

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 Favlor 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)	Pre-Primary		<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General	Annual Year
	July Monthly			August Monthly		September Monthly		Termination	Semiannual
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	D	Y	
				1 1		0	8	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	\$	83,998.16
2. Total monetary contributions (From Form No. 31-A)	\$	770.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	84,768.16
5. Total monetary expenditures (From Form No. 31-B)	\$	560.00
6. Balance on hand (line 4 minus line 5)	\$	84,208.16
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)	\$	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**

APR 19 AM 8:37

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

11,035 Ave

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

J. Bheam

4/17/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages **2-3**

Expenditure pages **4**

Other pages **5-8**

Total pages **8**

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-G					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 545.00	
Full Name of Contributor Kathryn A Belfance					Registration Number, if PAC		
Street Address 50 S Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44308	M 0	D 3	Y 0	Amount 100.00	
Full Name of Contributor Local No 219					Registration Number, if PAC PCE 7695		
Street Address 644 E Tallmadge Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44310	M 0	D 3	Y 0	Amount 125.00	
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	

* 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)]

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							
David Crook							
Street Address				M	D	Y	Amount
1044 Burbank Ave				0	2	9	125.00
City		State	Zip Code	Form (Cash, Check, etc)			
Akron		O H	44313	Check			
Full Name of Contributor							
Thomas J Kroll, II							
Street Address				M	D	Y	Amount
19384 Timber Creek Cir				0	3	0	120.00
City		State	Zip Code	Form (Cash, Check, etc)			
Strongsville		O H	44136	Check			
Full Name of Contributor							
Kevin Mayer							
Street Address				M	D	Y	Amount
2038 Wyndham Rd				0	3	0	125.00
City		State	Zip Code	Form (Cash, Check, etc)			
Akron		O H	44313	Check			
Full Name of Contributor							
Kassim Ahmed							
Street Address				M	D	Y	Amount
3324 Lenox Village, Unit 221				0	3	0	125.00
City		State	Zip Code	Form (Cash, Check, etc)			
Fairlawn		O H	44333	Check			
Full Name of Contributor							
Ronald Clum							
Street Address				M	D	Y	Amount
867 Locust Drive				0	3	1	50.00
City		State	Zip Code	Form (Cash, Check, etc)			
Tallmadge		O H	44278	Check			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)			

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.

 (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 \$ 545.00

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						M	D	Y	Amount			
Ohio Democratic Party						0	2	2	5	1	6	400.00
Address			Purpose									
340 East Fulton Street			Legacy dinner fundraiser tickets									
City		State	Zip Code		Check Number							
Columbus		O H	43215		1103							
To Whom Paid						M	D	Y	Amount			
Sherri Bevan Walsh						0	2	2	9	1	6	60.00
Address			Purpose									
7519 Warren Point Lane			Reimbursement for ethics statement filing fee									
City		State	Zip Code		Check Number							
Hudson		O H	44236		1099							
To Whom Paid						M	D	Y	Amount			
Summit County Democratic Party						0	4	0	5	1	6	100.00
Address			Purpose									
438 Grant Street			Annual assessment for elected officials									
City		State	Zip Code		Check Number							
Akron		O H	44311		1104							
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 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)