

Not an Original Document Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name			Office Sought					District
Committee to Elect Nicole T. Coil			Prosecuting Attorney			еу		
Street Address	City			State	Zip)		
2375 Glendale Road	75 Glendale Road Marietta			ОН	45	5750		
Candidate Name OR PAC Registration Number Treasurer Name						Election Date		/YYYY)
Nicole Tipton Coil Dorothy K. Peppel				h		11/03/2020		
Type of Report (choose one):								
	ary Post-P	rimary Pre	-Genera		Pos	t-General		
Statewide Candidates Only:							Yea	r
☐ July Monthly ☐ August Monthly ☐	September Mon	thly					202	21
Amended Report Termination		Short Form R	eport (R	.C. 351	7.10	D(H))		
No ☐ Yes ☐ Check this box if the wishes to terminate						e is filing a d instruction	s.	
1. Amount brought forward from last rep	ort		518.51					
2. Total monetary contributions (From Forms 31-A and 31-E)			0.00					
3. Total other income (From Form 31-A-2)			0.00					
4. Total funds available (sum of lines 1, 2, 3)			518.51					
5. Total monetary expenditures (From Forms 31-B and 31-F)			0.00			2021	B0.2	
6. Balance on hand (line 4 minus line 5)			518.51				Size	NARD NARD
7. Value of in-kind contributions received (From Form 31-J-1)			0.00				27	29
8. Value of in-kind contributions made (From Form 31-J-2)			0.00				70m	00
9. Outstanding loans owed by committee (From Form 31-C)			0.00				₩ 30	
10. Outstanding debts owed by committee (From Form 31-N)			0.00					
11. Outstanding loans owed to committee (From Form 31-K)			0.00					
12. Value of independent expenditures made (From Form 31-U)			0.00					
12. Value of independent expenditures m THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFIE Signature of Treasurer or Deputy Treasurer Contribution Pages 1	ALTY OF ELECTICATION IS GUIL	ION FALSIFICA	NY OF T	HE FIF]:	26/20	Jpdate	d 09/2



Not an Original Document WASHINGTON COUNTY Ohio Campaign Finance Report BOARD OF ELECTION

Form 30-A

2021 JUL 28 PM 1: 00

ORC 3517.10

Committee Name		Office Sought					District	
ommittee to Elect Nicole T. Coil			Prosecuting Attorney					
Street Address	City		State Zip					
2375 Glendale Road	Marietta			ОН	45750			
Candidate Name OR PAC Registration Number	Treasurer Name Election				Election Date (M	IM/DD/	YYYY)	
Nicole Tipton Coil	Dorothy K. Peppel					11/5/2024		
Type of Report (choose one):								
Annual 🗵 Semiannual 🗌 Pre-Primar	y Post-Pi	rimary 🔲 I	Pre-Genera	ıl 🔲	Post-	General		
Statewide Candidates Only:							Year	
☐ July Monthly ☐ August Monthly ☐ September Monthly							202	1
Amended Report Termination		Short Form	Report (R	.C. 351	7.10(H))		
No ☐ Yes ☐ Check this box if the continuous wishes to terminate with the continuous contin			his box if th			is filing a instructions.		
1. Amount brought forward from last report			\$518.51					
2. Total monetary contributions (From Forms 31-A and 31-E)			0.00					
3. Total other income (From Form 31-A-2)			0.00					
4. Total funds available (sum of lines 1, 2, 3)			0.00					
5. Total monetary expenditures (From Forms 31-B and 31-F)			5.00					
6. Balance on hand (line 4 minus line 5)			\$513.51					
7. Value of in-kind contributions received (From Form 31-J-1)			0.00					
8. Value of in-kind contributions made (From Form 31-J-2)			0.00					
9. Outstanding loans owed by committee (From Form 31-C)			0.00					
10. Outstanding debts owed by committee (From Form 31-N)			0.00					
11. Outstanding loans owed to committee (From Form 31-K)			0.00					
12. Value of independent expenditures made (From Form 31-U)			0.00					
THIS STATEMENT IS MADE UNDER PENAL WHOEVER COMMITS ELECTION FALSIFIC.				THE FIF	TH D	EGREE.		
Clarita D J. L. D.	+ 17.5			07/28	3/21	17.30		
Signature of Treasurer or Deputy Treasurer	ty Treas	will		Date (MM/DD	D/YYYY)		
Contribution Pages Expenditure Pages	Other	Pages	Total F	Pages				
1	•		4			Last U	ndate	4 09/2



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Statement of Contributions Received

Form 31-A

ORC 3517.10

Committee to Elect Nicole T. Coil Full Name of Contributor				Registration Number, if PAC		
Employer/	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State	Zip Code	Date (MM/DD/YYYY)		Amount		
		F	Registration N	Number, if PAC		
Employer/	Occupation/Lab	Form (Cash, Check, etc.)				
State	Zip Code	Date (MM/DD	/ ////)	Amount		
			Registration N	Number, if PAC		
Employer/	Occupation/Lab	or Organization*		Form (Cash, Check, etc.)		
State	Zip Code	Date (MM/DD/YYYY)		Amount		
Il Name of Contributor Registration				n Number, if PAC		
Employer/	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State	Zip Code	Date (MM/DD	/ / ///)	Amount		
Full Name of Contributor Registratio			Registration N	Number, if PAC		
Employer/	nployer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State	Zip Code	Date (MM/DD/YYYY)		Amount		
	Employer/ State Employer/ State Employer/ State Employer/ State State	Employer/Occupation/Lab State Zip Code Employer/Occupation/Lab State Zip Code Employer/Occupation/Lab State Zip Code Employer/Occupation/Lab	Employer/Occupation/Labor Organization* State	Employer/Occupation/Labor Organization* State		

*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)]

Page Total	0.00
Page Total	0.00



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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Committee to Elect Nicole T. Coil						
To Whom Paid	Maria de Caractería de Car Caractería de Caractería d	Date (MM/DD/Y	YYY) Amount			
Settlers Bank			06/30/2021 5.00			
Street Address	Purpose					
115 Third Street	Account	Account Inactivity Fee				
City	State	Zip Code	Check Number			
Marietta	ОН	45750	Automatic deduction			
To Whom Paid		Date (MM/DD/Y	YYY) Amount			
Street Address	Purpose	Purpose				
City	State	Zip Code	Check Number			
To Whom Paid	ОН	1				
To Whom Paid		Date (MM/DD/Y	YYY) Amount			
Street Address	Purpose					
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid		Date (MM/DD/Y	YYY) Amount			
Street Address	Purpose					
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid	Date (MM/DD/Y	Date (MM/DD/YYYY) Amount				
Street Address	Purpose	Purpose				
City	State OH	Zip Code	Check Number			
		Sens Market Control				

OH Washington Tipton Coil, Nicole EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/vuwtla5f4stfbcpqakv0og2zj457w4fg