

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 Co.	
City Akron				State OH		Zip Code 44313	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> 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		1 ^M	1 ^D	0 ^Y
					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 for 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	\$	\$16,349.73
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,420.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$18,769.73
5. Total monetary expenditures made (From Form No. 31-B)	\$	\$10,843.27
6. Balance on hand (line 4 minus line 5)	\$	\$7,926.46
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.	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2016 DEC 12 PM 2: 19
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 037-0404

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 Murphy, Treasurer _____ **12/12/2016** _____
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 5	Expenditure pages 4	Other pages 0	Total pages 9
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Elizabeth Walters							Registration Number, if PAC						
Full Name of Contributor William DeMora							Form (Cash, Check, etc.) Credit Card						
Street Address 100 Warren St.				Employer/Occupation/Labor Organization*			Amount						
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 2	Y 4	Y 1	Y 6			
Full Name of Contributor Michael Herhold							Registration Number, if PAC						
Street Address 1710 Hampton Rd.							Form (Cash, Check, etc.) Credit Card						
City Akron				State OH	Zip Code 44305		M 1	D 0	Y 2	Y 4	Y 1	Y 6	Amount \$50.00
Full Name of Contributor Hillary Stewart							Registration Number, if PAC						
Street Address 1327 Dietz Ave.							Form (Cash, Check, etc.) Credit Card						
City Akron				State OH	Zip Code 44303		M 1	D 0	Y 2	Y 7	Y 1	Y 6	Amount \$100.00
Full Name of Contributor Morgan Lasher							Registration Number, if PAC						
Street Address 514 Merriman Rd.							Form (Cash, Check, etc.) Credit Card						
City Akron				State OH	Zip Code 44303		M 1	D 0	Y 2	Y 7	Y 1	Y 6	Amount \$50.00
Full Name of Contributor Robert Dorans							Registration Number, if PAC						
Street Address 146 E. 4th Ave.							Form (Cash, Check, etc.) Credit Card						
City Columbus				State OH	Zip Code 43201		M 1	D 1	Y 0	Y 1	Y 1	Y 6	Amount \$25.00
Full Name of Contributor Annal Vyas							Registration Number, if PAC						
Street Address 150 University Ave.							Form (Cash, Check, etc.) Credit Card						
City Akron				State OH	Zip Code 44325		M 1	D 1	Y 0	Y 2	Y 1	Y 6	Amount \$100.00
Full Name of Contributor Christine Mayer							Registration Number, if PAC						
Street Address 5680 Ledgebrook Ln.							Form (Cash, Check, etc.) Credit Card						
City Solon				State OH	Zip Code 44139		M 1	D 1	Y 0	Y 4	Y 1	Y 6	Amount \$50.00
Full Name of Contributor William DeMora							Registration Number, if PAC						
Street Address 100 Warren St.							Form (Cash, Check, etc.) Credit Card						
City Columbus				State OH	Zip Code 43215		M 1	D 1	Y 2	Y 2	Y 1	Y 6	Amount \$25.00

