



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)
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <i>2018</i>
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.

1. Amount brought forward from last report	<i>3264.97</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>505.00</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>3769.97</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>641.20</i>
6. Balance on hand (line 4 minus line 5)	<i>3128.77</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 JUL 26 PM 1:23

#21877

**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

7-26-18
Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
3

Other Pages
6

Total Pages
11



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Contributor					Registration Number, if PAC	
Rita Rocci						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.)	
2172 Pinebrook Trail					18654	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
Cuyahoga Falls	OH	44223	7-11-18	35.00		
Full Name of Contributor					Registration Number, if PAC	
Dan Horrigan Campaign Committee						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.)	
475 Sackett Ave. 1000 S. Main St., Akron, OH 44310					2222	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount		
Akron	OH	44310	7-14-18	50.00		
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					

*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 Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Eleanor Roosevelt Luncheon Fall Fundraiser Oct 6, 2018				
Full Name of Contributor Lorene Reed			Registration Number, if PAC	
Street Address 64 Whitefriars Dr.		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.) 8966
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 6-9-18	Amount 140.00
Full Name of Contributor Sandra Shaw			Registration Number, if PAC	
Street Address 80 N. Portage Apt. 6B11		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.) 1599
City Akron	State OH	Zip Code 44303	Date (MM/DD/YYYY) 07-02-18	Amount 70.00
Full Name of Contributor Kathryn Giampapa			Registration Number, if PAC	
Street Address 400 Vaughn Trail		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.) 6829
City Akron	State OH	Zip Code 44319	Date (MM/DD/YYYY) 07-09-18	Amount 70.00
Full Name of Contributor H. Sue Tarr			Registration Number, if PAC	
Street Address 3485 Elmhurst Circle		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.) 1354
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 06-23-18	Amount 70.00
Full Name of Contributor Francis Martter			Registration Number, if PAC	
Street Address 859 Dogwood Ter.		Employer/Occupation/Labor Organization*		Form (Cash, <u>Check</u>, etc.) 6855
City Copley	State OH	Zip Code 44321	Date (MM/DD/YYYY) 7-12-18	Amount 70.00

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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 Renee Greene		Date (MM/DD/YYYY) 06-11-18		Amount 145.20
Street Address 477 Mineola		Purpose Eleanor Roosevelt Tea/Luncheon		
City Akron	State OH	Zip Code 44320	Check Number 106	
To Whom Paid Gladys Johnson		Date (MM/DD/YYYY) 06-29-18		Amount 13.87
Street Address 529 Royal Crest Dr.		Purpose Eleanor Roosevelt Tea/Luncheon		
City Copley	State OH	Zip Code 44321	Check Number 107	
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 06-21-18		Amount 67.13
Street Address 675 Wolf Ledges		Purpose - stamps/Eleanor Roosevelt Tea/Luncheon		
City Akron	State OH	Zip Code 44309	Check Number 109	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
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 \$ 226.20

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Federated Democratic Women of Summit County										
To Whom Paid							M	D	Y	Amount
Expenditures from FORM 31-F										226.20
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Federated Democratic Women of Summit County			
To Whom Paid SCDP		Date (MM/DD/YYYY) 04-18-18	Amount 140.00
Street Address 438 Grant St.		Purpose	
City Akron	State OH	Zip Code 44311	Check Number 104
To Whom Paid Committee to Elect Jeff Fusco		Date (MM/DD/YYYY) 06-21-18	Amount 50.00
Street Address 2117 Forest Oak Dr.		Purpose	
City Akron	State OH	Zip Code 44312	Check Number 108
To Whom Paid Committee to Elect Ilene Shapiro		Date (MM/DD/YYYY) 06-21-18	Amount 50.00
Street Address 625 Fenton Ave.		Purpose	
City Aogadore	State OH	Zip Code 44260	Check Number 110
To Whom Paid McLaughlin for Judge		Date (MM/DD/YYYY) 04-18-18	Amount 175.00
Street Address 2435 Call Rd.		Purpose	
City Stow	State OH	Zip Code 44224	Check Number 105
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 415.00