

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor						Registration Number, if PAC		
Full Name of Candidate Sherri L Bevan Walsh								
Street Address 1727 Faylor Drive				Office Sought Summit Co Prosecutor		District Countywide		
City Akron				State O H		Zip Code 44312		
Type of Report (place X to the left of report type)	X Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
	July		August		September		Semiannual	
	Monthly		Monthly		Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 0 3	D 0 5	Y 1 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	71,765.21
2. Total monetary contributions (From Form No. 31-A)	\$	17,880.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	89,645.21
5. Total monetary expenditures (From Form No. 31-B)	\$	5,647.05
6. Balance on hand (line 4 minus line 5)	\$	83,998.16
7. Value of in-kind contributions received (From Form No. 31-I)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	500.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

#11,190 Ave
2016 MAR - 1 PM 2:26
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Jennifer H. Bheam, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

J. Bheam

2/29/16

Date

Contribution

pages 2-18

Expenditure

pages 19-20

Other

pages 21-29

Total

pages 29

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor									
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-E (2/11/16 event)							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 17,880.00			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor						
Full Name of Contributor				Registration Number, if PAC		
Lawrence Scanlon						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
159 S Main St, Suite400			0	2	16	125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44308	Check			
Full Name of Contributor				Registration Number, if PAC		
Dale Economus						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6555 Dean Memorial Pkwy			0	2	16	125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Boston Heights	O H	44236	Check			
Full Name of Contributor				Registration Number, if PAC		
Thomas Bevan						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
530 Meadowridge Way			0	2	16	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Hudson	O H	44236	Check			
Full Name of Contributor				Registration Number, if PAC		
Anthony Petrarca						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1765 Merriman Rd			0	2	16	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44313	Check			
Full Name of Contributor				Registration Number, if PAC		
Jeff Buck						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3602 Glenwod Blvd			0	2	16	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Reminderville	O H	44202	Cash			
Full Name of Contributor				Registration Number, if PAC		
Rebecca Young						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2707 Paxton Ave			0	2	16	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O H	44312	Cash			
Full Name of Contributor				Registration Number, if PAC		
Russell Balthis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2316 Riverfront Pkwy			0	2	16	125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O H	44221	Check			

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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 \$ 2,075.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor						
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*		
City				M	D	Y
State				Amount		
Zip Code				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

Total expenditures this event

Page Total \$ 1,375.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Committee to Re-Elect Sherri Bevan Walsh Prosecutor			
Full Name of Contributor		Registration Number, if PAC	
Jody Conley		OH412	
Street Address	Employer/Occupation/Labor Organization*	M	D
3400 Squires Bend		0	1
City	State	Y	Amount
Cuyahoga Falls	O H	2 9 1 6	125.00
Zip Code		Form(Cash,Check,etc)	
44223		Check	
Full Name of Contributor		Registration Number, if PAC	
Victor Kittinger		OH412	
Street Address	Employer/Occupation/Labor Organization*	M	D
1890 Venture Cir., SE	Sheet Megal Works Local 3	0	1
City	State	Y	Amount
Massillon	O H	2 6 1 6	1,000.00
Zip Code		Form(Cash,Check,etc)	
44646		Check	
Full Name of Contributor		Registration Number, if PAC	
Veronica Williamson			
Street Address	Employer/Occupation/Labor Organization*	M	D
5040 Camp Rd.		0	1
City	State	Y	Amount
Ravenna	O H	2 6 1 6	500.00
Zip Code		Form(Cash,Check,etc)	
44266-9334		Check	
Full Name of Contributor		Registration Number, if PAC	
Joseph Maslowski			
Street Address	Employer/Occupation/Labor Organization*	M	D
1375 E. Ninth St., 10th Floor		0	1
City	State	Y	Amount
Cleveland	O H	2 9 1 6	500.00
Zip Code		Form(Cash,Check,etc)	
44114		Check	
Full Name of Contributor		Registration Number, if PAC	
John Dellagnese III			
Street Address	Employer/Occupation/Labor Organization*	M	D
4000 Embassy Pkwy., Suite 400		0	1
City	State	Y	Amount
Akron	O H	2 8 1 6	500.00
Zip Code		Form(Cash,Check,etc)	
44333		Check	
Full Name of Contributor		Registration Number, if PAC	
James Ferraro			
Street Address	Employer/Occupation/Labor Organization*	M	D
2200 Key Tower		0	1
City	State	Y	Amount
Cleveland	O H	2 7 1 6	500.00
Zip Code		Form(Cash,Check,etc)	
44114		Check	
Full Name of Contributor		Registration Number, if PAC	
James Slater			
Street Address	Employer/Occupation/Labor Organization*	M	D
1 Cascade Plaza, Suite 2210		0	1
City	State	Y	Amount
Akron	O H	2 8 1 6	500.00
Zip Code		Form(Cash,Check,etc)	
44308		Check	

