

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Susan Ridgeway						Registration Number, if PAC		
Full Name of Candidate Susan Ridgeway								
Street Address 7685 MT. Pleasant St NW				Office Sought Green Council Ward 3		District Green		
City N. Canton						State OH	Zip Code 44720	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year			
	<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 checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 ^M 9	1 ^D 2	1 ^Y 7

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	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	1075	60
3. Total other income (From Form No. 31-A-2)	\$	5150	00
4. Total funds available (sum of lines 1, 2, 3)	\$	6225	00
5. Total monetary expenditures (From Form No. 31-B)	\$	4827	73
6. Balance on hand (sum of lines 4, 5)	\$	1397	27
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	200	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)	\$	5150	00
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.	\$		

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

Total from 31-E

2017 AUG 31 PM 3:39

1338 A/C

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.

Susan Ridgeway
Print Name and Title (Treasurer and Deputy Treasurer only)

Susan Ridgeway
Signature

08/30/17
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends Of Susan Ridgeway									
Full Name of Contributor Transfer from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount \$1675.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y	Amount	

31-E

* 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)]

FOR PAPER FILING ONLY

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Susan Ridgeway						
Full Name Susan Ridgeway				Registration Number, if PAC		
Address 7685 Mt Pleasant St NW	Type* LN		M 0	D 6	Y 2 8 1 7	Amount 1000.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Cash			
Full Name Susan Ridgeway				Registration Number, if PAC		
Address 7685 Mt Pleasant St NW	Type* LN		M 0	D 6	Y 3 0 1 7	Amount 2000.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Transfer Sa			
Full Name Susan Ridgeway				Registration Number, if PAC		
Address 7685 Mt Pleasant St NW	Type* LN		M 0	D 8	Y 0 9 1 7	Amount 1500.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Transfer Cf			
Full Name Susan Ridgeway				Registration Number, if PAC		
Address 7685 Mt. Pleasant St NW	Type* LN		M 0	D 8	Y 1 7 1 7	Amount 50.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Transfer Cf			
Full Name Susan Ridgeway				Registration Number, if PAC		
Address 7685 Mt. Pleasant St NW	Type* LN		M 0	D 8	Y 2 1 1 7	Amount 600.00
City North Canton	State OH	Zip Code 44720	Form (Cash, Check, etc.) Transfer Cf			
Full Name				Registration Number, if PAC		
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC		
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC		
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	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.

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Susan Ridgeway							
To Whom Paid Susan Ridgeway				M	D	Y	Amount
				07	07	17	1480.00
Address 7685 Mt Pleasant St. NW		Purpose Reimbursement for Palm Cards					
City North Canton	State OH	Zip Code 44720	Check Number Trans to C				
To Whom Paid Costco				M	D	Y	Amount
				07	20	17	30.85
Address 6720 Bass Pro Dr		Purpose Checks					
City Hudson	State OH	Zip Code 44236	Check Number				
To Whom Paid Alist Promos				M	D	Y	Amount
				07	25	17	399.74
Address 1532 E Market St		Purpose Signs					
City Akron	State OH	Zip Code 44305	Check Number Debit				
To Whom Paid David Luciano				M	D	Y	Amount
				07	27	17	780.00
Address 613 Gibbs Rd		Purpose Design and Consulting Services					
City Akron	State OH	Zip Code 44312	Check Number Debit				
To Whom Paid Amped Marketing				M	D	Y	Amount
				07	28	17	218.10
Address 3787 Overhill Dr. NW		Purpose T-Shirts					
City Canton	State OH	Zip Code 44718	Check Number Debit				
To Whom Paid David Luciano				M	D	Y	Amount
				08	11	17	1425.00
Address 613 Gibbs Rd		Purpose Mailer Printing					
City Akron	State OH	Zip Code 44312	Check Number Debit				
To Whom Paid Huntington Bank				M	D	Y	Amount
				08	15	17	3.00
Address 3770 Massillon Rd		Purpose Statement Fee					
City Uniontown	State OH	Zip Code 44685	Check Number Debit				
To Whom Paid A List Promos				M	D	Y	Amount
				08	21	17	399.74
Address 1532 E Market St		Purpose Signs					
City Akron	State OH	Zip Code 44305	Check Number Debit				