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of Elizabeth Walters									
To Whom Paid			M	D	Y	Amount			
Tri-County AFL-CIO			1	0	2	1	1	6	\$60.00
Address			Purpose						
720 Wolf Ledges Pkwy., Suite 207			Event Contribution						
City		State	Zip Code	Check Number					
Akron		OH	44311	159					
To Whom Paid			M	D	Y	Amount			
ASAP LLC			1	0	2	4	1	6	\$3,679.62
Address			Purpose						
PO Box 2230			Yard Signs						
City		State	Zip Code	Check Number					
North Canton		OH	44720	161					
To Whom Paid			M	D	Y	Amount			
Halloween Charity Ball			1	0	2	7	1	6	\$500.00
Address			Purpose						
4960 Darrow Rd.			Sponsorship						
City		State	Zip Code	Check Number					
Stow		OH	44224	157					
To Whom Paid			M	D	Y	Amount			
Hillary Victory Fund			1	0	2	7	1	6	\$500.00
Address			Purpose						
PO Box 1366			Contribution						
City		State	Zip Code	Check Number					
Merrifield		VA <input checked="" type="checkbox"/>	22116	162					
To Whom Paid			M	D	Y	Amount			
Starbucks			1	0	3	1	1	6	\$12.75
Address			Purpose						
2884 South Arlington Rd.			Drinks for Volunteers						
City		State	Zip Code	Check Number					
Akron		OH	44312	n/a					
To Whom Paid			M	D	Y	Amount			
NGP VAN			1	1	0	1	1	6	\$450.00
Address			Purpose						
1101 15th St. NW, Suite 500			Database Fees						
City		State	Zip Code	Check Number					
Washington		DC <input checked="" type="checkbox"/>	20005	n/a					
To Whom Paid			M	D	Y	Amount			
JVA Campaigns, LLC			1	1	0	2	1	6	\$1,750.00
Address			Purpose						
240 N. 5th St., Suite 360			Campaign Literature						
City		State	Zip Code	Check Number					
Columbus		OH	43215	164					
To Whom Paid			M	D	Y	Amount			
Marcia L. Fudge for Congress			1	1	0	2	1	6	\$100.00
Address			Purpose						
23811 Chagrin Blvd.			Contribution						
City		State	Zip Code	Check Number					
Beachwood		OH	44122	165					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Friends of Elizabeth Walters										
To Whom Paid							M	D	Y	Amount
Sage Payment Solutions							1	1	0 2 1 6	\$59.39
Address				Purpose						
12120 Sunset Hills Rd., Suite 500				Processing Fees						
City		State		Zip Code		Check Number				
Reston		VA <input checked="" type="checkbox"/>		20190		n/a				
To Whom Paid							M	D	Y	Amount
Summit County Democratic Party							1	1	0 4 1 6	\$1,000.00
Address				Purpose						
438 Grant St.				Contribution						
City		State		Zip Code		Check Number				
Akron		OH		44311		168				
To Whom Paid							M	D	Y	Amount
Hubay Legal Services, LLC							1	1	0 7 1 6	\$450.00
Address				Purpose						
1950 West 45th St.				Sponsorship						
City		State		Zip Code		Check Number				
Cleveland		OH		44102		167				
To Whom Paid							M	D	Y	Amount
Friends of Tommy Greene							1	1	0 8 1 6	\$250.00
Address				Purpose						
2007 Northview Road				Contribution						
City		State		Zip Code		Check Number				
Rocky River		OH <input checked="" type="checkbox"/>		44116		166				
To Whom Paid							M	D	Y	Amount
Swenson's							1	1	0 9 1 6	\$148.85
Address				Purpose						
658 E. Cuyahoga Falls Ave.				Food & Drinks for Volunteers						
City		State		Zip Code		Check Number				
Akron		OH		44310		n/a				
To Whom Paid							M	D	Y	Amount
Barley House							1	1	0 9 1 6	\$114.66
Address				Purpose						
222 S. Main St.				Food & Drink for Election Night						
City		State		Zip Code		Check Number				
Akron		OH <input checked="" type="checkbox"/>		44308		n/a				
To Whom Paid							M	D	Y	Amount
Akron NAACP							1	1	1 0 1 6	\$220.00
Address				Purpose						
230 W. Center St.				Contribution						
City		State		Zip Code		Check Number				
Akron		OH		44302		169				
To Whom Paid							M	D	Y	Amount
Fifth Third Bank							1	1	1 0 1 6	\$12.00
Address				Purpose						
656 W. Market St.				Service Charge						
City		State		Zip Code		Check Number				
Akron		OH		44303		n/a				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Elizabeth Walters							
To Whom Paid				M	D	Y	Amount
Bin 216				1	1	2 1 1 6	\$30.00
Address		Purpose					
1515 Euclid Ave.		Costs for Meeting					
City	State	Zip Code	Check Number				
Cleveland	OH	44115	n/a				
To Whom Paid				M	D	Y	Amount
Mustard Seed Cafe				1	1	2 3 1 6	\$28.94
Address		Purpose					
867 West Market St.		Food & Drink for Meeting					
City	State	Zip Code	Check Number				
Akron	OH	44303	n/a				
To Whom Paid				M	D	Y	Amount
Ms. Julie's Kitchen				1	1	3 0 1 6	\$52.29
Address		Purpose					
1809 South Main St.		Food & Drink for Volunteers					
City	State	Zip Code	Check Number				
Akron	OH	44301	n/a				
To Whom Paid				M	D	Y	Amount
Sweet Mary's Bakery				1	2	0 2 1 6	\$18.96
Address		Purpose					
76 Mill St.		Food & Drink for Meeting					
City	State	Zip Code	Check Number				
Akron	OH	44308	n/a				
To Whom Paid				M	D	Y	Amount
Sage Payment Solutions				1	2	0 2 1 6	\$11.64
Address		Purpose					
12120 Sunset Hills Rd., Suite 500		Processing Fees					
City	State	Zip Code	Check Number				
Reston	VA <input checked="" type="checkbox"/>	20190	n/a				
To Whom Paid				M	D	Y	Amount
Federated Democratic Women of Summit County				1	2	0 5 1 6	\$25.00
Address		Purpose					
438 Grant St.		Contribution					
City	State	Zip Code	Check Number				
Akron	OH	44311	171				
To Whom Paid				M	D	Y	Amount
Valley Cafe				1	2	0 7 1 6	\$16.74
Address		Purpose					
1212 Weathervane Ln.		Food & Drink for Meeting					
City	State	Zip Code	Check Number				
Akron	OH	44313	n/a				
To Whom Paid				M	D	Y	Amount
JVA Campaigns, LLC				1	2	0 7 1 6	\$1,000.00
Address		Purpose					
240 N. 5th St., Suite 360		Campaign Literature					
City	State	Zip Code	Check Number				
Columbus	OH	43215	170				

