



Committee Name Village of Richfield		Office Sought	District
Committee to Elect NICK KOSTANDARAS SR.			
Street Address 3520 Brecksville Rd.	City Richfield	State OH	Zip 44286
Candidate Name OR PAC Registration Number	Treasurer Name Cheryl yubas	Election Date (MM/DD/YYYY)	
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General			
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly			Year <div style="border: 1px solid black; padding: 5px; display: inline-block;">2017</div>
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	9,497.29
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	19.39
4. Total funds available (sum of lines 1, 2, 3)	9,516.68
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	9,516.68
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 24 10:07 AM

#1879 AVC

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Cheryl yubas
Signature of Treasurer or Deputy Treasurer

01/24/2018
Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
0

Other Pages
1

Total Pages
2



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
Committee to Elect Nick Kostandaras Sr. Village of Richfield			
Full Name of Contributor		Registration Number, if PAC	
Chase Bank			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
2435 N. Cleveland Massillon	Refund Interest Accumulation		
City	State	Zip Code	Amount
Richfield	OH	44333	\$19.39
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.