

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		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September 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 1 1	D 0 8	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	\$ 62,008.22
2. Total monetary contributions (From Form No. 31-A)	\$ 8,035.00
3. Total other income (From Form No. 31-A-2)	\$ 2.85
4. Total funds available (sum of lines 1, 2, 3)	\$ 70,046.07
5. Total monetary expenditures (From Form No. 31-B)	\$ 13,511.86
6. Balance on hand (line 4 minus line 5)	\$ 56,534.21
7. Value of in-kind contributions received (From Form No. 31-F)	\$
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

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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) Tultz, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

J. Tultz
Signature

1/10/2018
Date

Contribution pages **2-20**

Expenditure pages **21-23**

Other pages **24-44**

Total pages **44**

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 (9/21/17)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 8,305.00	
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	

* 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 Re-Elect Sherri Bevan Walsh Prosecutor							
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	8	3	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Boston Hts.		O H	44236	Check			
Full Name of Contributor				Registration Number, if PAC			
Dennis Balogh							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2883 Rich Rd.				0	9	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
Norton		O H	44203	Check			
Full Name of Contributor				Registration Number, if PAC			
Gregg Cramer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3497 Bancroft Rd.				0	9	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Fairlawn		O H	44333	Check			
Full Name of Contributor				Registration Number, if PAC			
Timothy Stern/Plumbers & Pipefitters Local 219				PCE 7695			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
644 E. Tallmadge Ave.				0	9	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O H	44310	Check			
Full Name of Contributor				Registration Number, if PAC			
Andrea Norris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4700 Dustys Rd.				0	9	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O H	44319	Check			
Full Name of Contributor				Registration Number, if PAC			
Veronica Williamson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5040 Camp Rd.				0	9	0	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Ravenna		O H	44266	Check			
Full Name of Contributor				Registration Number, if PAC			
Tavia Galonski							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1137 Allendale Ave.				0	9	1	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Akron		O H	44306	Check			

* 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)]

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 \$ 1,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Committee to Re-Elect Sherri Bevan Walsh Prosecutor							
Full Name of Contributor Neal Ginley/Pipe Fitters Local 120		Registration Number, if PAC					
Street Address 6305 Halle Dr.	Employer/Occupation/Labor Organization*						
City Cleveland	State OH	Zip Code 44125	0	8	3	0	250.00
Form(Cash,Check,etc) Check							
Full Name of Contributor John Murphy		Registration Number, if PAC					
Street Address 127 Public Square, 2200 Key Tower	Employer/Occupation/Labor Organization*						
City Cleveland	State OH	Zip Code 44113	0	8	2	9	500.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Kendra Stickel		Registration Number, if PAC					
Street Address 653 Ada St.	Employer/Occupation/Labor Organization*						
City Kent	State OH	Zip Code 44240	0	9	2	0	100.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Barbara Flynn		Registration Number, if PAC					
Street Address 725 Polk Ave.	Employer/Occupation/Labor Organization*						
City Akron	State OH	Zip Code 44314	0	9	1	8	100.00
Form(Cash,Check,etc) Check							
Full Name of Contributor Steve Barry		Registration Number, if PAC					
Street Address 1520 Applewood Way	Employer/Occupation/Labor Organization*						
City Uniontown	State OH	Zip Code 44685	0	9	2	1	50.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Mary Ann Kovach		Registration Number, if PAC					
Street Address 368 Lake of the Woods Blvd.	Employer/Occupation/Labor Organization*						
City Akron	State OH	Zip Code 44333	0	9	2	1	50.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor Steve Norman		Registration Number, if PAC					
Street Address 5164 S. Arlington Rd.	Employer/Occupation/Labor Organization*						
City N. Canton	State OH	Zip Code 44720	0	9	2	1	70.00
Form(Cash,Check,etc) Cash							

