



Committee Name <i>Federated Democratic Women of Summit County</i>		Office Sought		District
Street Address <i>100 Rhodes Ave.</i>		City <i>Akron</i>	State <i>OH</i>	Zip <i>44302</i>
Candidate Name OR PAC Registration Number		Treasurer Name <i>Janie Foshee</i>		Election Date (MM/DD/YYYY) <i>05-08-18</i>

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
2018

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>3101.84</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>3750.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>6851.84</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>3586.87</i>
6. Balance on hand (line 4 minus line 5)	<i>3264.97</i>
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2018 APR 23 AM 8:54

AKRON, OHIO

#2068 AVC

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

Janie Foshee

Signature of Treasurer or Deputy Treasurer

03-23-87

Date (MM/DD/YYYY)

Contribution Pages
8

Expenditure Pages
4

Other Pages
1

Total Pages
13



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Federated Dem. Women of Summit County				
Full Name of Contributor Contributions from Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 01-21-18	Amount 3750.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]



Statement of Expenditures

Form 31-B
R.C. 3517.10

Full Name of Committee FDWSC			
To Whom Paid Friends of Sandra Kurt		Date (MM/DD/YYYY) 01-30-18	Amount 100.00
Street Address 140 Mayfield Ave.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44303	Check Number 1298
To Whom Paid Friends of Tavia Galonski		Date (MM/DD/YYYY) 02-12-18	Amount 50.00
Street Address 1137 Allendale Ave.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44306	Check Number 1300
To Whom Paid Friends of Tavia Galonski		Date (MM/DD/YYYY) 02-12-18	Amount 500.00
Street Address 1137 Allendale Ave.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44306	Check Number 1301
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 02-13-18	Amount 100.00
Street Address 438 Grant St.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44311	Check Number 1302
To Whom Paid Friends of Liz Walters		Date (MM/DD/YYYY)	Amount 100.00
Street Address 1700 W. Market #103		Purpose campaign contribution	
City Akron	State OH	Zip Code 44313	Check Number 1303

Page Total \$ 850.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FDWSC			
To Whom Paid Tim Ryan for Congress		Date (MM/DD/YYYY) 03-14-18	Amount 100.00
Street Address 337 Vienna Ave. Suite 1		Purpose campaign contribution	
City Niles	State OH	Zip Code 44446	Check Number 101
To Whom Paid Summit County Dem. Party		Date (MM/DD/YYYY)	Amount 100.00
Street Address 438 Grant St.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44311	Check Number 102
To Whom Paid Friends of Kristen Scalise		Date (MM/DD/YYYY)	Amount 100.00
Street Address 274 Harvest Dr.		Purpose campaign contribution	
City Akron	State OH	Zip Code 44311	Check Number 103
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 \$ 300.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FDWSC			
To Whom Paid Expenditures from FORM 31-F		Date (MM/DD/YYYY) 01-21-18	Amount 2436.87
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
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 \$ 2386.87



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

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

Full Name of Committee <u>FDWSC - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Thelma Rodgers</u>			Registration Number, if PAC	
Street Address <u>750 Mull Ave.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>01-11-18</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44313</u>	Amount <u>50.00</u>
Form <input checked="" type="checkbox"/> Cash, <input type="checkbox"/> Check, Etc				
Full Name of Contributor <u>Janie Foshee</u>			Registration Number, if PAC	
Street Address <u>100 Rhodes Ave.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>12-02-17</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44302</u>	Amount <u>250.00</u>
Form <input type="checkbox"/> Cash, <input checked="" type="checkbox"/> Check, Etc <u>181</u>				
Full Name of Contributor <u>Jacqueline De Bose</u>			Registration Number, if PAC	
Street Address <u>2794 Valley Rd.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>01-18-18</u>
City <u>Cuyahoga Falls</u>		State <u>OH</u>	Zip Code <u>44223</u>	Amount <u>50.00</u>
Form <input type="checkbox"/> Cash, <input checked="" type="checkbox"/> Check, Etc <u>1695</u>				
Full Name of Contributor <u>Susan Ross</u>			Registration Number, if PAC	
Street Address <u>333 N. Portage Path</u>		Unit <u>22</u>	Employer/Occupation/Labor Organization*	
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44303</u>	Date (MM/DD/YYYY) <u>01-11-18</u>
Amount <u>100.00</u>				
Form <input type="checkbox"/> Cash, <input checked="" type="checkbox"/> Check, Etc <u>1717</u>				
Full Name of Contributor <u>Paula Prentice</u>			Registration Number, if PAC	
Street Address <u>4325 Aldawood Hills Dr.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>01-11-18</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44319</u>	Amount <u>75.00</u>
Form <input type="checkbox"/> Cash, <input checked="" type="checkbox"/> Check, Etc <u>185</u>				

