

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Northwest Ohio Conservative Coalition

ADDRESS (number and street)

4035 Forest Lawn Rd.

☐ Check if different than previously reported. (ACC)

Toledo

OH

43623

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00480145

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

04

01

2014

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Jeffrey Lydy

Signature of Treasurer

R. Jeffrey Lydy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

07

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Northwest Ohio Conservative Coalition

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 30 | | 2014 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div> | | <div><div></div><div>1836.67</div></div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div><div></div><div>2859.29</div></div> | |
| (c) Total Receipts (from Line 19) | <div><div></div><div>4255.00</div></div> | <div><div></div><div>6035.00</div></div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div><div></div><div>7114.29</div></div> | <div><div></div><div>7871.67</div></div> |
| 7. Total Disbursements (from Line 31)..... | <div><div></div><div>6501.81</div></div> | <div><div></div><div>7259.19</div></div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div><div></div><div>612.48</div></div> | <div><div></div><div>612.48</div></div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Northwest Ohio Conservative Coalition

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2415.00

2665.00

(ii) Unitemized

1840.00

3370.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4255.00

6035.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

4255.00

6035.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4255.00

6035.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4255.00

6035.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 6151.81 | 6909.19 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 6151.81 | 6909.19 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 350.00 | 350.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 6501.81 | 7259.19 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6501.81 | 7259.19 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 4255.00 | 6035.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4255.00 | 6035.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 6151.81 | 6909.19 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 6151.81 | 6909.19 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Northwest Ohio Conservative Coalition

Full Name (Last, First, Middle Initial)

A. Jonathan Binkley

Mailing Address 1786 Bucklew Dr.

City State Zip Code
Toledo OH 43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
information requested

Occupation
information requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Bruss

Mailing Address 450 N. River Rd.

City State Zip Code
Waterville OH 43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William Huntzinger

Mailing Address 5601 Bonniebrook

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Northwest Ohio Conservative Coalition

Full Name (Last, First, Middle Initial)

A. William Huntzinger

Mailing Address 5601 Bonniebrook

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rich Iott

Mailing Address 5245 Keener Rd.

City State Zip Code
Monclova OH 43542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kathleen Sallah

Mailing Address 5421 Westcastle Dr. #4

City State Zip Code
Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

information requested

information requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

1215.00

TOTAL This Period (last page this line number only)..... ►

2415.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Northwest Ohio Conservative Coalition

Full Name (Last, First, Middle Initial)

A. Copy Center

Mailing Address 150 W. South Boundary

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
postcard printing Delaney /Skaff Lucas County Central Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 10 / 2014
Transaction ID : SB21B.4679

Amount of Each Disbursement this Period

755.52

Full Name (Last, First, Middle Initial)

B. Copy Center

Mailing Address 150 W. South Boundary

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
Printing scott Allegrini Postcards for Ohio House

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 29 / 2014
Transaction ID : SB21B.4686

Amount of Each Disbursement this Period

256.20

Full Name (Last, First, Middle Initial)

C. TRZ Business Services, Inc.

Mailing Address 4682 State Route 43

City Kent State OH Zip Code 44240

Purpose of Disbursement
Robocalls Scott Allegrini, Bill Delaney, Diana Skaff, Ron LeRoux, Maureen Alexander

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 29 / 2014
Transaction ID : SB21B.4689

Amount of Each Disbursement this Period

1059.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2070.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Northwest Ohio Conservative Coalition

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1205 Louisiana

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
postage for Delaney/Skaff lucas county central committee postcards

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : SB21B.4685

Amount of Each Disbursement this Period

2040.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 1205 Louisiana

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
Postage for Scott Allegrini Postcards Ohio House

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014
Transaction ID : SB21B.4687

Amount of Each Disbursement this Period

1836.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3876.00

5946.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Northwest Ohio Conservative Coalition

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Waniewski

Mailing Address PO Box 8904

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Toledo | OH | 43623 |

Purpose of Disbursement
donation to campaign for Toledo City Councilman Waniewski

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 15 | / | 2014 |

Transaction ID : SB29.4683

Amount of Each Disbursement this Period

| |
|--------|
| 350.00 |
|--------|

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|--------|
| 350.00 |
|--------|

| |
|--------|
| 350.00 |
|--------|