

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Elizabeth Walters</b>						Registration Number, if PAC					
Full Name of Candidate <b>Elizabeth M. Walters</b>											
Street Address <b>1700 West Market Street</b>						Office Sought <b>County Council</b>			District <b>Summit Coun</b>		
City <b>Akron</b>						State <b>O H</b>		Zip Code <b>44313</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b>	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 checked="" type="checkbox"/> No			Date of Election			M	D	Y
						<b>1 1 0 8 1 6</b>					

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	\$ 10,996.84
2. Total monetary contributions (From Form No. 31-A)	\$ 25.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,021.84
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,636.52
6. Balance on hand (line 4 minus line 5)	\$ 9,385.32
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	\$

2016 APR 22 PM 3:43  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO  
 #11,062 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

**Gen C. Murphy**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

*7/22/16*

Contribution pages <u>  1  </u>
------------------------------------

Expenditure pages <u>  2  </u>
-----------------------------------

Other pages _____
----------------------

Total pages <u>  3  </u>
-----------------------------

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Elizabeth Walters</b>									
To Whom Paid <b>Friends of Dontavius Jarrells</b>						M	D	Y	Amount
						0	3	1	100.00
Address <b>222 East Town Street</b>		Purpose <b>Contribution</b>							
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>135</b>				
To Whom Paid <b>The Grocery</b>						M	D	Y	Amount
						0	3	1	160.00
Address <b>3815 Lorian Ave</b>		Purpose <b>Food for Fundraiser</b>							
City <b>Cleveland</b>		State <b>O</b>	H	Zip Code <b>44113</b>	Check Number <b>134</b>				
To Whom Paid <b>The Redfern Committee</b>						M	D	Y	Amount
						0	3	1	250.00
Address <b>4269 East Valley Road</b>		Purpose <b>Contribution</b>							
City <b>Port Clinton</b>		State <b>O</b>	H	Zip Code <b>43452</b>	Check Number <b>136</b>				
To Whom Paid <b>Sage Payment Solutions</b>						M	D	Y	Amount
						0	4	0	1.80
Address <b>12120 Sunset Hills Road Suite 500</b>		Purpose <b>Credit Card Processing Fees</b>							
City <b>Reston</b>		State <b>V</b>	A	Zip Code <b>20190</b>	Check Number				
To Whom Paid <b>Velocity Direct</b>						M	D	Y	Amount
						0	3	2	194.40
Address <b>6410 Eastland Road #G</b>		Purpose <b>Fundraising Postcard</b>							
City <b>Brookpark</b>		State <b>O</b>	H	Zip Code <b>44142</b>	Check Number <b>138</b>				
To Whom Paid <b>Velocity Direct</b>						M	D	Y	Amount
						0	3	2	592.32
Address <b>6410 Eastland Road #G</b>		Purpose <b>Fundraising Letter</b>							
City <b>Brookpark</b>		State <b>O</b>	H	Zip Code <b>44124</b>	Check Number <b>137</b>				
To Whom Paid <b>Summit County Democratic Party</b>						M	D	Y	Amount
						0	3	3	100.00
Address <b>438 Grant Street</b>		Purpose <b>Contribution</b>							
City <b>Akron</b>		State <b>O</b>	H	Zip Code <b>44311</b>	Check Number <b>139</b>				
To Whom Paid <b>Ohio Farm Bureau Federation</b>						M	D	Y	Amount
						0	4	1	88.00
Address <b>280 North High Street #6</b>		Purpose <b>Membership Dues</b>							
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Check Number				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Elizabeth Walters</b>									
To Whom Paid <b>CANAPI</b>						M	D	Y	Amount
						0	3	3	150.00
Address <b>895 North Main Street</b>		Purpose <b>Contribution</b>							
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44310</b>		Check Number <b>140</b>				
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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Elizabeth Walters</b>							
Full Name of Contributor <b>William DeMora</b>					Registration Number, if PAC		
Street Address <b>100 Warren Street</b>		Employer/Occupation/Labor Organization* <b>Strategies Unlimited/Consultant</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43215</b>	M <b>0</b>	D <b>3</b>	Y <b>2 2 1 6</b>	Amount <b>25.00</b>
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)]