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Susan Ridgeway							
To Whom Paid Facebook				M	D	Y	Amount
				0 8	2 3	1 7	\$25.15
Address 1 Hacker Way		Purpose Ads					
City Menlo Park		State CA <input type="checkbox"/>	Zip Code 94025	Check Number Debit			
To Whom Paid Venmo				M	D	Y	Amount
				0 7	2 7	1 7	\$23.40
Address No Physical Address		Purpose Service Charge					
City		State OH	Zip Code	Check Number Debit			
To Whom Paid Venmo				M	D	Y	Amount
				0 8	1 1	1 7	\$42.75
Address No Physical Address		Purpose					
City		State OH	Zip Code	Check Number Debit			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends Of Susan Ridgeway										
From Whom Received Susan Ridgeway							Prior Amount		Amt. Incurred this Period 4500.00	
Address 7685 Mt. Pleasant St Nw									Outstanding Balance 4500.00	
City North Canton		St ate OH	Zip Code 44720		Loans Received This Period Date Amount			Payments This Period Date Amount		
		M	D	Y	M	D	Y	\$		
Date Loan was originally Incurred					0 6	2 8	1 7	\$	1000.00	
Registration Number, if PAC					0 6	3 0	1 7	\$	2000.00	
Employer/Occupation/Labor Organization*					0 8	0 9	1 7	\$	1500.00	
From Whom Received Susan Ridgeway							Prior Amount		Amt. Incurred this Period 650.00	
Address 7685 Mt. Pleasant St NW									Outstanding Balance 650.00	
City North Canton		St ate OH	Zip Code 44720		Loans Received This Period Date Amount			Payments This Period Date Amount		
		M	D	Y	M	D	Y	\$		
Date Loan was originally Incurred					0 8	1 7	1 7	\$	50.00	
Registration Number, if PAC					0 8	2 1	1 7	\$	600.00	
Employer/Occupation/Labor Organization*					M	D	Y	\$		
From Whom Received							Prior Amount		Amt. Incurred this Period	
Address									Outstanding Balance	
City		St ate OH	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount		
		M	D	Y	M	D	Y	\$		
Date Loan was originally Incurred								\$		
Registration Number, if PAC					M	D	Y	\$		
Employer/Occupation/Labor Organization*					M	D	Y	\$		

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$0.00

² Total received this period \$ 5150.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 5150.00 (To Form No. 30-A)

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date _____
Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends Of Susan Ridgeway									
Full Name of Contributor Paula Prentice Committee				Registration Number, if PAC					
Street Address 4235 Aldawood Hills Dr.		Employer/Occupation/Labor Organization* Summit County Council		M 0	D 8	Y 2	Amount \$100.00		
City Akron		State OH	Zip Code 44319-4042	Form (Cash, Check, etc.) Ccheck					
Full Name of Contributor Barbara Holdren									
Street Address 1122 Newcomb Dr.				Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount \$100.00
City Uniontown		State OH	Zip Code 44685	Form (Cash, Check, etc.) Check					
Full Name of Contributor Catherine A. Stoyhoff									
Street Address 235 Lake Front Dr.				Employer/Occupation/Labor Organization* Akron University		M 0	D 8	Y 2	Amount \$50.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, etc.) Check					
Full Name of Contributor Matt Shaunessey									
Street Address 4781 Laburnum Dr.				Employer/Occupation/Labor Organization* Self employed attorney		M 0	D 8	Y 2	Amount \$50.00
City Akron		State OH	Zip Code 44319	Form (Cash, Check, etc.) Cash					
Full Name of Contributor E. J. and Greer Kabb-Langkamp									
Street Address 465 Comet Lane				Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount \$75.00
City Clinton		State OH	Zip Code 44216	Form (Cash, Check, etc.) Check					
Full Name of Contributor Dr. Paulo Borgess									
Street Address 4060 Donegal Cir				Employer/Occupation/Labor Organization* Community Health Care		M 0	D 8	Y 2	Amount \$100.00
City Uniontown,		State OH	Zip Code 44685-6944	Form (Cash, Check, etc.) Check					
Full Name of Contributor Donald Olenick									
Street Address 4211 Slaughter Rd.				Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount \$50.00
City Uniontown		State OH	Zip Code 44685-9526	Form (Cash, Check, etc.) Check					