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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 \$ 3,625.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Committee to Re-Elect Sherri Bevan Walsh Prosecutor			
Full Name of Contributor Lee Plakas		Registration Number, if PAC	
Street Address 220 Market Ave., S., 8th Floor	Employer/Occupation/Labor Organization*	M D Y 0 1 2 1 1 6	Amount 100.00
City Canton	State Zip Code O H 44702	Form(Cash, Check, etc) check	
Full Name of Contributor John Snoderly		Registration Number, if PAC	
Street Address 1031 Curtis Ave.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 9 1 6	Amount 50.00
City Cuyahoga Falls	State Zip Code O H 44221	Form(Cash, Check, etc) Check	
Full Name of Contributor David McCall		Registration Number, if PAC LA766	
Street Address 777 Dearborn Park Ln., Suite J	Employer/Occupation/Labor Organization*	M D Y 0 1 2 6 1 6	Amount 500.00
City Columbus	State Zip Code O H 43085-5716	Form(Cash, Check, etc) Check	
Full Name of Contributor Terrence McCafferty		Registration Number, if PAC	
Street Address 6305 Halle Dr.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 5 1 6	Amount 200.00
City Cleveland	State Zip Code O H 44125	Form(Cash, Check, etc) Check	
Full Name of Contributor Martin Belsky		Registration Number, if PAC	
Street Address 344A Village Pointe Dr.	Employer/Occupation/Labor Organization*	M D Y 0 1 3 1 1 6	Amount 500.00
City Akron	State Zip Code O H 44313	Form(Cash, Check, etc) Check	
Full Name of Contributor Kendra Stickel		Registration Number, if PAC	
Street Address 653 Ada St.	Employer/Occupation/Labor Organization*	M D Y 0 2 0 3 1 6	Amount 125.00
City Kent	State Zip Code O H 44240	Form(Cash, Check, etc) Check	
Full Name of Contributor Dan Horrigan Committee		Registration Number, if PAC	
Street Address 1230 N. Howard St.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 8 1 6	Amount 100.00
City Akron	State Zip Code O H 44310	Form(Cash, Check, etc) Check	

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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 \$ 1,575.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor			Registration Number, if PAC		
Mary Jatich					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5832 Spikerman Dr.			0	2	1116
City	State	Zip Code	Amount		
Clinton	O H	44216	100.00		
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor			Registration Number, if PAC		
Lynn Anderson					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2094 Daniels Ave.			0	2	1116
City	State	Zip Code	Amount		
Akron	O H	44312	65.00		
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor			Registration Number, if PAC		
James Anderson					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2094 Daniels Ave.			0	2	1116
City	State	Zip Code	Amount		
Akron	O H	44312	65.00		
Form(Cash,Check,etc)					
Cash					
Full Name of Contributor			Registration Number, if PAC		
Velda Sacia					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1414 Berkshire Rd.			0	2	1116
City	State	Zip Code	Amount		
Stow	O H	44224-2244	125.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Jay Schulman					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
201 Bersham Dr.			0	2	1116
City	State	Zip Code	Amount		
Hudson	O H	44236	50.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Lori McCleese					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5701 Nicholson Dr.			0	2	1116
City	State	Zip Code	Amount		
Hudson	O H	44236	50.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor			Registration Number, if PAC		
Megan Oldham					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2130 Sagamore Rd.			0	2	1116
City	State	Zip Code	Amount		
Akron	O H	4413	125.00		
Form(Cash,Check,etc)					
Check					

