-kind contributions made (From Form No. 51-B-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 51-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 51-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 51-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 51-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

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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.

Bridget M. Nichols Treasurer Bridget M. Nichols Signature 12/12/17 Date

Contribution used	1	Expenditure used	1	Other used	1	Total	3
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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							M	D	Y	Amount
CFHS Athletic Dept							11	0	17	100.00
Address				Purpose						
2300-4 th Street				ADIN FALL 2017 ATHLETIC PROGRAM						
City			State	Zip Code		Check Number				
CUYAHOGA FALLS			OH	44221		534				
To Whom Paid							M	D	Y	Amount
zippityprint.com							11	03	17	450.00
Address				Purpose						
1600 E. 23 rd Street				CAMPAIGN DOOR HANGERS						
City			State	Zip Code		Check Number				
CLEVELAND			OH	44114		E DEBIT				
To Whom Paid							M	D	Y	Amount
zippityprint.com							11	03	17	907.48
Address				Purpose						
1600 E. 23 rd Street				CAMPAIGN ADVERTISING CARDS INCLUDING SORTING ADDRESSING AND POSTAGE						
City			State	Zip Code		Check Number				
CLEVELAND			OH	44114		E DEBIT				
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				

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 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
		1	9
		1	7
		Fair Market Value \$31.36	
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
		OH	
		Registration Number, if PAC	
		M	D
		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
		OH	
		Registration Number, if PAC	
		M	D
		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
		OH	
		Registration Number, if PAC	
		M	D
		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
		OH	
		Registration Number, if PAC	
		M	D
		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
		OH	
		Registration Number, if PAC	
		M	D
		Fair Market Value	
Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]