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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 \$ 1,120.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Committee to Re-Elect Sherri Bevan Walsh Prosecutor							
Full Name of Contributor Kristen Arapp		Registration Number, if PAC					
Street Address 465 Warwick St.	Employer/Occupation/Labor Organization*		0	9	2	1	17
City Akron	State OH	Zip Code 44305	Form(Cash,Check,etc) Cash		Amount 60.00		
Full Name of Contributor Katerina Papas		Registration Number, if PAC					
Street Address 699 Wye Road	Employer/Occupation/Labor Organization*		0	7	2	5	17
City Akron	State OH	Zip Code 44333	Form(Cash,Check,etc) Check		Amount 100.00		
Full Name of Contributor Harold Britt		Registration Number, if PAC					
Street Address 11030 Haverhill Cir., NE	Employer/Occupation/Labor Organization*		0	9	2	1	17
City Hartville	State OH	Zip Code 44632	Form(Cash,Check,etc) Check		Amount 50.00		
Full Name of Contributor Sandra Kurt		Registration Number, if PAC					
Street Address 140 Mayfield Ave.	Employer/Occupation/Labor Organization*		0	9	1	9	17
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check		Amount 50.00		
Full Name of Contributor Mark Manning		Registration Number, if PAC					
Street Address 180 Gleason Ave.	Employer/Occupation/Labor Organization*		0	9	2	1	17
City Akron	State OH	Zip Code 44312	Form(Cash,Check,etc) Check		Amount 50.00		
Full Name of Contributor John Schmidt		Registration Number, if PAC					
Street Address 1460 Curtis Ave.	Employer/Occupation/Labor Organization*		0	9	2	1	17
City Cuyahoga Falls	State OH	Zip Code 44221	Form(Cash,Check,etc) Check		Amount 100.00		
Full Name of Contributor David Horner		Registration Number, if PAC					
Street Address 554 Weber Ave.	Employer/Occupation/Labor Organization*		0	9	2	1	17
City Akron	State OH	Zip Code 44303	Form(Cash,Check,etc) Check		Amount 50.00		

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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

Total expenditures this event

Page Total \$ 460.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Committee to Re-Elect Sherri Bevan Walsh Prosecutor							
Full Name of Contributor Anthony Petrarca		Registration Number, if PAC					
Street Address 1765 Merriman Rd.	Employer/Occupation/Labor Organization*		0	9	1	5	250.00
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check				
Full Name of Contributor Marylou Gessner		Registration Number, if PAC					
Street Address 6486 Bay Meadow Ct.	Employer/Occupation/Labor Organization*		0	9	2	2	250.00
City Austintown	State OH	Zip Code 44515	Form(Cash,Check,etc) Money Order				
Full Name of Contributor IBEW PAC		Registration Number, if PAC C00027342					
Street Address 900 Seventh St., NW	Employer/Occupation/Labor Organization*		0	9	2	1	250.00
City Washington	State DC	Zip Code 20001	Form(Cash,Check,etc) Check				
Full Name of Contributor Lawrence Scanlon		Registration Number, if PAC					
Street Address 57 S. Broadway St., 3rd Floor	Employer/Occupation/Labor Organization*		0	9	3	0	150.00
City Akron	State OH	Zip Code 44308	Form(Cash,Check,etc) Check				
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-G		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*						4,505.00
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)				

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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

8,035.00

Total expenditures this event

2,043.49

Page Total \$ 5,405.00

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 Joseph Fantozzi									
Street Address 548 Bobwhite Trl			M	D	Y	Amount			
			0	8	3	1	1	7	250.00
City Akron		State O H	Zip Code 44319		Form (Cash, Check, etc) Check				
Full Name of Contributor Brett Lawrence									
Street Address 3767 Heartwood St., NW			M	D	Y	Amount			
			0	9	2	1	1	7	100.00
City Uniontown		State O H	Zip Code 44685		Form (Cash, Check, etc) Check				
Full Name of Contributor John Galonski									
Street Address 1137 Allendale Ave.			M	D	Y	Amount			
			0	9	1	1	1	7	200.00
City Akron		State O H	Zip Code 44306		Form (Cash, Check, etc) Check				
Full Name of Contributor Lisa Holdt									
Street Address 3916 S. Arlington Rd., Unit 1216			M	D	Y	Amount			
			0	9	2	1	1	7	120.00
City Uniontown		State O H	Zip Code 44685		Form (Cash, Check, etc) Check				
Full Name of Contributor Angela Poth-Wypasek									
Street Address 9612 Mennonite Rd.			M	D	Y	Amount			
			0	9	1	5	1	7	50.00
City Wadsworth		State O H	Zip Code 44281		Form (Cash, Check, etc) Check				
Full Name of Contributor Rebecca Stock									
Street Address 1774 Toepfer Rd.			M	D	Y	Amount			
			0	9	1	5	1	7	100.00
City Akron		State O H	Zip Code 44312		Form (Cash, Check, etc) 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.

