

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <u>Better Schools For A Better Community</u>						Registration Number, if PAC		
Full Name of Candidate								
Street Address <u>6116 Bruns Dr</u>					Office Sought		District	
City <u>Kossford</u>					State <u>OH</u>	Zip Code <u>43460</u>		
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 <u>2017</u>			
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y

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	\$	<u>2507</u>	<u>29</u>
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$	<u>1080</u>	<u>00</u>
4. Total funds available (sum of lines 1, 2, 3)	\$	<u>3587</u>	<u>29</u>
5. Total monetary expenditures (From Form No. 31-B)	\$	<u>1154</u>	<u>56</u>
6. Balance on hand (line 4 minus line 5)	\$	<u>2432</u>	<u>73</u>
7. Value of in-kind contributions received (From Form No. 31-J-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.	\$		

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 Schumert Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Connie Schumert
Signature

1-15-18
Date

Contribution pages 2

Expenditure pages 12

Other pages 1

Total pages 15

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Better Schools For A Better Community</i>		Registration Number, if PAC	
Full Name <i>Various Community members Purchased Detergent</i>		Registration Number, if PAC	
Address <i>Various</i>	Type*	M D Y <i>11 09 17</i>	Amount <i>1080.00</i>
City <i>Dossard</i>	State <i>OH</i>	Zip Code <i>43460</i>	Form (Cash, Check, etc.) <i>Cash/Check</i>
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC	
Address		M D Y	Amount
City		Form (Cash, Check, etc.)	

* 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 Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Better Schools For A Better Community				
Full Name of Contributor Various Community Member Purchased			Registration Number, if PAC	
Street Address Grandview Elementary		Employer/Occupation/Labor Organization* -----		Date (MM/DD/YYYY) 11-09-17
City Rossford		State OH	Zip Code 43460	Form (Cash, Check, Etc) Cash/Check
Amount 1080.00				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Amount				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Amount				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
Amount				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Form (Cash, Check, Etc)
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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
1080.00

Total Expenditures This Event
778.00

Page Total \$ 1080.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Better Schools for a Better Community						
To Whom Paid			M	D	Y	Amount
Welch Publishing			7	11	17	174.63
Address		Purpose				
130 Louisiana Ave		Ad in Paper				
City	State	Zip Code	Check Number			
Perrysburg	OH		150			
To Whom Paid			M	D	Y	Amount
Rossford Little League Football			10	17	17	100.00
Address		Purpose				
400 Dixie Hwy		Sponsorship				
City	State	Zip Code	Check Number			
Rossford	OH	43460	151			
To Whom Paid			M	D	Y	Amount
Rossford Food Service			12	12	17	101.93
Address		Purpose				
701 Superior St		Event Recd				
City	State	Zip Code	Check Number			
Rossford	OH	43460	153			
To Whom Paid			M	D	Y	Amount
UScore Fund Raising			11	10	17	720.00
Address		Purpose				
7366 Royal Timbers Ln		Laundry detergent Sale				
City	State	Zip Code	Check Number			
Watermill	OH	43564	152			
To Whom Paid			M	D	Y	Amount
Huntington Bank			11	10	17	45.00
Address		Purpose				
PO Box 1558 EA 1W37		Return check Charge				
City	State	Zip Code	Check Number			
Columbus	OH	43216	Bank Withdraw			
To Whom Paid			M	D	Y	Amount
Huntington Bank			12	15	17	13.00
Address		Purpose				
PO Box 1558 EA 1W37		Service Charge for Return Ck				
City	State	Zip Code	Check Number			
Columbus	OH	43216	Bank Withdraw			
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			

Welch Publishing Co.

130 Louisiana Avenue
P.O. Box 267
Perrysburg, OH 43552-0267

PUBLISHERS OF...
Perrysburg Messenger Journal
Rossford Record Journal
Point and Shoreland Journal
Holland-Springfield Journal

Phone: 419-874-4491
Fax: 419-874-7311
Email: ar@welchpublishing.com
Federal Tax ID: 34-1325104

6/30/2017

Statement

BETTER SCHOOLS FOR BETTER
COMMUNITY
CONNIE SWEIFERT
616 BRUNS DR
ROSSFORD OH 43460

TERMS: Net 10 days. Finance Charge is computed at an Annual Percentage Rate of 18%. To avoid additional finance charges, pay the balance prior to the last day of the current month. Finance charges calculated on all balances over 30 days past due (minimum charge of 10 cents).

RETURNED CHECK FEE: will be charged at \$35.00 for any check returned unpaid.

TERMS
PREPAID

DATE	DIV.	INCHES	DESCRIPTION	RATE	AMOUNT	BALANCE		
05/31/2017			Balance forward			0.00		
06/07/2017			INV #59705. 6/08 27.5" Graduation ad RRJ		174.63	174.63		
31-60 DAYS PAST DUE		0.00	61-90 Days Past Due	0.00	OVER 90 DAYS PAST DUE	0.00	AMOUNT DUE	\$174.63

All payments received will be applied to the oldest outstanding charges first.

To ensure proper credit, please detach this portion and return with remittance.

Payment Remitted by:

Statement date: 6/30/2017

BETTER SCHOOLS FOR BETTER
COMMUNITY
CONNIE SWEIFERT
616 BRUNS DR
ROSSFORD OH 43460

Amount Due	\$174.63
Amount Enclosed	\$

Return payment to:

Welch Publishing Co.
P.O. Box 267
Perrysburg, OH 43552-0267

Due Date 6/30/2017



Welcome.

