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|--|--|--------------------------------------|--------------------|---|
| Committee Name <i>Citizens for Siegfert</i> | | Office Sought <i>City Council</i> | | District <i>2</i> |
| Street Address <i>861 Chestnut Blvd</i> | | City <i>Cuyahoga Falls</i> | State <i>OH</i> | Zip <i>44221</i> |
| Candidate Name OR PAC Registration Number <i>Julia Ann Siegfert</i> | | Treasurer Name <i>James Post</i> | | Election Date (MM/DD/YYYY) <i>11/07/2017</i> |

Type of Report (choose one):

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

S.P.

Statewide Candidates Only:

- July Monthly
 August Monthly
 September Monthly

| |
|------|
| Year |
|------|

Amended Report

- No
 Yes

Termination

- Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

- Check this box if the committee is filing a short term report. See attached instructions.

| | |
|---|----------------|
| 1. Amount brought forward from last report | <i>0.00</i> |
| 2. Total monetary contributions (From Forms 31-A and 31-E) | <i>0.00</i> |
| 3. Total other income (From Form 31-A-2) | <i>0.00</i> |
| 4. Total funds available (sum of lines 1, 2, 3) | <i>0.00</i> |
| 5. Total monetary expenditures (From Forms 31-B and 31-F) | <i>0.00</i> |
| 6. Balance on hand (line 4 minus line 5) | <i>0.00</i> |
| 7. Value of in-kind contributions received (From Form 31-J-1) | <i>3560.79</i> |
| 8. Value of in-kind contributions made (From Form 31-J-2) | <i>0.00</i> |
| 9. Outstanding loans owed by committee (From Form 31-C) | <i>0.00</i> |
| 10. Outstanding debts owed by committee (From Form 31-N) | <i>0.00</i> |
| 11. Outstanding loans owed to committee (From Form 31-K) | <i>0.00</i> |
| 12. Value of independent expenditures made (From Form 31-U) | <i>0.00</i> |

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 DEC 15 PM 3:52
AKIN/DI...
#1820-155

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

[Signature]

Signature of Treasurer or Deputy Treasurer

12/11/2017

Date (MM/DD/YYYY)

| |
|--------------------------------|
| Contribution Pages <i>1</i> |
|--------------------------------|

| |
|-------------------|
| Expenditure Pages |
|-------------------|

| |
|-------------------------|
| Other Pages <i>1</i> |
|-------------------------|

| |
|-------------------------|
| Total Pages <i>2</i> |
|-------------------------|

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| | | | | |
|---|--|---|--------------------------|---|
| Name of Committee in Full Citizens for Siegfert | | | | |
| Full Name of Contributor Committee to Elect Don Walters | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 3395 Pendleton St | | Description of Item or Service Postage Stamps | | M D Y Fair Market Value 1 0 1 9 1 7 \$31.85 |
| City Cuyahoga Falls | | State OH | Zip Code 44221 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Committee to Elect Don Walters | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 3395 Pendleton St | | Description of Item or Service Envelopes | | M D Y Fair Market Value 1 0 3 1 1 7 \$264.48 |
| City Cuyahoga Falls | | State OH | Zip Code 44221 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Committee to Elect Don Walters | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 3395 Pendleton St | | Description of Item or Service Copies | | M D Y Fair Market Value 1 1 0 1 1 7 \$135.79 |
| City Cuyahoga Falls | | State OH | Zip Code 44221 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Committee to Elect Don Walters | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 3395 Pendleton St | | Description of Item or Service Postage Stamps | | M D Y Fair Market Value 1 1 0 1 1 7 \$628.67 |
| City Cuyahoga Falls | | State OH | Zip Code 44221 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Summit County Democratic Party | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 438 Grant St | | Description of Item or Service Direct Mail | | M D Y Fair Market Value 1 0 2 6 1 7 \$1,500.00 |
| City Akron | | State OH | Zip Code 44311 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Summit County Democratic Party | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 438 Grant St | | Description of Item or Service Direct Mail | | M D Y Fair Market Value 1 1 0 1 1 7 \$1,000.00 |
| City Akron | | State OH | Zip Code 44311 | 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 |

* 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)]