[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."

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								
Brian LoPrinzi								
Street Address				M	D	Y	Amount	
3247 Forestmeadow Dr.				0	9	13	17	100.00
City	State	Zip Code	Form (Cash, Check, etc)					
Cuyahoga Falls	OH	44223	Check					
Full Name of Contributor								
Mark Beckwith								
Street Address				M	D	Y	Amount	
5780 Horning Rd.				0	9	21	17	50.00
City	State	Zip Code	Form (Cash, Check, etc)					
Kent	OH	44240	Check					
Full Name of Contributor								
James Pollack								
Street Address				M	D	Y	Amount	
3676 Meadowbrook Blvd.				0	9	06	17	45.00
City	State	Zip Code	Form (Cash, Check, etc)					
University Hts.	OH	44118	Check					
Full Name of Contributor								
Crystal Baker								
Street Address				M	D	Y	Amount	
484 Tulip Trl.				0	9	08	17	50.00
City	State	Zip Code	Form (Cash, Check, etc)					
Wadsworth	OH	44281	Check					
Full Name of Contributor								
Ariana Zimcosky								
Street Address				M	D	Y	Amount	
4437 Glenbrook Dr., Apt. 201				0	9	08	17	50.00
City	State	Zip Code	Form (Cash, Check, etc)					
Brunswick	OH	44212	Check					
Full Name of Contributor								
Regina Vanvorous								
Street Address				M	D	Y	Amount	
4427 King Arthur Dr.				0	9	01	17	50.00
City	State	Zip Code	Form (Cash, Check, etc)					
Uniontown	OH	44685	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.

[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 \$ 345.00

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 Claude McCutcheon						
Street Address 636 Pontius St., NW			M	D	Y	Amount
			0	9	1	100.00
City Mogadore			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44260	Form (Cash, Check, etc) Check
Full Name of Contributor Shari Barton Harrell						
Street Address 94 E. Archwood Ave.			M	D	Y	Amount
			0	9	1	50.00
City Akron			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44301	Form (Cash, Check, etc) Check
Full Name of Contributor Joseph McAleese						
Street Address 1651 Discovery Rd.			M	D	Y	Amount
			0	9	2	50.00
City N. Canton			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44720	Form (Cash, Check, etc) Cash
Full Name of Contributor Kevin Daley						
Street Address 2214 Michael Dr.			M	D	Y	Amount
			0	9	2	50.00
City Youngstown			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44511	Form (Cash, Check, etc) Cash
Full Name of Contributor Joseph Miller						
Street Address 8611 Strawbridge Cir.			M	D	Y	Amount
			0	9	2	60.00
City Macedonia			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44056	Form (Cash, Check, etc) Cash
Full Name of Contributor Elisabeth Jackson						
Street Address 710 Jefferson Ave., Apt. 310			M	D	Y	Amount
			0	9	2	50.00
City Cleveland			State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 44113	Form (Cash, Check, etc) Cash

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 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 \$ 360.00

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					
Richard Mittica					
Street Address					
1014 Kenilworth Ave., #3					
		M	D	Y	Amount
		0	9	2	2
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Cleveland					
		State	Zip Code		
		O H	44113		
Full Name of Contributor					
Leslie Knoblauch					
Street Address					
1757 Mayflower Lane					
		M	D	Y	Amount
		0	9	2	7
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Hudson					
		State	Zip Code		
		O H	44236		
Full Name of Contributor					
Ben Bergeron					
Street Address					
231 E. Slingluff Ave.					
		M	D	Y	Amount
		0	9	2	4
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Dover					
		State	Zip Code		
		O H	44622		
Full Name of Contributor					
Larry Cook					
Street Address					
4133 Hogle Ave.					
		M	D	Y	Amount
		0	9	2	1
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Ravenna					
		State	Zip Code		
		O H	44266		
Full Name of Contributor					
Richard Raley					
Street Address					
21740 Overlook Dr.					
		M	D	Y	Amount
		0	9	2	1
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Fairview Park					
		State	Zip Code		
		O H	44126		
Full Name of Contributor					
Cletus Pulliam					
Street Address					
2766 Mull Ave., Apt. D					
		M	D	Y	Amount
		0	9	2	2
		1	7		
Form (Cash, Check, etc)					
Check					
City					
Copley					
		State	Zip Code		
		O H	44321		

