



1665

Ohio Campaign Finance Report

Form 30-A

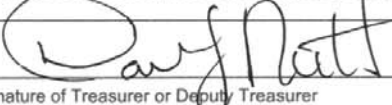
ORC 3517.10

Committee Name Friends of Dan Nutt		Office Sought 4th Ward Council		District
Street Address 825 N. Ridge Rd. W.		City Lorain	State OH	Zip 44053
Candidate Name OR PAC Registration Number Dan Nutt		Treasurer Name Daniel J Nutt		Election Date (MM/DD/YYYY) 11/02/2021
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input checked="" 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; height: 20px; width: 50px;"></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	9.80
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	100.00
4. Total funds available (sum of lines 1, 2, 3)	109.80
5. Total monetary expenditures (From Forms 31-B and 31-F)	90.00
6. Balance on hand (line 4 minus line 5)	19.80
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)	1665.00
10. Outstanding debts owed by committee (From Form 31-N)	1665.00
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

 2021 OCT 21 PM 3:38
 LORAIN COUNTY BOARD OF ELECTIONS

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


 Signature of Treasurer or Deputy Treasurer

10/13/2021
 Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

5



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Dan Nutt			
Full Name of Contributor Daniel J Nutt		Registration Number, if PAC	
Street Address 825 N. Ridge Rd W.	Type* Refund Loan	Date (MM/DD/YYYY) 02/03/2021	Form (Cash, Check, etc.) Cash
City Lorain	State OH OH	Zip Code 44053	Amount \$100.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.

100.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Dan Nutt			
To Whom Paid Lorain County Board of Elections		Date (MM/DD/YYYY) 02/03/2021	Amount 45 ⁰⁰
Street Address 1985 North Ridge Rd E.		Purpose Register	
City Lorain	State OH	Zip Code 44055	Check Number 1011
To Whom Paid State of Ohio Ethics Commission		Date (MM/DD/YYYY) 10/05/2021	Amount 45 ⁰⁰
Street Address 30 West Spring St. L3		Purpose Filing Fee	
City Columbus	State OH	Zip Code 43215	Check Number N/A online
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 90⁰⁰



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee <u>Friends of Dan Nutt</u>							
From Whom Received <u>Daniel J Nutt</u>				Prior Amount <u>1515⁰⁰</u>	Amt. Incurred this Period <u>100⁰⁰</u>		
Street Address <u>825 N Ridge Rd W</u>					Outstanding Balance <u>1615⁰⁰</u>		
City <u>Lorain</u>	State <u>OH</u>	Zip Code <u>44053</u>	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) <u>08/9/16/19</u>			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received				Prior Amount	Amt. Incurred this Period		
Street Address					Outstanding Balance		
City	State	Zip Code	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 1515⁰⁰

Total Received This Period \$ 100⁰⁰ (also record on Form 31-A-2)

Total Payments Received this Period \$ 1615⁰⁰ (also record on Form 31-B)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee Friends of Dan Nutt			
To Whom Owed Daniel J Nutt		Prior Amount 1515⁰⁰	Amount Incurred this Period 100⁰⁰
Street Address 825 N. Ridge Rd. W.		Item or Purpose of Debt Loan	Outstanding Balance 1615⁰⁰
City Lorain	State OH	Zip Code 44053	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY) 9/16/19			
Registration Number, if PAC N/A		Date of Payment (MM/DD/YYYY) N/A	Amount 0
		Date of Payment (MM/DD/YYYY) N/A	Amount 0
		Date of Payment (MM/DD/YYYY) N/A	Amount 0
To Whom Owed		Prior Amount	Amount Incurred this Period
Street Address		Item or Purpose of Debt	Outstanding Balance
City	State	Zip Code	Payments This Period
Date Debt was Originally Incurred (MM/DD/YYYY)			
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 1615⁰⁰ (also record on cover page)