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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 \$ 580.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor						
Full Name of Contributor			Registration Number, if PAC			
Penguin PAC			C00417584			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 83142			0	2	2	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Gaithersburg	M D	20883	Check			
Full Name of Contributor			Registration Number, if PAC			
Larry Zukerman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3912 Prospect Ave	Zukerman, Daiker, & Lear		0	2	1	125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cleveland	O H	44115	Check			
Full Name of Contributor			Registration Number, if PAC			
TOTAL CONTRIBUTIONS FROM 31-G						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
						8,275.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	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
17,880.00

Total expenditures this event
4,447.05

Page Total \$ 8,650.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount	
Committee to Re-Elect Sherri Bevan Walsh Prosecutor								
Full Name of Contributor								
Joseph Fantozzi								
Street Address								
548 Bobwhite Trl				0	2	11	16	500.00
City	State	Zip Code	Form (Cash, Check, etc)					
Akron	O H	44319	Check					
Full Name of Contributor								
Timothy Walsh								
Street Address								
345 S. Rose Blvd.				0	1	25	16	125.00
City	State	Zip Code	Form (Cash, Check, etc)					
Akron	O H	44313	Check					
Full Name of Contributor								
Leslie Knoblauch								
Street Address								
1757 Mayflower Ln.				0	1	23	16	125.00
City	State	Zip Code	Form (Cash, Check, etc)					
Hudson	O H	44236	Check					
Full Name of Contributor								
Christine Mastran								
Street Address								
206 Indian Park Dr.				0	1	22	16	125.00
City	State	Zip Code	Form (Cash, Check, etc)					
Tallmadge	O H	44278						
Full Name of Contributor								
Jennifer Bheam								
Street Address								
1727 Faylor Dr.				0	2	02	16	125.00
City	State	Zip Code	Form (Cash, Check, etc)					
Akron	O H	44312	Check					
Full Name of Contributor								
Rebecca Stock								
Street Address								
1774 Toepfer Rd.				0	2	01	16	250.00
City	State	Zip Code	Form (Cash, Check, etc)					
Akron	O H	44312	Check					

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

of Summit Co Prosecutor. I hereby affirm that each contribution was voluntarily made.

J Bheam (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 1,250.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
Jennifer Watson					
Street Address					
861 Chestnut Blvd.					
		M	D	Y	Amount
		0	2	0	50.00
City		State		Zip Code	Form (Cash, Check, etc)
Cuyahoga Falls		O H		44221	Check
Full Name of Contributor					
Lisa Holdt					
Street Address					
3916 S. Arlington Rd., Unit 1216					
		M	D	Y	Amount
		0	2	0	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Uniontown		O H		44685	Check
Full Name of Contributor					
Katie Tomko					
Street Address					
3910 Lake Run Blvd.					
		M	D	Y	Amount
		0	1	3	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Stow		O H		44224	Check
Full Name of Contributor					
Regina Vanvorous					
Street Address					
4427 King Arthur Dr.					
		M	D	Y	Amount
		0	2	0	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Uniontown		O H		44685	Check
Full Name of Contributor					
William Bickett					
Street Address					
1487 Sandhill Dr.					
		M	D	Y	Amount
		0	2	0	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44313	Check
Full Name of Contributor					
Michael Rickett					
Street Address					
188 Cardington Lane					
		M	D	Y	Amount
		0	1	3	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Burbank		O H		44214	Check

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

of Summit Co Prosecutor I hereby affirm that each contribution was voluntarily made.

J. Bevan (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 675.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
Committee to Re-Elect Sherri Bevan Walsh Prosecutor							
Full Name of Contributor							
Jonathan Baumuel							
Street Address							
5432 Island Dr., NW				0	2	0	1
City							
Canton		State	Zip Code				
		O H	44718				
Form (Cash, Check, etc)							
							250.00
Full Name of Contributor							
Joseph Mittica							
Street Address							
2716 Shillingford Cir., NW				0	2	0	2
City							
N. Canton		State	Zip Code				
		O H	44720				
Form (Cash, Check, etc)							
							125.00
Full Name of Contributor							
Elliot Kolkovich							
Street Address							
247 Buffington Rd.				0	2	0	5
City							
Fairlawn		State	Zip Code				
		O H	44333				
Form (Cash, Check, etc)							
							125.00
Full Name of Contributor							
Melanie Hart							
Street Address							
3068 Sparrows Crest				0	2	1	0
City							
Akron		State	Zip Code				
		O H	44319				
Form (Cash, Check, etc)							
							50.00
Full Name of Contributor							
Crystal Baker							
Street Address							
484 Tulip Trail				0	2	1	0
City							
Wadsworth		State	Zip Code				
		O H	44281				
Form (Cash, Check, etc)							
							125.00
Full Name of Contributor							
Angela Poth-Wypasek							
Street Address							
9612 Mennonite Road				0	2	0	8
City							
Wadsworth		State	Zip Code				
		O H	44281				
Form (Cash, Check, etc)							
							125.00