* 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

Total Expenditures This Event

Page Total \$ 525.00



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

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

Full Name of Committee XXXXXXXXXXXXXXXXXXXX FD W SC - "Lady Day at Emerson's Bar and Grill"				
Full Name of Contributor XXXXXXXXXXXXXXXXXXXX Nancy Foye-Cox			Registration Number, if PAC	
Street Address XXXXXXXXXXXX 122 Avondale Dr.		Employer/Occupation/Labor Organization* G	Date (MM/DD/YYYY) 01-11-18	Amount 50.00
City Akron	State OH <input type="checkbox"/>	Zip Code 44313	Form (Cash, <input checked="" type="checkbox"/> Check, Etc) 3626	
Full Name of Contributor Hazel E. Malone			Registration Number, if PAC	
Street Address 3393 Mark Lane		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 01-11-18	Amount 50.00
City Norton	State OH <input type="checkbox"/>	Zip Code 44203	Form (Cash, <input checked="" type="checkbox"/> Check, Etc) 5762	
Full Name of Contributor Deon Stiggers			Registration Number, if PAC	
Street Address 826 Hayden		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 01-11-18	Amount 50.00
City Akron	State OH <input type="checkbox"/>	Zip Code 44320	Form (Cash, <input checked="" type="checkbox"/> Check, Etc) 13048	
Full Name of Contributor Dawn Ferguson			Registration Number, if PAC	
Street Address 988 Cree Ave.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 01-11-18	Amount 50.00
City Akron	State OH <input type="checkbox"/>	Zip Code 44305	Form (Cash, <input checked="" type="checkbox"/> Check, Etc) 942	
Full Name of Contributor Gloria Garden			Registration Number, if PAC	
Street Address 1081 Sanborn Dr.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 01-11-18	Amount 50.00
City Akron	State OH <input type="checkbox"/>	Zip Code 44333	Form (Cash, <input checked="" type="checkbox"/> Check, Etc) 9270	

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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 \$ 250.00



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

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

Full Name of Committee <u>FDWSC - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Edna Borders</u>			Registration Number, if PAC	
Street Address <u>778 Diagonal Rd.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>150.00</u>
City <u>Akron</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44320</u>	Form (Cash, <input checked="" type="checkbox"/> Check) Etc <u>7517</u>
Full Name of Contributor <u>Rebecca Brown</u>			Registration Number, if PAC	
Street Address <u>904 Hayden Ave.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>100.00</u>
City <u>Akron</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44320</u>	Form (Cash, <input checked="" type="checkbox"/> Check) Etc <u>2198</u>
Full Name of Contributor <u>Lorene Reed</u>			Registration Number, if PAC	
Street Address <u>64 Whitefriars Dr.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>100.00</u>
City <u>Akron</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44319</u>	Form (Cash, <input checked="" type="checkbox"/> Check) Etc <u>8810</u>
Full Name of Contributor <u>Sean Cooper</u>			Registration Number, if PAC	
Street Address <u>132 Dellenberger Ave.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-13-18</u>	Amount <u>50.00</u>
City <u>Akron</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44312</u>	Form (Cash, <input checked="" type="checkbox"/> Check) Etc <u>8204</u>
Full Name of Contributor <u>Margaret Scott</u>			Registration Number, if PAC	
Street Address <u>3776 Fairway Park Apt 1</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>100.00</u>
City <u>Copley</u>		State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44321</u>	Form (Cash, <input checked="" type="checkbox"/> Check) Etc <u>646</u>

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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 \$ 500.00



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

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

Full Name of Committee <u>FDWSC - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Susan McCarty</u>			Registration Number, if PAC	
Street Address <u>611 Woodbrook Rd.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>50.00</u>
City <u>Cuyahoga Falls</u>		State <u>OH</u>	Zip Code <u>44223</u>	Form (Cash, <u>Check</u> , Etc) <u>9885</u>
Full Name of Contributor <u>Joyce Sawyer</u>			Registration Number, if PAC	
Street Address <u>1298 Howard St.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>100.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44310</u>	Form (Cash, <u>Check</u> , Etc) <u>2937</u>
Full Name of Contributor <u>Janie Foshee</u>			Registration Number, if PAC	
Street Address <u>100 Rhodes Ave.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-05-18</u>	Amount <u>150.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44302</u>	Form (Cash, <u>Check</u> , Etc) <u>183</u>
Full Name of Contributor <u>Deon Stiggers</u>			Registration Number, if PAC	
Street Address <u>826 Hayden</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-12-18</u>	Amount <u>50.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44320</u>	Form (Cash, <u>Check</u> , Etc) <u>3063</u>
Full Name of Contributor <u>JoAnn Anderson</u>			Registration Number, if PAC	
Street Address <u>839 Nevin St.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>100.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44310</u>	Form (Cash, <u>Check</u> , Etc) <u>3162</u>

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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 \$ 450.00