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 \$ 350.00

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								
Marvin Evans								
Street Address								
630 Delaware Ave.								
		M	D	Y	Amount			
		0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)		
Akron		O H		44303		Check		
Full Name of Contributor								
Samantha Hardin								
Street Address								
123 Fairlawn Ave.								
		M	D	Y	Amount			
		0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)		
Wadsworth		O H		44281		Check		
Full Name of Contributor								
Thomas Kroll, II								
Street Address								
19384 Timber Creek Cir.								
		M	D	Y	Amount			
		0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)		
Strongsville		O H		44136		Check		
Full Name of Contributor								
Peter Daly								
Street Address								
1776 W. Idlewood Dr.								
		M	D	Y	Amount			
		0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)		
Twinsburg		O H		44087		Check		
Full Name of Contributor								
Kevin Mayer								
Street Address								
2038 Wyndham Rd.								
		M	D	Y	Amount			
		0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)		
Akron		O H		44313		Check		
Full Name of Contributor								
Brian LoPrinzi								
Street Address								
3247 Forestmeadow Dr.								
		M	D	Y	Amount			
		0	9	2	1	1	7	100.00
City		State		Zip Code		Form (Cash, Check, etc)		
Cuyahoga Falls		O H		44223		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.

[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 \$ 350.00

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										
Caitlin Croft										
Street Address				M	D	Y	Amount			
6741 Pontius St., NE				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Hartville		O H		44632		Check				
Full Name of Contributor										
Kassim Ahmed										
Street Address				M	D	Y	Amount			
3238 Bancroft Rd.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Fairlawn		O H		44333		Check				
Full Name of Contributor										
Jennifer Watson										
Street Address				M	D	Y	Amount			
861 Chestnut Blvd.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Cuyahoga Falls		O H		44221		Check				
Full Name of Contributor										
Vonsheay Brown										
Street Address				M	D	Y	Amount			
780 Harvard St.				0	8	2	2	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44311		Money Order				
Full Name of Contributor										
Chelsea Bollin										
Street Address				M	D	Y	Amount			
123 Ledgewater Dr.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44319		Check				
Full Name of Contributor										
Pete Nischt										
Street Address				M	D	Y	Amount			
1951 Wiltshire Rd.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44313		Check				

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

[Signature]
(Signature of Treasurer or Deputy Treasurer)

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Page Total \$ 300.00

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 Colleen Sims									
Street Address 3122 Snowgoose Ln.			M	D	Y	Amount			
			0	9	2	1	1	7	50.00
City Akron	State O H	Zip Code 44319	Form (Cash, Check, etc) Check						
Full Name of Contributor Samantha Lisy									
Street Address 6065 Ogilby Dr.			M	D	Y	Amount			
			0	9	2	1	1	7	50.00
City Hudson	State O H	Zip Code 44236	Form (Cash, Check, etc) Check						
Full Name of Contributor Jonathan Baumel									
Street Address 5432 Island Dr., NW			M	D	Y	Amount			
			0	9	2	0	1	7	50.00
City Canton	State O H	Zip Code 44718	Form (Cash, Check, etc) Check						
Full Name of Contributor Nikolaus Buckmeier									
Street Address 3704 Windham Ridge, #208			M	D	Y	Amount			
			0	9	2	1	1	7	50.00
City Stow	State O H	Zip Code 44224	Form (Cash, Check, etc) Check						
Full Name of Contributor Pamela Malick									
Street Address 4844 Everett Rd.			M	D	Y	Amount			
			0	9	2	1	1	7	50.00
City Akron	State O H	Zip Code 44333	Form (Cash, Check, etc) Check						
Full Name of Contributor Rimma Avanesyan									
Street Address 77 Lethbridge Ln.			M	D	Y	Amount			
			0	9	2	1	1	7	50.00
City Akron	State O H	Zip Code 44321	Form (Cash, Check, etc) Check						

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[Signature] (Signature of Treasurer or Deputy Treasurer)

