



Committee Name <b>NEIGHBORS OF RICHFIELD TOWNSHIP</b>		Office Sought <b>BALLOT ISSUE 44</b>		District
Street Address <b>2617 COLUMBIA RD</b>		City <b>Brecksville</b>	State <b>OH</b>	Zip <b>44141</b>
Candidate Name OR PAC Registration Number		Treasurer Name <b>ED PEPERA</b>		Election Date (MM/DD/YYYY) <b>11/06/2018</b>
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				
Amended Report <input 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.

Year  
**2018**

1. Amount brought forward from last report	—
2. Total monetary contributions (From Forms 31-A and 31-E)	—
3. Total other income (From Form 31-A-2)	—
4. Total funds available (sum of lines 1, 2, 3)	—
5. Total monetary expenditures (From Forms 31-B and 31-F)	—
6. Balance on hand (line 4 minus line 5)	—
7. Value of in-kind contributions received (From Form 31-J-1)	1177
8. Value of in-kind contributions made (From Form 31-J-2)	—
9. Outstanding loans owed by committee (From Form 31-C)	—
10. Outstanding debts owed by committee (From Form 31-N)	—
11. Outstanding loans owed to committee (From Form 31-K)	—
12. Value of independent expenditures made (From Form 31-U)	—

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2018 OCT 25 PM 2:34  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 # 2530 nvc

**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

Date (MM/DD/YYYY)  
**10/24/18**

Contribution Pages <b>1</b>	Expenditure Pages	Other Pages	Total Pages <b>2</b>
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**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

Full Name of Committee <b>NEIGHBORS OF RICHFIELD TOWNSHIP</b>			
Full Name of Contributor <b>ED PEPERA</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>2617 COLUMBIA RD</b>	Description of Item or Service <b>Advertisement</b>		Date (MM/DD/YYYY) <b>10/01/18</b>
City <b>Brecksville</b>	State <b>OH</b>	Zip Code <b>44141</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <b>DON FAULHABER</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>5149 Hecker Dr</b>	Description of Item or Service <b>Postage</b>		Date (MM/DD/YYYY) <b>10/20/18</b>
City <b>Brecksville</b>	State <b>OH</b>	Zip Code <b>44141</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <b>DAVE NEALE</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>2813 COLUMBIA RD</b>	Description of Item or Service <b>FLYERS AND ENVELOPES</b>		Date (MM/DD/YYYY) <b>10/12/18</b>
City <b>Brecksville</b>	State <b>OH</b>	Zip Code <b>44141</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <b>TONY SARNO</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>2771 COLUMBIA RD</b>	Description of Item or Service <b>WEB REGISTRATION</b>		Date (MM/DD/YYYY) <b>10/18/18</b>
City <b>Brecksville</b>	State <b>OH</b>	Zip Code <b>44141</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <b>DAVE NEALE</b>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <b>2813 COLUMBIA RD</b>	Description of Item or Service <b>SIGNS</b>		Date (MM/DD/YYYY) <b>10/17/18</b>
City <b>Brecksville OH</b>	State <b>OH</b>	Zip Code <b>44141</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]