

TERMINATED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Fair Districts for Summit County							Registration Number, if PAC		
Full Name of Candidate Fair Districts for Summit County									
Street Address 3616 Southern Rd					Office Sought charter amendment			District Summit Cour	
City Richfield					State O H		Zip Code 44286		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2016
	July Monthly		August Monthly		September 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 1 1	D 0 3	Y 1 5	

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:	\$	3,402.00
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	3,402.00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,402.00
6. Balance on hand (line 4 minus line 5)	\$	0.00
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0.00
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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 BOARD OF ELECTIONS
 AKRON, OHIO
 2017 JAN 23 AM 11:35

OFFICIAL COPY
 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

Bill Roemer - Treasurer



1/22/17
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution
pages 0

Expenditure
pages 1

Other
pages 2

Total
pages 4

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Fair Districts for Summit County									
To Whom Owed William Roemer					Prior Amount 0.00			Amt. Incurred this Period 1,588.03	
Address 3616 Southern Rd.					Item or Purpose for Debt Literature			Outstanding Balance 1,588.03	
City Richfield			State OH	Zip Code 44286		Payments Made This Period			
Date Debt was originally Incurred					Date			Amount	
			M	D	Y	M	D	Y	\$
			1	0	1	2	1	5	forgiven
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		Payments Made This Period			
Date Debt was originally Incurred					Date			Amount	
			M	D	Y	M	D	Y	\$
					M	D	Y		
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City			State	Zip Code		Payments Made This Period			
Date Debt was originally Incurred					Date			Amount	
			M	D	Y	M	D	Y	\$
					M	D	Y		
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 0.00 (also record on Form 31-B)
 Total Outstanding Balance \$ 0.00 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Fair Districts for Summit County											
To Whom Owed William Roemer					Prior Amount 0.00			Amt. Incurred this Period 1,588.03			
Address 3616 Southern Rd.					Item or Purpose for Debt Literature			Outstanding Balance 1,588.03			
City Richfield			State OH	Zip Code 44286		Payments Made This Period					
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
					1	0	1	2	1	5	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City			State	Zip Code		Payments Made This Period					
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made 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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Fair Districts for Summit County							
To Whom Paid William Roemer				M	D	Y	Amount
				0	9	2	3,402.00
Address 2616 Southern Rd		Purpose Repay Loan					
City Richfield		State OH	Zip Code 44286	Check Number transfer			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address							
City		State	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Fair Districts for Summit County											
From Whom Received William Roemer						Prior Amount 4,000.00			Amt. Incurred this Period 0.00		
Address 3616 Southern Rd									Outstanding Balance 4,000.00		
City Richfield		State OH	Zip Code 44286			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
070715									092216		
Registration Number, if PAC									Amount 3402.00		
Employer/Occupation/Labor Organization*									Amount forgiven		
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC											
Employer/Occupation/Labor Organization*											
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
City		State	Zip Code			Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
Registration Number, if PAC											
Employer/Occupation/Labor Organization*											

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 4,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 3,402.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ Forgiven (To Form No. 30-A)