

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|-------------------------------------|-------------|---|--------------|--|--|--|--------------------------|----------|-------------|--|
| Full Name of Committee SAVE ME NFD | | | | | | Registration Number, if PAC 37-4361153 | | | | | |
| Full Name of Candidate | | | | | | | | | | | |
| Street Address 4051 BROOKSIDE COURT | | | | | | Office Sought FIRE/EMS LEVY | | | District | | |
| City NORTON | | | | | | State OH | | Zip Code 44203 | | | |
| Type of Report (place X to the left of report type) | <input checked="" type="checkbox"/> | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | | July | | August | | September | | | | Semiannual | |
| | | Monthly | | Monthly | | Monthly | | Termination | | | |
| 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 | | M | D | Y | |
| | | | | | | 03 | | 15 | | 16 | |

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 at 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 | \$ | 1,854.33 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 1,100.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 2,954.33 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 2,615.25 |
| 6. Balance on hand (line 4 minus line 5) | \$ | 339.08 |
| 7. Value of in-kind contributions received (From Form No. 31-I) | \$ | 0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | 0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | 0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | 0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | 0.00 |
| 13. For Electronic Filing Entities only | \$ | |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ | |

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SUMMIT COUNTY
BOARD OF ELECTIONS**

2016 MAR - 1 AM 10:55

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

11/81 AVC

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

MARK F. SPISAK, TREAS
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

3/1/16
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full SAVE ME NFD | | | | | | | |
| Full Name of Contributor 123 DISPOSAL INC | | | | | Registration Number, if PAC | | |
| Street Address 3623 DURHAM ROAD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City NORTON | State O H | Zip Code 44203-6338 | M 0 1 | D 1 2 | Y 1 6 | Amount 100.00 | |
| Full Name of Contributor NORTON FIREMEN'S ASSOCIATION, INC. | | | | | Registration Number, if PAC | | |
| Street Address 5240 WOOSTER RD W | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City NORTON | State O H | Zip Code 44203-6267 | M 0 2 | D 1 8 | Y 1 6 | Amount 500.00 | |
| Full Name of Contributor NORTON PROFESSIONAL FIREFIGHTERS | | | | | Registration Number, if PAC | | |
| Street Address 3230 GREENWICH ROAD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City NORTON | State O H | Zip Code 44203 | M 0 2 | D 1 8 | Y 1 6 | Amount 500.00 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

* 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 appear [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|---|--|---|-------------------------------------|--|-----------------------------|---|---|---|--------|---|---|----------|
| Name of Committee in Full SAVE ME NFD | | | | | | | | | | | | |
| To Whom Paid ALPHA PRINTING COMPANY | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 0 | 4 | 1 | 6 | 1,200.00 |
| Address 898 COVENTRY ROAD | | | Purpose YARD SIGNS | | | | | | | | | |
| City BARBERTON | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 44203 | | Check Number 1034 | | | | | | | |
| To Whom Paid POWER GRAPHICS | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 0 | 8 | 1 | 6 | 462.00 |
| Address 3070 WADSWORTH RD. STE. B | | | Purpose PRINTING STICKERS | | | | | | | | | |
| City NORTON | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 44203 | | Check Number 1035 | | | | | | | |
| To Whom Paid POST NEWSPAPERS | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 2 | 2 | 1 | 6 | 953.25 |
| Address 5164 NORMANDT PARK DR. #100 | | | Purpose 3 - NEWSPAPER ADS | | | | | | | | | |
| City MEDINA | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 44256 | | Check Number 1036 | | | | | | | |
| 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 | | | |
| | | | | | | | | | | | | |