



Committee Name FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY		Office Sought		District	
Street Address 82 CEDAR WOODS DR.		City CUYAHOGA AKRON FALL	State OH	Zip 44223	
Candidate Name OR PAC Registration Number		Treasurer Name SHARON M. SIEGFERTH		Election Date (MM/DD/YYYY) 11/07/17	

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2017

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$ 1786.11
2. Total monetary contributions (From Forms 31-A and 31-E)	21.00
3. Total other income (From Form 31-A-2)	1470.00
4. Total funds available (sum of lines 1,2, and 3)	3277.11
5. Total monetary expenditures (From Forms 31-B and 31-F)	1755.00
6. Balance on hand (line 4 minus line 5)	1522.11
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 26 PM 2:01

#1456

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Sharon M. Siegfert
Signature of Treasurer or Deputy Treasurer

10/26/2017
Date (MM/DD/YYYY)

Contribution Pages 2	Expenditure Pages 4	Other Pages 2	Total Pages 8
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY				
Full Name of Contributor			Registration Number, if PAC	
TOTAL CONTRIBUTIONS FROM FORM NO. 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		07/21/2017	\$ 21.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY			
Full Name of Contributor (operatin acct) Summit County FEDERATED DEMOCRATIC WOMEN OF		Registration Number, if PAC	
Street Address 82 CEDAR WOODS DR.	Type* Refund RE	Date (MM/DD/YYYY) 07/21/17	Form (Cash, <u>Check</u> , etc.) #143
City CUYAHOGA FALLS	State OH	Zip Code 44223	Amount \$1400.00
Full Name of Contributor (PAC account) FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY		Registration Number, if PAC	
Street Address 82 CEDAR WOODS DR.	Type* Refund RE <i>uncashed ck.</i>	Date (MM/DD/YYYY) 7/21/17	Form (Cash, <u>Check</u> , etc.) #1259
City CUYAHOGA FALLS	State OH	Zip Code 44223	Amount \$70.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY			
To Whom Paid		Date (MM/DD/YYYY)	Amount
JUDITH COMMITTEE TO ELECT LYNN LEE		07/19/17	\$75.00
Street Address		Purpose	
3227 CREEKSIDE DR.		CONTRIBUTION (7/29 FUNDRAISER)	
City	State	Zip Code	Check Number
NORTON	OH	44203	1274
To Whom Paid		Date (MM/DD/YYYY)	Amount
FRIENDS OF KRISTIN SCALISE		08/05/17	\$100.00
Street Address		Purpose	
274 HARVEST DR		CONTRIBUTION (8/11 FUNDRAISER)	
City	State	Zip Code	Check Number
AKRON	OH	44333	1275
To Whom Paid		Date (MM/DD/YYYY)	Amount
ELECT ILENE SHAPIRO		08/05/17	\$50.00
Street Address		Purpose	
62 FENTON AVE		CONTRIBUTION (8/11 FUNDRAISER)	
City	State	Zip Code	Check Number
MOGADORE	OH	44260	1276
To Whom Paid		Date (MM/DD/YYYY)	Amount
FRIENDS OF MIKE WHEELER		08/05/17	\$100.00
Street Address		Purpose	
3651 HAWTHORN DR.		CONTRIBUTION (8/9 FUNDRAISER)	
City	State	Zip Code	Check Number
RICHFIELD	OH	44286	1277
To Whom Paid		Date (MM/DD/YYYY)	Amount
SUMMIT COUNTY DEMOCRATIC PARTY		08/23/17	\$250.00
Street Address		Purpose	
438 GRANT ST.		CONTRIBUTION (ALL CLUB FUNDRAISER)	
City	State	Zip Code	Check Number
AKRON	OH	44311	1279

Page Total \$ 575.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY			
To Whom Paid		Date (MM/DD/YYYY)	Amount
SCOTT FOR JUDGE		09/02/17	\$150.00
Street Address		Purpose	
438 BOBWHITE TR.		CONTRIBUTION	
City	State	Zip Code	Check Number
AKRON	OH	44319	1280
To Whom Paid		Date (MM/DD/YYYY)	Amount
WALKER FOR JUDGE		09/02/17	\$200.00
Street Address		Purpose	
2380 LANCASTER RD.		CONTRIBUTION	
City	State	Zip Code	Check Number
AKRON	OH	44313	1281
To Whom Paid		Date (MM/DD/YYYY)	Amount
JUDGE ANNALISA COMMITTEE TO REELECT WILLIAMS		09/20/17	\$100.00
Street Address		Purpose	
1137 ALLENDALE AVE		CONTRIBUTION	
City	State	Zip Code	Check Number
AKRON	OH	44306	1282
To Whom Paid		Date (MM/DD/YYYY)	Amount
MAGIC CITY DEMOCRATIC CLUB		09/02/17	\$275.00
Street Address		Purpose	
225 STANLEY AVE.		CONTRIBUTION (SEP FUNDRAISER)	
City	State	Zip Code	Check Number
BARBERTON	OH	44203	\$1284
To Whom Paid		Date (MM/DD/YYYY)	Amount
OHIO LEGISLATIVE BLACK CAUCUS		09/02/17	\$100.00
Street Address		Purpose	
545 EAST TOWN ST.		CONTRIBUTION	
City	State	Zip Code	Check Number
COLUMBUS	OH	43215	1285

Page Total \$ 825.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY			
To Whom Paid		Date (MM/DD/YYYY)	Amount
DARROW FOR COUNCIL		09/20/17	\$ 55.00
Street Address		Purpose	
9450 WOODVIEW DR.		CONTRIBUTION (10/14 FUNDRAISER)	
City	State	Zip Code	Check Number
MACEDONIA	OH	44056	1286
To Whom Paid		Date (MM/DD/YYYY)	Amount
FRIENDS OF SANDRA KURT		09/20/17	\$100.00
Street Address		Purpose	
140 MAYFIELD AVE.		CONTRIBUTION	
City	State	Zip Code	Check Number
AKRON	OH	44313	1287
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 155.00



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

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

Full Name of Committee					
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY					
Full Name of Contributor			Registration Number, if PAC		
CONTRIBUTORS OF \$25 OR LESS					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
				07/21/17	\$21.00
City		State	Zip Code	Form (Cash, Check, Etc)	
		OH			
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc)	
		OH			
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc)	
		OH			
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc)	
		OH			
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc)	
		OH			

* 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
\$ 3936.00

Total Expenditures This Event
\$ 2099.93

Page Total \$ 21.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee				
FEDERATED DEMOCRATIC WOMEN OF SUMMIT COUNTY				
To Whom Paid		Date (MM/DD/YYYY)		Amount
FELITA GRICE		08/05/17		\$200.00
Street Address		Purpose		
2599 ROMIG RD.#35		ELEANOR ROOSEVELT TEA EXPENSES		
City	State	Zip Code	Check Number	
AKRON	OH	44320	1278	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			

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 \$ \$200.00