

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 Lynn Ridgeway							
Street Address 7685 Mt. Pleasant Street NW				Office Sought City 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 type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" 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		1 ^M 1 0 ^D 7 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	\$	1397.27
2. Total monetary contributions (From Form No. 31-A)	\$	135.00
3. Total other income (From Form No. 31-A-2)	\$	8400.00
4. Total funds available (sum of lines 1, 2, 3)	\$	9932.27
5. Total monetary expenditures (From Form No. 31-B)	\$	4050.78
6. Balance on hand (line 4 minus line 5)	\$	5881.49
7. Value of in-kind contributions received (From Form No. 31-C)	\$	26.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	13550.00
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

#1446
2017 OCT 25 PM 3:56

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 L. Ridgeway Signature 10/25/2017 Date
00/00/0000

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages <u>0</u>
--------------------------	-------------------------	-------------------	----------------------

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 135.00	
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	
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	

* 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				Registration Number, if PAC	
Full Name Susan Ridgeway		Type* LN		M D Y 0 9 0 1 1 7	Amount 900.00
Address 7685 Mt Pleasant St NW		City North Canton		State OH	Zip Code 44720
Form (Cash, Check, etc.) Cash					
Full Name Susan Ridgeway				Registration Number, if PAC	
Full Name Susan Ridgeway		Type* LN		M D Y 0 9 2 7 1 7	Amount 3000.00
Address 7685 Mt Pleasant St NW		City North Canton		State OH	Zip Code 44720
Form (Cash, Check, etc.) Transfer Sa					
Full Name Susan Ridgeway				Registration Number, if PAC	
Full Name Susan Ridgeway		Type* LN		M D Y 1 0 0 3 1 7	Amount 500.00
Address 7685 Mt Pleasant St NW		City North Canton		State OH	Zip Code 44720
Form (Cash, Check, etc.) Transfer Ct					
Full Name Susan Ridgeway				Registration Number, if PAC	
Full Name Susan Ridgeway		Type* LN		M D Y 1 0 1 7 1 7	Amount 4000.00
Address 7685 Mt. Pleasant St NW		City North Canton		State OH	Zip Code 44720
Form (Cash, Check, etc.) Transfer Ct					
Full Name				Registration Number, if PAC	
Address		Type* LN		M D Y	Amount
City		State OH		Zip Code	
Form (Cash, Check, etc.) Transfer Ct					
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 Minerva Research				M	D	Y	Amount
				0 9	0 1	1 7	900.00
Address 613 Gibbs Rd		Purpose Mailer					
City Akron	State OH	Zip Code 44312		Check Number 101			
To Whom Paid Minerva Research				M	D	Y	Amount
				0 9	2 8	1 7	2250.00
Address 613 Gibbs Rd		Purpose Campaig management and design fee					
City Akron	State OH	Zip Code 44312		Check Number 103			
To Whom Paid Facebook				M	D	Y	Amount
				0 9	0 1	1 7	17.94
Address 1 Hacker Way		Purpose Ads					
City Menlo Park	State CA	Zip Code 94025		Check Number Debit			
To Whom Paid Alist Promos				M	D	Y	Amount
				0 9	1 2	1 7	599.59
Address 1532 E. Market St.		Purpose campaign signs					
City Akron	State OH	Zip Code 44305		Check Number Debit			
To Whom Paid Alist Promos				M	D	Y	Amount
				0 9	1 5	1 7	\$200.00
Address 1532 E. Market St.		Purpose Campaign signs					
City Akron	State OH	Zip Code 44305		Check Number Debit			
To Whom Paid Huntington Bank				M	D	Y	Amount
				0 9	1 5	1 7	\$3.00
Address 3770 Massillon Road		Purpose Statement fee					
City Uniontown	State OH	Zip Code		Check Number Debit			
To Whom Paid Facebook				M	D	Y	Amount
				0 9	2 5	1 7	\$50.03
Address 1 Hacker Way		Purpose					
City Menlo Park	State CA	Zip Code 94025		Check Number Debit			
To Whom Paid Facebook				M	D	Y	Amount
				1 0	0 2	1 7	\$17.82
Address 1 Hacker Way		Purpose					
City Menlo Park	State OH	Zip Code		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 Dollar Tree						M	D	Y	Amount	
						1	0	5	17	\$10.00
Address 580 ernon Odom Blvd.			Purpose Envelopes							
City Akron		State OH	Zip Code 44307		Check Number Debit					
To Whom Paid Dollar Tree						M	D	Y	Amount	
						1	0	6	17	\$21.30
Address 580 Vernon Odom Blvd.			Purpose Envelopes							
City Akron		State OH	Zip Code		Check Number Debit					
To Whom Paid Giant Eagle						M	D	Y	Amount	
						1	0	1	17	\$343.50
Address 1700 Corporate Woods Way			Purpose Stamps							
City Uniontown		State OH	Zip Code 44685		Check Number Debit					
To Whom Paid Giant Eagle						M	D	Y	Amount	
						1	0	1	17	\$196.00
Address 1700 Corporate Woods Way			Purpose Stamps							
City Uniontown		State OH	Zip Code 44685		Check Number Debit					
To Whom Paid Giant Eagle						M	D	Y	Amount	
						1	0	1	17	\$147.00
Address 1700 Corporate Woods Way			Purpose Stamps							
City Uniontown		State OH	Zip Code 44685		Check Number Debit					
To Whom Paid Staples						M	D	Y	Amount	
						1	0	1	17	\$86.60
Address 2981 Arkibgton Rd			Purpose Copies							
City Akron		State OH	Zip Code 44312		Check Number Debit					
To Whom Paid Acme Fresh						M	D	Y	Amount	
						1	0	1	17	\$96.00
Address 3875 Massillon Rd			Purpose							
City Uniontown		State OH	Zip Code 44685		Check Number Debit					
To Whom Paid Huntington Bank						M	D	Y	Amount	
						1	0	1	17	\$3.00
Address 3770 Massillon Rd			Purpose Bank Statement Charge							
City Uniontown		State OH	Zip Code 44685		Check Number Debit					

