

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Better Schools For A Better Community						Registration Number, if PAC	
Full Name of Candidate Connie Schwierfert Treasurer							
Street Address 616 Bruns Dr				Office Sought		District	
City ROSSFORD				State OH		Zip Code 43460	
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 2015		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination			
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

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	\$	8631	91
2. Total monetary contributions (From Form No. 31-A)	\$	—	—
3. Total other income (From Form No. 31-A-2)	\$	5420	00
4. Total funds available (sum of lines 1, 2, 3)	\$	14,051	91
5. Total monetary expenditures (From Form No. 31-B)	\$	3618	25
6. Balance on hand (line 4 minus line 5)	\$	10,432	66
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	60	00
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.	\$		

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.

Connie J Schwierfert
Print Name and Title (Treasurer and Deputy Treasurer only)

Connie Schwierfert
Signature

1-12-15
Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Better Schools For A Better Community						Registration Number, if PAC	
Full Name United Association Local No. 50						Registration Number, if PAC	
Address 7570 Caple Blvd Suite A		Type* A D⁵		M 07	D 09	Y 15	Amount 350.00
City Northwood		State OH		Zip Code 43619		Form (Cash, Check, etc.) 26784	
Full Name Brumbaugh-Herrick Inc						Registration Number, if PAC	
Address 7920 N Woodbridge Rd		Type* A D⁵		M 07	D 09	Y 15	Amount 250.00
City Manelova		State OH		Zip Code 43542		Form (Cash, Check, etc.) 30998	
Full Name Rossford Police Patrolmens Association						Registration Number, if PAC	
Address 133 Osborn		Type* A D⁵		M 07	D 09	Y 15	Amount 250.00
City Rossford		State OH		Zip Code 43460		Form (Cash, Check, etc.) 1164	
Full Name Bedford Tree Service						Registration Number, if PAC	
Address 2212 Middlesex Dr		Type* A D⁵		M 07	D 09	Y 15	Amount 100.00
City Toledo		State OH		Zip Code 43606		Form (Cash, Check, etc.) 1849	
Full Name Robert Thompson						Registration Number, if PAC	
Address 68 Wolf Ridge Rd		Type* A D⁵		M 07	D 09	Y 15	Amount 300.00
City Holland		State OH		Zip Code 43528		Form (Cash, Check, etc.) 1316	
Full Name Perrysburg Commons - Susan J Snoddy						Registration Number, if PAC	
Address 3227 Muirfield Ave		Type* A D⁵		M 07	D 09	Y 15	Amount 350.00
City Toledo		State OH		Zip Code 43614		Form (Cash, Check, etc.) 5848	
Full Name Allied Paving Co, Inc						Registration Number, if PAC	
Address 8406 Airport Hwy		Type* A D⁵		M 07	D 09	Y 15	Amount 250.00
City Holland		State OH		Zip Code 43528		Form (Cash, Check, etc.) 11882	
Full Name Byrne Paint Co						Registration Number, if PAC	
Address 214 Oliver St		Type* A D⁵		M 07	D 09	Y 15	Amount 350.00
City Toledo		State OH		Zip Code 43604		Form (Cash, Check, etc.) 3339	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Better Schools For A Better Community									
Full Name Sheet Metal Workers Local 33							Registration Number, if PAC		
Address 27430 Crossroads Parkway				Type* AD's		M D Y 07 09 15		Amount 1000.00	
City Rossford				State OH	Zip Code 43460			Form (Cash, Check, etc.) 13	
Full Name The Copy Shop									
Address 117 E Court St							Registration Number, if PAC		
City Bowling Green				Type* AD's		M D Y 08 19 15		Amount 350.00	
				State OH	Zip Code 43402			Form (Cash, Check, etc.) 1528	
Full Name Louis C Haefner - Schindler Elevator									
Address 3914 Sylvania Wood							Registration Number, if PAC		
City Sylvania				Type* AD's		M D Y 08 19 15		Amount 550.00	
				State OH	Zip Code 43560			Form (Cash, Check, etc.) 2308	
Full Name Battery Land LLC									
Address 2502 Woodville Rd							Registration Number, if PAC		
City Northwood				Type* AD's		M D Y 08 19 15		Amount 550.00	
				State OH	Zip Code 43619			Form (Cash, Check, etc.) 3785	
Full Name Sylvan Studio									
Address 5651 N Main St							Registration Number, if PAC		
City Sylvania				Type* AD's		M D Y 08 19 15		Amount 100.00	
				State OH	Zip Code 43560			Form (Cash, Check, etc.) 5843	
Full Name Koester's Sealing									
Address 1508 Matzinger Rd							Registration Number, if PAC		
City Toledo				Type* AD's		M D Y 08 17 15		Amount 250.00	
				State OH	Zip Code 43612			Form (Cash, Check, etc.) 603159	
Full Name Airgas									
Address 2287 Tracy Rd							Registration Number, if PAC		
City Northwood				Type* AD's		M D Y 11 12 15		Amount 350.00	
				State OH	Zip Code 43619			Form (Cash, Check, etc.)	
Full Name Various									
Address Various							Registration Number, if PAC		
City "				Type*		M D Y 11 12 15		Amount 70.00	
				State	Zip Code			Form (Cash, Check, etc.)	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
Better Schools For a Better Community				7	5	15	319.46
To Whom Paid							
Susan Zurawski							
Address		Purpose					
7123 Elli Harbour Lane		Consulting Fee					
City	State	Zip Code	Check Number				
Maumee	OH	43537	1408				
To Whom Paid				M	D	Y	Amount
Susan Zurawski				7	5	15	1012.50
Address		Purpose					
7123 Elli Harbour Lane		Consulting Fee					
City	State	Zip Code	Check Number				
Maumee	OH	43537	1409				
To Whom Paid				M	D	Y	Amount
Rachel Johnson				7	5	15	42.00
Address		Purpose					
29969 St. Andrews		Mad mimi - Internet					
City	State	Zip Code	Check Number				
Perrysburg	OH	43552	1410				
To Whom Paid				M	D	Y	Amount
Susan Zurawski				8	18	15	450.00
Address		Purpose					
7123 Elli Harbour Lane		Consulting Fee					
City	State	Zip Code	Check Number				
Maumee	OH	43537	1411				
To Whom Paid				M	D	Y	Amount
Printed ON A LARK				9	1	15	1521.19
Address		Purpose					
2761 Kingsford Dr		Shirts					
City	State	Zip Code	Check Number				
Toledo	OH	43414	1412				
To Whom Paid				M	D	Y	Amount
Susan Zurawski				10	20	15	87.50
Address		Purpose					
7123 Elli Harbour Lane		Consulting Fee					
City	State	Zip Code	Check Number				
Maumee	OH	43537	101				
To Whom Paid				M	D	Y	Amount
Emily Klocko				11	3	15	186.60
Address		Purpose					
929 Orchard		Donuts For Bonfire Event/Paper Products					
City	State	Zip Code	Check Number				
Rossford	OH	43460	102				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Better Schools For A Better Community			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Rachel S Johnson			
Street Address	Description of Item or Service	M	D
29969 Saint Andrews Rd	6mas Internet Page	1	2
City	State	Y	Fair Market Value
Perrysburg	0	11	5
	Zip Code	Received at Fundraising Event?	
	43551	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event?	
		<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)]