BETTER SCHOOLS FOR A BETTER COMMUNI 150
 818 BRUNS DR 96-1501/812
 ROSSFORD, OH 43480-1536

7-11-17 DATE CHECK

PAY TO THE ORDER OF Welch Publishing \$ 174 ⁶³/₁₀₀
One hundred and seventy four and 63/100 DOLLARS

Huntington

FOR Tom G. Jones

⑆04⑆①②①50⑆①⑤⑆0①④②②780779⑆00①50

>041209624<
 Genoa Bank 006
 2017-07-17
 0006213399
 Batch 21166987

0006213399

FOR DEPOSIT ONLY
 WELCH PUBLISHING CO.
 Perryburg Messenger Journal
 Rossford Record Journal
 Point and Shoreland Journal
 Holland-Springfield Journal
 American Legion Press

Toby Ledesma
Rossford Little League Football
400 Dixie Hwy
Rossford, OH 43460

16 October 2017

Better Schools Better Community
Rossford High School
701 Superior St.
Rossford, OH 43460

Dear Better Schools for Better Community,

The Rossford Little League Football and Cheerleading program (RLLF) would like to thank you for your sponsorship of \$100. These funds will go towards our flag football program's end of year party which will recognize all of its athletes.

Without the support of our community, we would not be able to have the programs that we do.

The Rossford Little League Football tax exempt number is: 11-3688265

Should you need any other information, please do not hesitate to contact me.

Thanks again for your support!

Go Bulldogs!

Toby Ledesma
Director, RLLF
419-666-2905



Welcome:

BETTER SCHOOLS FOR A BETTER COMMUNI
618 BRUNS DR
ROSSFORD, OH 43460-1536

151

66-1901412

10-17-17
DATE

BACKLAP

PAY TO THE
ORDER OF

RLLF

One hundred Dollars \$ 100.00
DOLLARS



FOR

Sponsorship

Car Phelps

⑆041215016⑆ 01472780779⑈00151

20171026 8344501736 E976585 3
FTTO034 00918 7196199 1310
5/3 Bank >042000314<

DEPOSIT ONLY

Intuit QuickBooks <https://connect.intuit.com> SHARE

qb ^{intuit} quickbooks Sign in

uScore Fundraising LLC

Invoice

 Paid

Invoice 96

Due date November 10, 2017

Invoice total \$720.00

[View details \(PDF\)](#)

Balance due

\$0.00



Welcome.

BETTER SCHOOLS FOR A BETTER COMMUNI
616 BRUNS DR
ROSSFORD, OH 43460-1536

152

94-1901412

11-10-17

DATE

⑆CHECK NUMBER

PAY TO THE
ORDER OF

U Score Fundraising \$ 720.00
Seven hundred and twenty Dollars

DOLLARS



FOR

[Signature]

⑆041215016⑆ 01472780779⑆00152

*U Score Fundraising
As by its President
Tyler Lattin*

2017

ROSSFORD SCHOOLS FOOD SERVICE INVOICE

Invoiced To: Emily Klacko - BSBC
 Date of Event: 3-15-17
 Place of Event: High School Gym

Items Invoiced: Community Event for Levy
3rd Annual Bullseye Madness

Slush Base
 Flavors -
 Spring Water
 Cups -

Total of Invoice: \$101.00 Invoice # 515-17
 Invoice # 1714



Welcome.

BETTER SCHOOLS FOR A BETTER COMMUNI
818 BRUNS DR
ROSSFORD, OH 43480-1636

153

98-1501487

12-12-17

DATE

⑈ CHECK #

PAY TO THE
ORDER OF

Rossford Food Service

\$ 101.93

One Hundred and one dollars 93/100

DOLLARS



FOR

1714

Comptroller

⑆04⑆2⑆50⑆6⑆ 0⑆4⑆7⑆2⑆780⑆7⑆9⑆00⑆53⑆

FOR DEPOSIT ONLY
Rossford Education Cafeteria
Account # 1472705280

20171213009402164238

Transaction Details

Research Transaction

Item Number

0

Item Type

Miscellaneous

Amount

-\$45.00

Date

11/10/2017

Description

RETURNED DEPOSIT ITEM

Payee

New Payee

SEARCH FOR NEW PAYEE

SEARCH FOR NEW PAYEE

SEARCH FOR NEW PAYEE

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Search Huntington



Transaction Details

Research Transaction

Item Number	0
Item Type	Fee
Amount	-\$13.00
Date	12/15/2017
Description	RETURNED DEPOSIT ITEM FEE
Payee	<input type="text"/>
New Payee	<input type="text"/>
Tag	<input type="text"/>
New Tag	<input type="text"/>



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Better Schools For A Better Community				
To Whom Paid U Score Fundraising			Date (MM/DD/YYYY) 11-10-17	Amount 720.00
Street Address 7366 Royal Timbers Ln		Purpose Laundry Detergent Sale		
City Waterville	State OH	Zip Code 43566	Check Number 152	
To Whom Paid Huntington Bank			Date (MM/DD/YYYY) 11-10-17	Amount 45.00
Street Address PO Box 1558 EAIW37		Purpose Return ck Charge		
City Columbus	State OH	Zip Code 43216	Check Number Bank with Draw	
To Whom Paid Hunting Bank			Date (MM/DD/YYYY) 12-15-17	Amount 13.00
Street Address PO Box 1558 EAIW37		Purpose Service Charge For Return ck		
City Columbus	State OH	Zip Code 43216	Check Number Bank Withdraw	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 778.00