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

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

Full Name of Committee <u>FDWSE - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Lynn Lee</u>			Registration Number, if PAC	
Street Address <u>3227 Creekside Dr</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-11-18</u>	Amount <u>50.00</u>	
City <u>Norton</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44203</u>	Form (Cash, <u>Check</u> , Etc) <u>1296</u>	
Full Name of Contributor <u>Sandra Kurt</u>			Registration Number, if PAC	
Street Address <u>140 Mayfield Ave.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-13-18</u>	Amount <u>50.00</u>	
City <u>Akron</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44313</u>	Form (Cash, <u>Check</u> , Etc) <u>4900</u>	
Full Name of Contributor <u>Kathryn Michael</u>			Registration Number, if PAC	
Street Address <u>3363 E. Stanley Rd.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-13-18</u>	Amount <u>50.00</u>	
City <u>Fairlawn</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44333</u>	Form (Cash, <u>Check</u> , Etc) <u>8204</u>	
Full Name of Contributor <u>Ernestine Hayes</u>			Registration Number, if PAC	
Street Address <u>24 S. Portage Path 4c</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-13-18</u>	Amount <u>50.00</u>	
City <u>Akron</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44303</u>	Form (Cash, <u>Check</u> , Etc) <u>7782</u>	
Full Name of Contributor <u>Gloria Ferguson</u>			Registration Number, if PAC	
Street Address <u>704 S. Hawkins Ave.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-16-18</u>	Amount <u>100.00</u>	
City <u>Akron</u>	State <u>OH</u> <input type="checkbox"/>	Zip Code <u>44320</u>	Form (Cash, <u>Check</u> , Etc) <u>9039</u>	

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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 \$ 300.00



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

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

Full Name of Committee <u>F D W S C - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Terry Avant</u>			Registration Number, if PAC	
Street Address <u>1066 Bellview Ave.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-16-18</u>	Amount <u>50.00</u>	
City <u>Barberton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Form (Cash, <u>Check</u> , Etc) <u>4265</u>	
Full Name of Contributor <u>Shorter Griffin</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 221</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-16-18</u>	Amount <u>50.00</u>	
City <u>Barberton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Form (Cash, <u>Check</u> , Etc) <u>192</u>	
Full Name of Contributor <u>Magic City Democratic Club</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 334</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-16-18</u>	Amount <u>100.00</u>	
City <u>Barberton</u>	State <u>OH</u>	Zip Code <u>44203</u>	Form (Cash, <u>Check</u> , Etc) <u>2287</u>	
Full Name of Contributor <u>Tracy Tallis</u>			Registration Number, if PAC	
Street Address <u>361 Robert St.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-17-18</u>	Amount <u>50.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44306</u>	Form (Cash, <u>Check</u> , Etc) <u>1866</u>	
Full Name of Contributor <u>Betty Woolford</u>			Registration Number, if PAC	
Street Address <u>633 Mull Ave.</u>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-17-18</u>	Amount <u>125.00</u>	
City <u>Akron</u>	State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, <u>Check</u> , Etc) <u>2266</u>	

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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 \$ 375.00



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

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

Full Name of Committee <u>FDWSC - "Lady Day at Emerson's Bar and Grill"</u>				
Full Name of Contributor <u>Lorene Reed</u>			Registration Number, if PAC	
Street Address <u>64 Whitefriars Dr.</u> XXXXXX XXXXXXXXX		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-20-18</u>	Amount <u>50.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44319</u>	Form (Cash, <u>Check</u>) Etc <u>8812</u>
Full Name of Contributor <u>Linda Omobien</u>			Registration Number, if PAC	
Street Address <u>2104 Brookshire Rd.</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-20-18</u>	Amount <u>75.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44312</u>	Form (Cash, <u>Check</u>) Etc <u>2655</u>
Full Name of Contributor <u>Twyla Boyer</u>			Registration Number, if PAC	
Street Address <u>670 Woodledge</u>		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <u>01-22-18</u>	Amount <u>50.00</u>
City <u>Akron</u>		State <u>OH</u>	Zip Code <u>44313</u>	Form (Cash, <u>Check</u>) Etc <u>684</u>
Full Name of Contributor <u>47 @ \$25.00</u>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount <u>1175.00</u>
City		State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State <input type="checkbox"/>	Zip Code	Form (Cash, Check, Etc)

* 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
3750.00

Total Expenditures This Event
2386.87

Page Total \$ 1350.00



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee FDWSC - "Lady Day at Emerson's Bar and Grill"				
To Whom Paid Deon Stiggers		Date (MM/DD/YYYY) 01-22-18		Amount 146.87
Street Address 826 Hayden Ave.		Purpose Food/supplies		
City Akron	State OH	Zip Code 44320	Check Number 1297	
To Whom Paid Weathervane Playhouse		Date (MM/DD/YYYY) 01-21-18		Amount 2240.00
Street Address 1301 Weathervane Lane		Purpose seats for play		
City Akron	State OH	Zip Code 44313	Check Number 1296	
To Whom Paid Zenobia Lathan		Date (MM/DD/YYYY)		Amount 25.00
Street Address 352 Fernwood		Purpose refund for play ticket		
City Akron	State OH	Zip Code 44320	Check Number 1294	
To Whom Paid Judith Lynn Lee		Date (MM/DD/YYYY)		Amount 25.00
Street Address 3227 Creekside Dr.		Purpose refund for play ticket		
City Norton	State OH	Zip Code 44203	Check Number 1299	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

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 \$ ~~2286.87~~
2436.87