

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FISCAL RESPONSIBILITY IN NORTHFIELD CENTER						Registration Number, if PAC	
Full Name of Candidate							
Street Address 131 PICKWICK DRIVE				Office Sought		District	
City NORTHFIELD CENTER				State OH		Zip Code 44067	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
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		08	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 for 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	\$	0	
2. Total monetary contributions (From Form No. 31-A)	\$	648	74
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$		
5. Total monetary expenditures (From Form No. 31-B)	\$	648	74
6. Balance on hand (From Form No. 31-D)	\$		
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2016 DEC 19 PM 2:58

BOARD OF ELECTIONS
AKRON, OHIO

498 Ave

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.

Louis J. LAGUARDIA
Print Name and Title (Treasurer and Deputy Treasurer only)

Louis J. Laguardia
Signature

9-12-16
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Commitee in Full										
FISCAL RESPONSIBILITY IN NORTHFIELD CENTER										
To Whom Paid						M	D	Y	Amount	
Speedway Gas - Adv in Motion Truck						0	8	07	16	60.00
Address			Purpose							
9780 old 8 th Road			For adv. Truck w/sign							
City		State	Zip Code		Check Number					
Northfield		OH	44067		CASH					
To Whom Paid						M	D	Y	Amount	
Sign Stakes						0	7	09	16	29.74
Address			Purpose							
2011 Alexander Way			Post Signs Bill attached							
City		State	Zip Code		Check Number					
Macedonia		OH	44056		M/C					
To Whom Paid						M	D	Y	Amount	
Repro Inc.						1	2	19	16	500.00
Address			Purpose							
1518 Copley Road			Signage & Copies							
City		State	Zip Code		Check Number					
Akron, Oh		OH	44320		9544					
To Whom Paid						M	D	Y	Amount	
Gentile's Bakery & Deli						0	8	16	16	59.00
Address			Purpose							
5626 Broadview Rd			wrap up meeting after election							
City		State	Zip Code		Check Number					
Parma		OH	44134		M/C					
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					

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full							
FISCAL RESPONSIBILITY IN NORTHFIELD CENTER							
Full Name of Contributor						Registration Number, if PAC	
George / Janet Ducic							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
Pickwick					CHECK		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	50.00	
Full Name of Contributor						Registration Number, if PAC	
Mary Ann Ford							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CHECK		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	25.00	
Full Name of Contributor						Registration Number, if PAC	
Ellen Bertel							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CHECK		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	50.00	
Full Name of Contributor						Registration Number, if PAC	
Sam Schillers							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
Pickwick					CHECK		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	75.00	
Full Name of Contributor						Registration Number, if PAC	
Basil Lovano							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CHECK		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	50.00	
Full Name of Contributor						Registration Number, if PAC	
Donna Patz							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CASH		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	30.00	
Full Name of Contributor						Registration Number, if PAC	
Nancy Decker							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CASH		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	20.00	
Full Name of Contributor						Registration Number, if PAC	
Jerry Robinson							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					CASH		
City	State	Zip Code	M	D	Y	Amount	
Northfield Center	OH	44067			16	80.00	

* Required for contributions from individuals over \$100 to state-wide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$1000, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full <i>Marc Pepera</i>										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City <i>Northfield Center</i>				State <i>OH</i>	Zip Code <i>44067</i>		M 	D 	Y <i>16</i>	Amount <i>60.00</i>
Full Name of Contributor Cindy <i>Cindy Kelley</i>							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City <i>Northfield Center</i>				State <i>OH</i>	Zip Code <i>44067</i>		M 	D 	Y <i>16</i>	Amount <i>40.00</i>
Full Name of Contributor Rose <i>Rose Adams</i>							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City <i>Northfield Center</i>				State <i>OH</i>	Zip Code <i>44067</i>		M 	D 	Y <i>16</i>	Amount <i>50.00</i>
Full Name of Contributor Don <i>Don LAGuardia</i>							Registration Number, if PAC			
Street Address <i>131 Pickwick</i>				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City <i>Northfield</i>				State <i>OH</i>	Zip Code <i>44067</i>		M <i>1</i>	D <i>2</i>	Y <i>18</i>	Amount <i>118.74</i>
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 under \$100 in statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If 10 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)]

150.00
 2 PAGE TOTAL: *648.74*

George + Janet Dacic	50.00	# 3355
Wm. + Mary Ann Ford	25.00	3489
Chet/Ellen Bertel	50.00	7539
Sam Schillerso	75.00	8348
Basil Lovano	50.00	5413
Rick Patz	30.00	cash
Nancy Decker	20.00	cash
Jerry Robinson	80.00	cash
Marc. Pepero	60.00	cash

Jim/Cindy Kelley	40.00	# 3801
Jim/Rose Adams	50.00	# 7860

Cash	190.00
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Checks	340.00 (1 ST MERIT)
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Total Contribution	530.00
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