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Elizabeth Walters							
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC			
Street Address n/a	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				1	0	2516	\$145.00
City n/a	State OH	Zip Code		Form (Cash, Check, etc.) Cash and Check			
Full Name of Contributor Adrienne Bradley				Registration Number, if PAC			
Street Address 2108 Jennifer St.				Employer/Occupation/Labor Organization*			
City Akron	State OH	Zip Code 44313		M	D	Y	Amount
				1	0	2516	\$35.00
Full Name of Contributor Todd Breaux				Registration Number, if PAC			
Street Address 675 Merriman Road				Employer/Occupation/Labor Organization* AGMC/Physician			
City Akron	State OH	Zip Code 44303		M	D	Y	Amount
				1	0	2516	\$250.00
Full Name of Contributor Abbigail Chandler				Registration Number, if PAC			
Street Address 34 Bradley Dr.				Employer/Occupation/Labor Organization* Summa/Physician			
City Hudson	State OH	Zip Code 44236		M	D	Y	Amount
				1	0	2516	\$100.00
Full Name of Contributor Sean Cooper				Registration Number, if PAC			
Street Address 132 Dellenberger Ave.				Employer/Occupation/Labor Organization*			
City Akron	State OH	Zip Code 44312		M	D	Y	Amount
				1	0	2516	\$40.00
Full Name of Contributor Sean D'Arcy				Registration Number, if PAC			
Street Address 5700 Roosevelt St.				Employer/Occupation/Labor Organization* Akin Gump/Attorney			
City Bethesda	State MD <input type="checkbox"/>	Zip Code 20817		M	D	Y	Amount
				1	0	2516	\$250.00
Full Name of Contributor John Frola				Registration Number, if PAC			
Street Address 3197 N. Jackson Blvd.				Employer/Occupation/Labor Organization* CT Consultants/Consultant			
City Uniontown	State OH	Zip Code 44685		M	D	Y	Amount
				1	0	2516	\$100.00

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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

\$1,995.00

Total expenditures this event.

