



Committee Name Federated Democratic Women of Summit County		Office Sought	District
Street Address 82 Cedar Woods Drive		City Cuyahoga Falls	State OH
		Zip 44223	
Candidate Name OR PAC Registration Number		Treasurer Name	Election Date (MM/DD/YYYY) 11/07/17
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General			
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly			Year 2017
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.	

1. Amount brought forward from last report	\$1522.11
2. Total monetary contributions (From Forms 31-A and 31-E)	\$3115.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$4637.11
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$1535.27
6. Balance on hand (line 4 minus line 5)	\$3101.84
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind contributions made (From Form 31-J-2)	\$0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$0.00
10. Outstanding debts owed by committee (From Form 31-N)	\$0.00
11. Outstanding loans owed to committee (From Form 31-K)	\$0.00
12. Value of independent expenditures made (From Form 31-U)	\$0.00

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 DEC 15 PM 2:11

#1816  
RSB

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

*Sharon M Siegforth*  
Signature of Treasurer or Deputy Treasurer

12/15/17  
Date (MM/DD/YYYY)

Contribution Pages  
4

Expenditure Pages  
2

Other Pages  
1

Total Pages  
7



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Federated Democratic Women of Summit County				
<b>Full Name of Contributor</b> Federated Democratic Women of Summit County (operating account)			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 82 Cedar Woods Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> # 154
<b>City</b> Cuyahoga Falls	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Date (MM/DD/YYYY)</b> 10/26/17	<b>Amount</b> \$1000.00
<b>Full Name of Contributor</b> Contributions from Form 31-E			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b> 12/02/17	<b>Amount</b> \$1665.00
<b>Full Name of Contributor</b> Contributions from Form 31-E			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b> 01/21/18	<b>Amount</b> \$450.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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 Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Federated Democratic Women of Summit County			
To Whom Paid Committee to Elect Judith Lynn Lee		Date (MM/DD/YYYY) 10/25/17	Amount \$125.00
Street Address 3227 Creekside Drive		Purpose campaign contribution	
City Norton	State OH	Zip Code 44203	Check Number 1288
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 11/18/17	Amount \$200.00
Street Address 438 Grant Street		Purpose Dec. 7 fundraiser	
City Akron	State OH	Zip Code 44311	Check Number 1289
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY) 12/02/17	Amount \$1210.27
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1535.27



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

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

<b>Full Name of Committee</b> Federated Democratic Women of Summit County				
<b>Full Name of Contributor</b> Elizabeth England			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1236 Belleflower Road		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
				<b>Amount</b> \$50.00
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44307	<b>Form (Cash, <u>Check</u>, Etc)</b> #1095
<b>Full Name of Contributor</b> Judith Lynn Lee			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3227 Creekside Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
				<b>Amount</b> \$75.00
<b>City</b> Norton		<b>State</b> OH	<b>Zip Code</b> 44203	<b>Form (Cash, <u>Check</u>, Etc)</b> #1286
<b>Full Name of Contributor</b> Carmen Gray			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3324 Lenox Village Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
				<b>Amount</b> \$50.00
<b>City</b> Fairlawn		<b>State</b> OH	<b>Zip Code</b> 44333	<b>Form (Cash, <u>Check</u>, Etc)</b> #704
<b>Full Name of Contributor</b> Paula Prentice			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4235 Aldawood Hills Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
				<b>Amount</b> \$35.00
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Form (Cash, <u>Check</u>, Etc)</b> #560
<b>Full Name of Contributor</b> Joyce Sawyer			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1298 North Howard Street		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
				<b>Amount</b> \$55.00
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44310	<b>Form (Cash, <u>Check</u>, Etc)</b> #2915

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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

Total Expenditures This Event

Page Total \$ 265.00



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

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

<b>Full Name of Committee</b> Federated Democratic Women of Summit County				
Full Name of Contributor Ernestine Moody			Registration Number, if PAC	
Street Address 87 Furnace Run Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 12/02/17
City Akron		State OH	Zip Code 44307	Amount \$50.00
Form (Cash, Check, Etc) <u>Cash</u>				
Full Name of Contributor Contributions of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 11/18/17
City		State	Zip Code	Amount \$150.00
Form (Cash, Check, Etc) <u>Cash</u>				
Full Name of Contributor Contributions of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 12/02/17
City		State	Zip Code	Amount \$1190.00
Form (Cash, Check, Etc) <u>Cash</u>				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Amount
Form (Cash, Check, Etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Amount
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  
\$1665.00

Total Expenditures This Event  
\$1210.27

Page Total \$ 1390.00



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

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

<b>Full Name of Committee</b> Federated Democratic Women of Summit County				
<b>Full Name of Contributor</b> Janie Foshee			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 100 Rhodes Avenue		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 12/02/17
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44302	<b>Amount</b> \$250.00
<b>Form (Cash, <u>Check</u>, Etc)</b> #181				
<b>Full Name of Contributor</b> Kathleen Shippy			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 641 Crosby Street		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 11/02/17
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44302	<b>Amount</b> \$50.00
<b>Form (Cash, <u>Check</u>, Etc)</b>				
<b>Full Name of Contributor</b> Sharon M. Sieferth			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 82 Cedar Woods Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 11/27/17
<b>City</b> Cuyahoga Falls		<b>State</b> OH	<b>Zip Code</b> 44223	<b>Amount</b> \$50.00
<b>Form (Cash, <u>Check</u>, Etc)</b> #2868				
<b>Full Name of Contributor</b> Loreen Reed			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 64 Whitefriars Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 11/18/17
<b>City</b> Akron		<b>State</b> OH	<b>Zip Code</b> 44319	<b>Amount</b> \$100.00
<b>Form (Cash, <u>Check</u>, Etc)</b> #8810				
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Amount</b>
<b>Form (Cash, Check, Etc)</b>				

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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  
\$450.00

Total Expenditures This Event  
\$ 0

Page Total \$ 450.00



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Federated Democratic Women of Summit County				
<b>To Whom Paid</b> Tangier		<b>Date (MM/DD/YYYY)</b> 12/02/17		<b>Amount</b> \$1045.69
<b>Street Address</b> 532 West Market Street		<b>Purpose</b> venue for 12/2/17 fundraiser		
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44303	<b>Check Number</b> 1290	
<b>To Whom Paid</b> Adrienne Nelson		<b>Date (MM/DD/YYYY)</b> 12/02/17		<b>Amount</b> \$93.57
<b>Street Address</b> 1252 Andrus Street		<b>Purpose</b> fundraiser supplies		
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44301	<b>Check Number</b> 1291	
<b>To Whom Paid</b> J. Lynn Lee		<b>Date (MM/DD/YYYY)</b> 12/06/17		<b>Amount</b> \$34.41
<b>Street Address</b> 3227 Creekside Drive		<b>Purpose</b> fundraiser supplies		
<b>City</b> Norton	<b>State</b> OH	<b>Zip Code</b> 44203	<b>Check Number</b> 1292	
<b>To Whom Paid</b> Renee Greene		<b>Date (MM/DD/YYYY)</b> 12/06/17		<b>Amount</b> 36.60
<b>Street Address</b> 477 Mineola Avenue		<b>Purpose</b> fundraiser supplies		
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44320	<b>Check Number</b> 1293	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Check Number</b>	

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 \$ 1210.27