

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Elizabeth Walters						Registration Number, if PAC			
Full Name of Candidate Elizabeth M. Walters									
Street Address 1700 West Market Street					Office Sought County Council		District Summit Coun		
City Akron						State O H	Zip Code 44313		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M	D	Y

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(B) for details.

1. Amount brought forward from last report	\$	12,661.86
2. Total monetary contributions (From Form No. 31-A)	\$	325.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	12,986.86
5. Total monetary expenditures (From Form No. 31-B)	\$	2,814.98
6. Balance on hand (line 4 minus line 5)	\$	10,171.88
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
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)	\$	
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	\$	

#11,006 A/c
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
2016 MAR -3 PM 3:57

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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

Gen C. Murphy

Print Name and Title (Treasurer and Deputy Treasurer only)

Gen C. Murphy
Signature

3/3/2016
Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Elizabeth Walters						
Full Name of Contributor Friends of Nickie J. Antonio				Registration Number, if PAC		
Street Address 1305 Belle Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Check	
City Lakewood	State O H	Zip Code 44107	M 0 2	D 1 9	Y 1 6	Amount 250.00
Full Name of Contributor Margaret McDowell Lloyd				Registration Number, if PAC		
Street Address 2114 Firestone Trace		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Check	
City Akron	State O H	Zip Code 44333	M 0 2	D 1 9	Y 1 6	Amount 25.00
Full Name of Contributor William DeMora				Registration Number, if PAC		
Street Address 100 Warren Street		Employer/Occupation/Labor Organization* Strategies Unlimired/Consultant			Form (Cash, Check, etc) Credit Card	
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 2	Y 1 6	Amount 25.00
Full Name of Contributor Rory Campbell				Registration Number, if PAC		
Street Address 130 M Street NE		Employer/Occupation/Labor Organization* Ichor Strategies/Consultant			Form (Cash, Check, etc) Credit Card	
City Washington	State D C	Zip Code 200002	M 0 2	D 0 4	Y 1 6	Amount 25.00
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

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Elizabeth Walters							
To Whom Paid Kimberly Wood and Associates				M	D	Y	Amount
				0	2	1	2,500.00
Address 3247 Stillwater Drive		Purpose Consulting Fee					
City Medina		State O	H	Zip Code 44256	Check Number 130		
To Whom Paid Summit County Democratic Party				M	D	Y	Amount
				0	2	1	50.00
Address 437438 Grant Street		Purpose Contribution					
City Akron		State O	H	Zip Code 44311	Check Number 129		
To Whom Paid NGP VAN				M	D	Y	Amount
				0	2	1	90.00
Address 1101 15th Street NE		Purpose Fundraising Data Base					
City Washington		State D	C	Zip Code 20005	Check Number		
To Whom Paid Sage Payment Solutions				M	D	Y	Amount
				0	2	0	14.90
Address 12120 Sunset Hills Road Suite 500		Purpose Credit Card Processing Fees					
City Reston		State V	A	Zip Code 20190	Check Number		
To Whom Paid Sage Payment Solutions				M	D	Y	Amount
				0	3	0	4.08
Address 12120 Sunset Hills Road Suite 500		Purpose Credit Card Processing Fees					
City Reston		State V	A	Zip Code 20190	Check Number		
To Whom Paid UPS				M	D	Y	Amount
				0	2	1	96.00
Address 1700 West Market Street		Purpose Mail Box					
City Akron		State O	H	Zip Code 44313	Check Number		
To Whom Paid Ohio Ethics Commission				M	D	Y	Amount
				0	2	1	60.00
Address 30 West Spring Street		Purpose Filing Fee					
City Columbus		State O	H	Zip Code 43215	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
City				State	Zip Code	Check Number	