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

of Summit Co Prosecutor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 800.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
Margaret Scott					
Street Address					
3776 Fairway Park Dr., Apt. 101					
		M	D	Y	Amount
		0	2	10	250.00
City		State		Zip Code	Form (Cash, Check, etc)
Copley		O H		44321	Check
Full Name of Contributor					
Caitlin Croft					
Street Address					
6741 Pontius St., NE					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Hartville		O H		44632	Check
Full Name of Contributor					
Jay Cole					
Street Address					
10186 Scenic View Dr.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Twinsburg		O H		44087-2838	Check
Full Name of Contributor					
Brian LoPrinzi					
Street Address					
3247 Forestmeadow Dr.					
		M	D	Y	Amount
		0	2	11	250.00
City		State		Zip Code	Form (Cash, Check, etc)
Cuyahoga Falls		O H		44223	Check
Full Name of Contributor					
Brad Gessner					
Street Address					
6486 Bay Meadow Ct.					
		M	D	Y	Amount
		0	2	10	500.00
City		State		Zip Code	Form (Cash, Check, etc)
Youngstown		O H		44515	Money Order
Full Name of Contributor					
James Pollack					
Street Address					
3676 Meadowbrook Blvd.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
University Hts.		O H		44118	Check

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

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J. Bevan (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
Dan Sallerson					
Street Address					
5440 Vermouth St., NW					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Canton		O	H	44720	Check
Full Name of Contributor					
Nickolaus Buckmeier					
Street Address					
3704 Windham Ridge, #208					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Stow		O	H	44224	Check
Full Name of Contributor					
Ben Bergeron					
Street Address					
231 E. Slingluff Ave.					
		M	D	Y	Amount
		0	2	1	100.00
City		State		Zip Code	Form (Cash, Check, etc)
Dover		O	H	44622	Cash
Full Name of Contributor					
Jesse Lemasters					
Street Address					
147 Bonnett St., SW					
		M	D	Y	Amount
		0	2	1	100.00
City		State		Zip Code	Form (Cash, Check, etc)
N. Canton		O	H	44720	Cash
Full Name of Contributor					
Joe Mittica					
Street Address					
653 Marquardt Ave.					
		M	D	Y	Amount
		0	2	1	100.00
City		State		Zip Code	Form (Cash, Check, etc)
Cleveland		O	H	44113	Cash
Full Name of Contributor					
Jaime Syx					
Street Address					
511 Pauline Ct.					
		M	D	Y	Amount
		0	2	1	100.00
City		State		Zip Code	Form (Cash, Check, etc)
Cuyahoga Falls		O	H	44221	Cash

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J. Bevan (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee to Re-Elect Sherri Bevan Walsh Prosecutor				
Full Name of Contributor				
Joseph Miller				
Street Address				
3557 Lynnfield Rd.				
	M	D	Y	Amount
	0	2	11	100.00
City				
Shaker Hts.				
State		Zip Code		
O H		44122		
Form (Cash, Check, etc)				
Cash				
Full Name of Contributor				
Emily Piros				
Street Address				
5054 Brompton Dr.				
	M	D	Y	Amount
	0	2	11	50.00
City				
Medina				
State		Zip Code		
O H		44256		
Form (Cash, Check, etc)				
Cash				
Full Name of Contributor				
Maureen Walsh				
Street Address				
1473 Turnberry Dr.				
	M	D	Y	Amount
	0	2	11	50.00
City				
Boardman				
State		Zip Code		
O H		44512		
Form (Cash, Check, etc)				
Check				
Full Name of Contributor				
Joseph Dangelo				
Street Address				
1378 Hadden Cir.				
	M	D	Y	Amount
	0	2	12	125.00
City				
Akron				
State		Zip Code		
O H		44333		
Form (Cash, Check, etc)				
Check				
Full Name of Contributor				
Dustin Roth				
Street Address				
28636 Touchstone Cir.				
	M	D	Y	Amount
	0	2	11	125.00
City				
Westlake				
State		Zip Code		
O H		44145		
Form (Cash, Check, etc)				
Check				
Full Name of Contributor				
Brian Stano				
Street Address				
900 W. Market St., #109				
	M	D	Y	Amount
	0	2	11	125.00
City				
Akron				
State		Zip Code		
O H		44313		
Form (Cash, Check, etc)				
Check				