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 525.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date _____
Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Susan Ridgeway							
Full Name of Contributor John Volosen				Registration Number, if PAC			
Street Address 524 Jarvis Rd.		Employer/Occupation/Labor Organization* Self-employed Engineer		M	D	Y	Amount
				0	8	2	317
				Form (Cash, Check, etc.)			
City Akron		State OH	Zip Code 44319	Check			
Full Name of Contributor Lori Campbell						Registration Number, if PAC	
Street Address 7681 Mt. Pleasant Street NW		Employer/Occupation/Labor Organization* Stark County		M	D	Y	Amount
				0	8	2	317
				Form (Cash, Check, etc.)			
City North Canton		State OH	Zip Code 44720-5223	Check			
Full Name of Contributor David A. Mucklow						Registration Number, if PAC	
Street Address 4822 Mayfair Rd.		Employer/Occupation/Labor Organization* Self-employed Attorney		M	D	Y	Amount
				0	8	2	317
				Form (Cash, Check, etc.)			
City North Canton		State OH	Zip Code 44720	Check			
Full Name of Contributor John C. Summerville Living-Trust 06-14-2000						Registration Number, if PAC	
Street Address 656 Chilham Circle		Employer/Occupation/Labor Organization* Self-employed Businessma		M	D	Y	Amount
				0	8	2	317
				Form (Cash, Check, etc.)			
City Uniontown		State OH	Zip Code 44685	Check			
Full Name of Contributor Dennis Maneval						Registration Number, if PAC	
Street Address 1377 Beechnut Drive		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	8	2	117
				Form (Cash, Check, etc.)			
City Akron		State OH	Zip Code 44312	Check			
Full Name of Contributor Sandy Money Penny						Registration Number, if PAC	
Street Address 637 Fullmer Ave.		Employer/Occupation/Labor Organization* Simmit County BOE		M	D	Y	Amount
				0	8	1	917
				Form (Cash, Check, etc.)			
City Akron		State OH	Zip Code 44312	C			
Full Name of Contributor William H. Stone						Registration Number, if PAC	
Street Address 6580 Christman Rd.		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	8	2	017
				Form (Cash, Check, etc.)			
City Clinton		State OH	Zip Code 44216	Check			

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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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 470.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date _____
Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Susan Ridgeway						
Full Name of Contributor Jerome B. Pilcavage			Registration Number, if PAC			
Street Address 1391 Steese Rd	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 0	Amount \$25.00
City Uniontown	State OH	Zip Code 44685	Form (Cash, Check, etc.) Check			
Full Name of Contributor Cheryl Milkovich			Registration Number, if PAC			
Street Address 38 W. Woodsdale Ave.	Employer/Occupation/Labor Organization* Sherwin Williams		M 0	D 8	Y 0	Amount \$35.00
City Akron	State OH	Zip Code 44301	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Kopinski			Registration Number, if PAC			
Street Address 42193 Webster Road	Employer/Occupation/Labor Organization* Banker		M 0	D 8	Y 2	Amount \$20.00
City Lagrange	State OH	Zip Code 44050	Form (Cash, Check, etc.) Cash			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			

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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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ \$80.00
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FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Susan Ridgeway				
Full Name of Contributor Nick Pappas		Employer, Occupation, Labor Organization* Owner Pavs Creamary		Registration Number, if PAC
Street Address 3785 Massillon Rd Suite 140		Description of Item or Service Food and Ice Cream		M D Y Fair Market Value 0 8 2 3 1 7 \$200.00
City Uniontown		State OH	Zip Code 44685	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Susan Ridgeway		Employer, Occupation, Labor Organization* Akron Public Schools		Registration Number, if PAC
Street Address 7685 Mt Pleasant Rd		Description of Item or Service Postage & Copies		M D Y Fair Market Value 0 8 0 1 1 7 \$57.00
City North Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Phil Ridgeway		Employer, Occupation, Labor Organization* Owner - Phablous Phil's		Registration Number, if PAC
Street Address 7685 Mt. Pleasant St NW		Description of Item or Service Wine and Beer		M D Y Fair Market Value 0 8 2 3 1 7 \$40.00
City North Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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