

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


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

| FETGANO26 |
| :--- |
| Office <br> Use <br> Only |

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
Northwest Ohio Conservative Coalition

6. (a) Cash on Hand January 1,
Y-Y
2012
$\square, 0.00$
(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$
$\square,-2684.11$
(c) Total Receipts (from Line 19) $\qquad$

$\square 10988.00$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
$\square 3399.89$
10988.00
7. Total Disbursements (from Line 31) $\qquad$
$\square$
16607.86
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$
$\square-5619.86$

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
$\square, 0.00$

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

Write or Type Committee Name
Northwest Ohio Conservative Coalition

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............

|  | 1521.00 |
| :---: | :---: |
|  | 4063.00 |
|  | 5584.00 |
|  | 0.00 |
|  | 500.00 |


|  | 2021.00 |
| :---: | :---: |
|  | 7817.00 |
|  | , |
|  | 9838.00 |
|  | 75.00 |
|  |  |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$

|  | 6084.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 10988.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
0.00
0.00 to Federal Candidates and Other Political Committees.


| 0,000 |  |
| :--- | :--- |
|  | 0.00 |



|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .........
0084.00

| 10988.00 |
| :---: | :---: |
| -10988.00 |

Total Federal Receipts
(subtract Line 18(c) from Line 19) .........


FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made............................
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). $\qquad$
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..........
29. Other Disbursements $\qquad$
$0,0.00$

| 0.00 |  |
| :---: | :---: |
|  | 359.26 |

30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
..


| 0, | 0.00 |
| :---: | :---: |
| ,$\quad$, | 0.00 |
| 0, | 0.00 |
| 0, | 0.00 |

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

$\square$
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)



DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) $\rightarrow$
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


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

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

FOR LINE NUMBER: $\quad$ PAGE 6 OF 12 (check only one)


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)Linda Bishop |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 6013 T.R. 246 |  | M-M / D-D ' Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11Al. 4169 |
| Findlay | OH 45840 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $574.00$ |
| Name of Employer retired teacher | Occupation retired teacher |  |
|  | Aggregate Year-to-Date $\square$ |  |

Full Name (Last, First, Middle Initial)
B. Cheryl Blakely

Mailing Address 2219 Lonetree Dr.

| City | State Zip Code |
| :---: | :---: |
| Findlay | OH 45840 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer retired | Occupation |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4181
Amount of Each Receipt this Period
$\square 500.00$

Date of Receipt

| Mailing Address 1809 S. Main St. |  |
| :---: | :---: |
| City Findlay | State Zip Code <br> OH 45840 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer Scarborough Pharmacy | Occupation <br> Pharmacist |
|  | Aggregate Year-to-Date $\square$ |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $1374.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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

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

FOR LINE NUMBER: $\quad$ PAGE 7 OF 12 (check only one)


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NAME OF COMMITTEE (In Full)
Northwest Ohio Conservative Coalition
Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) <br> A. Sharon Stilipec |  |
| :---: | :---: |
| Mailing Address 6983 Township Rd. 215 |  |
| City Findlay | State Zip Code <br> OH 45840 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer information requested | Occupation information requested |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 4164
Amount of Each Receipt this Period
$\square-147.00$

Date of Receipt
B.

Mailing Address
City $\quad$ State $\quad$ Zip Code

FEC ID number of contributing federal political committee.


| Name of Employer | Occupation |
| :--- | :--- |
| Receipt For: |  |
| $\square$ Primary $\square$ General |  |
| $\square$ Other (specify) $\nabla$ |  |$\quad$ Aggregate Year-to-Date $\boldsymbol{\nabla}$



Amount of Each Receipt this Period
$\square$

Date of Receipt
c.

| Mailing Address |  |
| :---: | :---: |
| City | State Zip Code |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |



Amount of Each Receipt this Period



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

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

FOR LINE NUMBER: $\quad$ PAGE 8 OF 12 (check only one)


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NAME OF COMMITTEE (In Full)
Northwest Ohio Conservative Coalition

| Full Name (Last, First, Middle Initial) North Coast Strategy Group |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 207 Hamilton St. |  |  |
| City | State Zip Code | Transaction ID : SA11C. 4207 |
| Green Springs | OH 44836 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $500.00$ |
| Name of Employer | Occupation |  |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $\square$ <br> 500.00 |  |

Full Name (Last, First, Middle Initial)
B.

Mailing Address
City State Zip Code

FEC ID number of contributing federal political committee.

| Name of Employer | Occupation |
| :--- | :--- |
| Receipt For: |  |
| $\square$ Primary $\square$ General |  |
| $\square$ Other (specify) $\nabla$ |  |$\quad$ Aggregate Year-to-Date $\boldsymbol{\nabla}$

Date of Receipt


Amount of Each Receipt this Period
$\square$

Date of Receipt


Amount of Each Receipt this Period
$\square$

FEC ID number of contributing federal political committee.

