



Committee Name <b>NEIGHBORS OF RICHFIELD TOWNSHIP</b>		Office Sought <b>BALLOT ISSUE</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 PERERA</b>		Election Date (MM/DD/YYYY) <b>11/6/18</b>
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <b>2018</b>
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input checked="" type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	0
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	200 —
8. Value of in-kind contributions made (From Form 31-J-2)	— 0
9. Outstanding loans owed by committee (From Form 31-C)	— 0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS

2018 DEC -4 AM 11:11

#2549 Ave  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON OHIO 44311

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

12/4/18

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> NEIGHBORS OF RICHFIELD TOWNSHIP				
<b>Full Name of Contributor</b> DONALD FAULHABER III		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b> 5145 Hecker Dr		<b>Description of Item or Service</b> POSTAGE FEES		<b>Date (MM/DD/YYYY)</b> 10/29/18
<b>City</b> Brecksville		<b>State</b> OH	<b>Zip Code</b> 44141	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input 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)]