



LAKE BOARD OF ELECTION
OCT 23 2019 AM 9:46

Committee Name Neighbors for Responsible Government		Office Sought		District
Street Address 2929 Lamplight Lane		City Willoughby Hills	State OH	Zip 44094
Candidate Name OR PAC Registration Number		Treasurer Name Denise Neidermeyer	Election Date (MM/DD/YYYY) 11/05/2019	
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				Year 2019
Amended Report <input checked="" 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.

1. Amount brought forward from last report	\$0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	\$1,675.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	\$1,675.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	\$1,675.00
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$0.00
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

RECEIPT
 ENTERED
 AMEND LTR
 SCANNED
 AUDITED
 COMPLETED

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

Denise Neidermeyer
 Signature of Treasurer or Deputy Treasurer

10/20/2019
 Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
0

Other Pages

Total Pages
3

Last Updated 09/2017



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Neighbors for Responsible Government				
Full Name of Contributor Denise Neidermeyer			Registration Number, if PAC	
Street Address 2929 Lamplight Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Willoughby Hills	State OH	Zip Code 44094	Date (MM/DD/YYYY) 09/19/2019	Amount \$50.00
Full Name of Contributor Camille R. Schroeck			Registration Number, if PAC	
Street Address 2873 Lamplight Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Willoughby Hills	State OH	Zip Code 44094	Date (MM/DD/YYYY) 10/03/2019	Amount \$50.00
Full Name of Contributor Edward McKenna			Registration Number, if PAC	
Street Address 2963 Lamplight Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Willoughby Hills	State OH	Zip Code 44094	Date (MM/DD/YYYY) 10/02/2019	Amount \$100.00
Full Name of Contributor Mary Cihula			Registration Number, if PAC	
Street Address 35060 Dixon Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Willoughby	State OH	Zip Code 44094	Date (MM/DD/YYYY) 10/07/2019	Amount \$50.00
Full Name of Contributor Sharon Nichting			Registration Number, if PAC	
Street Address 35771 Maplegrove Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Willoughby Hills	State OH	Zip Code 44094	Date (MM/DD/YYYY) 10/01/2019	Amount \$125.00

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

Page Total \$375.00



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Neighbors for Responsible Government				
Full Name of Contributor Cuvier Lukat			Registration Number, if PAC	
Street Address 6153 Pepperwood Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mentor	State OH	Zip Code 44060	Date (MM/DD/YYYY) 10/17/2019	Amount \$1,300.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$1,300.00