Name of Employer




## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 9 OF 12 (check only one)


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## $\rangle$ NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. Linda Bowyer

| Mailing Address 149 Partridge Land |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| City <br> Perrysburg |  | State Zip Code <br> OH 43551 |  |  |  |
|  |  |  |  |  |  |
| Purpose of Disbursement <br> Reimbursement for copies, stamps, envelopes |  |  |  |  | 001 |
| Candidate Name |  |  |  |  | Category/ Type |
| Office Sought: State: |  House <br> Senate <br> $\square$ President |  |  |  |  |

Full Name (Last, First, Middle Initial)
B. Linda Bowyer

| Mailing Address 149 Partridge Land |  |  |  | 09 | 15 | 2012 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| City Perrysburg |  | State Zip Code <br> OH 43551 |  | Transaction ID : SB21B. 4223 |  |  |
| Purpose of Disbursement <br> Reimbursement of postage, office supplies, labels, copies |  |  | 001 | Amount of Each Disbursement this Period |  |  |
| Candidate Nam |  |  | Category/ Type |  |  | $95.83$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President | $\begin{aligned} & \text { Primary X General } \\ & \text { Other (specify) } \end{aligned}$ |  |  |  |  |

Full Name (Last, First, Middle Initial)
C. Brooks Billboard Corp.

| Mailing Address 10735 Avenue Rd. |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Perrysburg |  | State Zip Code <br> OH 43551 |  |
|  |  |  |  |
| Purpose of Disbursement Billboard expense |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| Mr. M | $\begin{gathered} D \quad D \\ 15 \end{gathered}$ | $\begin{aligned} & Y-Y \subset Y \\ & 2012 \end{aligned}$ |
| :---: | :---: | :---: |
|  |  |  |

Transaction ID : SB21B. 4219

Amount of Each Disbursement this Period


SUBTOTAL of Disbursements This Page (optional)
$\square, 2250.72$

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 10 OF 12 (check only one)


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NAME OF COMMITTEE (In Full)
Full Name (Last, First, Middle Initial)
A. Brooks Billboard Corp.

| Mailing Address 10735 Avenue Rd. |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Perrysburg |  | State Zip Code <br> OH 43551 |  |
|  |  |  |  |
| Purpose of Disbursement Billboard expense |  |  |  |
| Candidate Nam |  |  | Category/ Type |
| Office Sought <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement

| Mailing Address 549 E . Indiana Ave. |  |  |  | 07 02 2012 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Perrysburg |  | State Zip Code <br> OH 43551 |  | Transaction ID : SB21B. 4212 <br> Amount of Each Disbursement this Period |
| Purpose of Disbursement reimbursement for Summer Liberty Camp expenses |  |  |  |  |
| Candidate Name |  |  | Category/ Type | $150.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

Full Name (Last, First, Middle Initial)
c. Holiday Inn French Quarter

| Mailing Address 10621 Fremont Pike |  |  |  |
| :---: | :---: | :---: | :---: |
| City Perrysburg |  | State Zip Code <br> OH 43551 |  |
|  |  |  |  |
| Purpose of Disbursement room rental for social media seminar |  |  | $\cdots$ |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> $\square$ Senate <br> $\square$ President <br> District:  |  |  |

Date of Disbursement


Transaction ID : SB21B. 4217

Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)......................................................... | $3248.88$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 11 OF 12 (check only one)


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## NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. PayPal USA


Date of Disbursement

| Mailing Address 5030 Advantage Dr. Suite 102 |  |  |  | 07 05 2012 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Toledo |  | State Zip Code <br> OH 43612 |  | Transaction ID : SB21B. 4210 <br> Amount of Each Disbursement this Period |
| Purpose of Disb Billboard charg | ursement |  |  |  |
| Candidate Name |  |  | Category/ Type | $2900.00$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |  |

Full Name (Last, First, Middle Initial)
C.

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  | Category/ Type |
| Office Sought: |  House <br>  <br> Senate <br> $\square$ President |  |  |

## Date of Disbursement



Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)......................................................... | $2965.55$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | $8465.15$ |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 12 OF 12 (check only one)

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. Cheryl Blakely

| Mailing Address 2219 Lonetree Dr. |  |  |  |
| :---: | :---: | :---: | :---: |
| City Findlay |  | State Zip Code <br> OH 45840 |  |
|  |  |  |  |
| Purpose of Disbursement <br> Reimbursement for local tax levy campaign expense for handout brochure. |  |  | - |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: | $\square$ House <br> Senate <br> $\square$ President |  |  |
| Full Name (Last, First, Middle Initial) UPrinting |  |  |  |

Date of Disbursement
B. UPrinting

| Mailing Address 8000 Haskell Ave. |  |  |  | 09 27 2012 |
| :---: | :---: | :---: | :---: | :---: |
| City <br> Van Nuys |  |   <br> State Zip Code <br> CA 91406 |  | Transaction ID : SB29.4238.0 |
| Purpose of Disbursement <br> Printing of brochures for local anti tax levy campaign |  |  |  | Amount of Each Disbursement this Period |
| Candidate Name |  |  | Category/ Type | $359.26$ |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  | [MEMO ITEM] |

c.

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: | $\square$ House <br> Senate <br> $\square$ President |  |  |

Date of Disbursement


Amount of Each Disbursement this Period


| SUBTOTAL of Disbursements This Page (optional)........................................................ | $359.26$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... | 359.26 |