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J. B. Shearn (Signature of Treasurer or Deputy Treasurer)

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Page Total \$ 575.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
Justin Richard					
Street Address					
4961 Middlebranch Ave., NE					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Canton		O H		44705	Check
Full Name of Contributor					
Naoibh Chaplin					
Street Address					
17016 Chatfield Ave.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Cleveland		O H		44111	Check
Full Name of Contributor					
Jennie Shuki Rzeszut					
Street Address					
479 White Spruce Dr.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Macedonia		O H		44056	Check
Full Name of Contributor					
Samatha Lisy					
Street Address					
6065 Ogilby Dr.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Hudson		O H		44236	Check
Full Name of Contributor					
Peter Daly					
Street Address					
1778 W. Idlewood Dr.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Twinsburg		O H		44087	Check
Full Name of Contributor					
Joseph McAleese					
Street Address					
1400 Pittsburg Ave., NW					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
N. Canton		O H		44720	Check

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[Signature] (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
John Ventura					
Street Address					
3286 Longwood Dr.					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Norton		O H		44203	Check
Full Name of Contributor					
Richard Kasay					
Street Address					
647 Nome Ave.					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44320	Check
Full Name of Contributor					
Jonathon Hart					
Street Address					
340 W. Maple St.					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Hartville		O H		44632	Check
Full Name of Contributor					
Gregory Peacock					
Street Address					
333 N. Portage Path, #27					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44303	Check
Full Name of Contributor					
Nicholas Buzzy					
Street Address					
765 Bridgeport Ave., Apt. 103					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Streetsboro		O H		44241	Check
Full Name of Contributor					
Colleen Sims					
Street Address					
3122 Snowgoose Ln.					
		M	D	Y	Amount
		0	2	1	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44319	Check

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[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 750.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Re-Elect Sherri Bevan Walsh Prosecutor					
Full Name of Contributor					
Devorah Pasternak					
Street Address					
560 Beaverbrook Dr.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44333	Check
Full Name of Contributor					
Larry Cook					
Street Address					
4133 Hogle Ave.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Ravenna		O H		44266	Check
Full Name of Contributor					
Seema Misra					
Street Address					
10010 Derbyshire Ave., NW					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Canton		O H		44720	Check
Full Name of Contributor					
Heaven DiMartino					
Street Address					
117 Bonnieview Ave.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Minerva		O H		44657	Check
Full Name of Contributor					
Teri Burnside					
Street Address					
1687 Slusser Rd.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Tallmadge		O H		44278	Check
Full Name of Contributor					
Felicia Easter					
Street Address					
916 Delia Ave.					
		M	D	Y	Amount
		0	2	11	125.00
City		State		Zip Code	Form (Cash, Check, etc)
Akron		O H		44320	Check