\$352.43

Page Total \$ **\$920.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Elizabeth Walters			
Full Name of Contributor		Registration Number, if PAC	
John Galonski			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
1137 Allendale Ave.		1 0	2 5 1 6
City	State	Zip Code	Amount
Akron	OH	44306	\$50.00
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Christine Higham			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
1188 Shadyside Ln.		1 0	2 5 1 6
City	State	Zip Code	Amount
Tallmadge	OH	44278	\$35.00
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Friends of Greta Johnson			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
2220 Cambridge St.		1 0	2 5 1 6
City	State	Zip Code	Amount
Akron	OH	44319	\$250.00
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Stephen Knittel			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
80 N. Portage Path, Apt 103		1 0	2 5 1 6
City	State	Zip Code	Amount
Akron	OH	44303	\$40.00
		Form (Cash, Check, etc.)	
		Cash	
Full Name of Contributor		Registration Number, if PAC	
Adarsh Krishen			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
1654 24th St.		1 0	2 5 1 6
City	State	Zip Code	Amount
Cuyahoga Falls	OH	44223	\$50.00
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Shammas Malik			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
7241 Antares Dr.		1 0	2 5 1 6
City	State	Zip Code	Amount
Gaithersburg	MD <input type="checkbox"/>	20879	\$50.00
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Jonathan Morschl			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
753 W. Market St., Suite 103		1 0	2 5 1 6
City	State	Zip Code	Amount
Akron	OH	44303	\$50.00
		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

\$1,995.00

Total expenditures this event.

\$352.43

Page Total \$ **\$525.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Elizabeth Walters							
Full Name of Contributor Christina Rilling		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2416 Grant Ave.				1	0	2516	\$50.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) Check				
Heather Roszczyk							
Street Address 111 E. Case Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Hudson		State OH	Zip Code 44236	1	0	2516	\$30.00
Full Name of Contributor Citizens for Schmidt		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1460 Curtis Ave.				1	0	2516	\$100.00
City Cuyahoga Falls	State OH	Zip Code 44221	Form (Cash, Check, etc.) Check				
Andrew Schuellerman							
Street Address 196 E. Glenwood Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44310	1	0	2516	\$35.00
Full Name of Contributor C.A. Morris Shecter		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 4260 Bramble Dr.				1	0	2516	\$35.00
City Copley	State OH	Zip Code 44321	Form (Cash, Check, etc.) Check				
Sarah Vradenburg							
Street Address 1181 Sunset View Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Akron		State OH	Zip Code 44313	1	0	2516	\$50.00
Full Name of Contributor Susan E. Wuscher		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 3487 E. Prescott Cir.		Intl. Inst. of Akron/Nonprofit Administrator		1	0	2516	\$100.00
City Cuyahoga Falls	State OH	Zip Code 44223	Form (Cash, Check, etc.) Check				

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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
\$1,995.00

Total expenditures this event.
\$352.43

Page Total \$ **\$400.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Elizabeth Walters				
Full Name of Contributor Goldman & Rosen LTD (Gary Rosen)			Registration Number, if PAC	
Street Address 11 S. Forge St.	Employer/Occupation/Labor Organization*		M D Y 1 0 2 5 1 6	Amount \$50.00
City Akron	State OH	Zip Code 44304	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee to Elect Jerry Feeman			Registration Number, if PAC	
Street Address 1068 Ledgebrook Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 2 5 1 6	Amount \$100.00
City Tallmadge	State OH	Zip Code 44278	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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

\$1,995.00

Total expenditures this event.

\$352.43

Page Total \$ 150.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Elizabeth Walters						
To Whom Paid Giant Eagle			M	D	Y	Amount
			1	0	2	\$252.43
Address 230 Howe Ave.		Purpose Supplies for Fundraiser				
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number n/a			
To Whom Paid Birchwood Supply Co.			M	D	Y	Amount
			1	0	2	\$100.00
Address 21 Merriman Rd.		Purpose Shop Rental for Fundraiser				
City Akron	State OH	Zip Code 44303	Check Number 163			
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
		OH				
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
		OH				
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
		OH				
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
		OH				
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
		OH				

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.