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 4400.00			
Address 7685 Mt. Pleasant St Nw									Outstanding Balance 4400.00			
City North Canton		State OH	Zip Code 44720		Loans Received This Period			Payments This Period				
					Date		Amount	Date		Amount		
		M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred					0	6	2	8	1	7		900.00
Registration Number, if PAC					0	6	3	0	1	7		3000.00
Employer/Occupation/Labor Organization*					0	8	0	9	1	7		500.00
From Whom Received Susan Ridgeway							Prior Amount		Amt. Incurred this Period 4000.00			
Address 7685 Mt. Pleasant St NW									Outstanding Balance 4000.00			
City North Canton		State OH	Zip Code 44720		Loans Received This Period			Payments This Period				
					Date		Amount	Date		Amount		
		M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred					0	8	1	7	1	7		4000.00
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State OH	Zip Code		Loans Received This Period			Payments This Period				
					Date		Amount	Date		Amount		
		M	D	Y	M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred					M	D	Y		M	D	Y	
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		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 \$ 5150.00

² Total received this period \$ 8400.00 (To Form No. 31-A-2)

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

⁴ Total Outstanding Balance \$ 13550.00 (To Form No. 30-A)

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 Justin Leonti					Registration Number, if PAC		
Street Address 540 E. Nimisila Road		Employer/Occupation/Labor Organization* College Admissions Officer			Form (Cash, Check, etc.) Check		
City Akron	State OH	Zip Code 44319	M 0	D 8	Y 2	Amount \$50.00	
Full Name of Contributor Gordon A. Haggard					Registration Number, if PAC		
Street Address 4194 Springdale Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Uniontown	State OH	Zip Code 44685	M 0	D 8	Y 3	Amount \$50.00	
Full Name of Contributor Helen A. Poston					Registration Number, if PAC		
Street Address 917 Skyside		Employer/Occupation/Labor Organization* Green Local Schools			Form (Cash, Check, etc.) Check		
City Clinton	State OH	Zip Code 44216	M 0	D 8	Y 2	Amount \$35.00	
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	

* 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

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Susan Ridgeway				
Full Name of Contributor Susan Ridgeway		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7685 Mt. Pleasant Street		Description of Item or Service Printing paper		M D Y Fair Market Value 1 0 0 3 1 7 \$6.00
City N. Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Susan Ridgeway		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7685 Mt. Pleasant Street		Description of Item or Service envelopes		M D Y Fair Market Value 1 0 0 3 1 7 \$10.00
City N. Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Susan Ridgeway		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 7685 Mt. Pleasant Street		Description of Item or Service Bags of chips		M D Y Fair Market Value 1 0 0 3 1 7 10.00
City N. Canton		State OH	Zip Code 44720	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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

* 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)]