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

Summit Co Prosecutor I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

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Page Total \$ 750.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee to Re-Elect Sherri Bevan Walsh Prosecutor			
Full Name of Contributor			
Amber Crowe			
Street Address			
742 Leeman Drive			
City		State	Zip Code
Akron		O H	44319
		Form (Cash, Check, etc)	
		Check	
		M	D
		Y	Amount
		0 2	1 1 1 6
		125.00	
Full Name of Contributor			
John Galonski			
Street Address			
1137 Allendale Ave			
City		State	Zip Code
Akron		O H	44306
		Form (Cash, Check, etc)	
		Check	
		M	D
		Y	Amount
		0 2	1 1 1 6
		250.00	
Full Name of Contributor			
Matthew Hudak			
Street Address			
10430 Clear Brook Cir			
City		State	Zip Code
Wadsworth		O H	44281
		Form (Cash, Check, etc)	
		Check	
		M	D
		Y	Amount
		0 2	0 9 1 6
		125.00	
Full Name of Contributor			
Kathryn Lawrence			
Street Address			
3767 Heartwood St NW			
City		State	Zip Code
Uniontown		O H	44685
		Form (Cash, Check, etc)	
		Check	
		M	D
		Y	Amount
		0 2	1 0 1 6
		125.00	
Full Name of Contributor			
Alyse Ziga			
Street Address			
588 Palisades Dr			
City		State	Zip Code
Akron		O H	44303
		Form (Cash, Check, etc)	
		Check	
		M	D
		Y	Amount
		0 2	1 1 1 6
		75.00	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		Form (Cash, Check, etc)	
		M	D
		Y	Amount

The above are employees of a unit or department under the direct supervision or control of Sherri Bevan Walsh, who currently holds the public office

of County Prosecutor I hereby affirm that each contribution was voluntarily made.

JBhe am (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 700.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor							
To Whom Paid TOTAL EXPENDITURES FROM 31-F (2/11/16 EVENT)				M	D	Y	Amount 4,447.05
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid Ohio Prosecuting Attorneys Association PAC				M	D	Y	Amount 1,000.00
Address 221 W 5th Street		Purpose Annual contribution					
City Marysville	State O H	Zip Code 43040	Check Number 1096				
To Whom Paid Summit County Democratic Party				M	D	Y	Amount 200.00
Address 438 Grant Street		Purpose Valentines fundraiser tickets					
City Akron	State O H	Zip Code 44311	Check Number 1097				
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				

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor									
To Whom Paid						M	D	Y	Amount
Division of Liquor Control						0	1	1	150.00
Address		Purpose							
6606 Tussing Road		Permit for fundraiser							
City		State		Zip Code		Check Number			
Reynoldsburg		O H		43068		1094			
To Whom Paid						M	D	Y	Amount
US Postal Service						0	1	1	490.00
Address		Purpose							
675 Wolf Ledges Pkwy		Postage for fundraiser mailing							
City		State		Zip Code		Check Number			
Akron		O H		44309		1093			
To Whom Paid						M	D	Y	Amount
Exchange Printing						0	1	1	847.60
Address		Purpose							
969 Grant Street		Envelopes & letterhead for invitations							
City		State		Zip Code		Check Number			
Akron		O H		44311		1095			
To Whom Paid						M	D	Y	Amount
Superior Beverage						0	2	1	372.62
Address		Purpose							
31031 Diamond Pkwy		Beverages for fundraiser							
City		State		Zip Code		Check Number			
Glennwillow		O H		44139		1098			
To Whom Paid						M	D	Y	Amount
Rose Merendino						0	2	1	100.00
Address		Purpose							
3259 Dorchester Rd		Piano playing for fundraiser							
City		State		Zip Code		Check Number			
Shaker Heights		O H		44120		1100			
To Whom Paid						M	D	Y	Amount
Fed Ex Kinkos						0	2	1	36.83
Address		Purpose							
322 E Exchange St		Sign for fundraiser							
City		State		Zip Code		Check Number			
Akron		O H		44304		1101			
To Whom Paid						M	D	Y	Amount
Oneill House						0	2	1	2,450.00
Address		Purpose							
1290 W Exchange St		Food & rental for fundraiser							
City		State		Zip Code		Check Number			
Akron		O H		44313		1102			

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.

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Sherri Bevan Walsh, Summit County Prosecutor									
To Whom Made Todd for Ohio					Prior Amount 500.00			Amt. Loaned this Period 0.00	
Address 4020 Cook Rd								Outstanding Balance 500.00	
City Medina			State OH	Zip Code 44256		Payments Received This Period			
					Date			Amount	
Date Loan was originally Made					M	D	Y	\$	
					1	0	2	7	0
					8				0.00
					M	D	Y		
					M	D	Y		
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
					Date			Amount	
Date Loan was originally Made					M	D	Y	\$	
					M	D	Y		
					M	D	Y		
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
					Date			Amount	
Date Loan was originally Made					M	D	Y	\$	
					M	D	Y		
					M	D	Y		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 500.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)