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Page Total \$ 300.00

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							
Katie Tomko							
Street Address				M	D	Y	Amount
3910 Lake Run Blvd.				0	9	17	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Stow	O H	44224	Check				
Full Name of Contributor							
Justin Richard							
Street Address				M	D	Y	Amount
4961 Middlebranch Ave., NE				0	9	21	100.00
City	State	Zip Code	Form (Cash, Check, etc)				
Canton	O H	44705	Check				
Full Name of Contributor							
John Ventura, Jr.							
Street Address				M	D	Y	Amount
3286 Longwood Dr.				0	9	21	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Norton	O H	44203	Check				
Full Name of Contributor							
Brian Stano							
Street Address				M	D	Y	Amount
900 W. Market St., #109				0	9	21	100.00
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44313	Check				
Full Name of Contributor							
Jeffrey Puthoff							
Street Address				M	D	Y	Amount
1034 Jonathan Ave.				0	9	21	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44333	Check				
Full Name of Contributor							
Gregory Peacock							
Street Address				M	D	Y	Amount
333 N. Portage Path, #27				0	9	21	100.00
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44303	Check				

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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 \$ 450.00

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										
Melanie Hart										
Street Address				M	D	Y	Amount			
3068 Sparrows Crest				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44319		Check				
Full Name of Contributor										
Heaven DiMartino										
Street Address				M	D	Y	Amount			
10276 Rochester Rd.				0	9	2	1	1	7	100.00
City		State		Zip Code		Form (Cash, Check, etc)				
Minerva		O H		44657		Check				
Full Name of Contributor										
Angela Walls-Alexander										
Street Address				M	D	Y	Amount			
2656 Notre Dame St., NE				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Canton		O H		44721		Check				
Full Name of Contributor										
Richard Kasay										
Street Address				M	D	Y	Amount			
647 Nome Ave.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44320		Check				
Full Name of Contributor										
Kimberly Haidet										
Street Address				M	D	Y	Amount			
127 E. Brookside Ave.				0	9	1	9	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44301		Check				
Full Name of Contributor										
Massana Fullum										
Street Address				M	D	Y	Amount			
4933 Sherman Wood Dr.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Kent		O H		44240		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.

[Signature] (Signature of Treasurer or Deputy Treasurer)

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Page Total \$ 350.00

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										
Anthony Boston										
Street Address				M	D	Y	Amount			
54 E. Market St.				0	9	2	1	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Marshallville		O H		44645		Check				
Full Name of Contributor										
Jennifer Bheam										
Street Address				M	D	Y	Amount			
1727 Faylor Dr.				0	9	2	1	1	7	100.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44312		Check				
Full Name of Contributor										
Ruth Long										
Street Address				M	D	Y	Amount			
386 Robert St.				0	9	2	0	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44306		Check				
Full Name of Contributor										
David Crook										
Street Address				M	D	Y	Amount			
1044 Burbank Ave.				0	9	1	9	1	7	100.00
City		State		Zip Code		Form (Cash, Check, etc)				
Akron		O H		44305		Check				
Full Name of Contributor										
Gretchen Feciuch										
Street Address				M	D	Y	Amount			
14822 Industry Ave.				0	9	2	0	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Atwater		O H		44201		Check				
Full Name of Contributor										
Leslie Bilby										
Street Address				M	D	Y	Amount			
1688 Williams St.				0	9	2	0	1	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Cuyahoga Falls		O H		44221		Check				

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of 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 \$ 400.00

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										
Naoibh Chaplin										
Street Address				M	D	Y	Amount			
17016 Chatfield Ave.				0	9	2	1	1	7	50.00
City	State	Zip Code	Form (Cash, Check, etc)							
Cleveland	O H	44111	Cashier's Check							
Full Name of Contributor										
Tabitha Stearns										
Street Address				M	D	Y	Amount			
1031 Marion Place				0	9	2	1	1	7	80.00
City	State	Zip Code	Form (Cash, Check, etc)							
Akron	O H	44311	Cash							
Full Name of Contributor										
Zachary Neumann										
Street Address				M	D	Y	Amount			
618 Megglen Ave.				1	0	0	5	1	7	50.00
City	State	Zip Code	Form (Cash, Check, etc)							
Akron	O H	44303	Check							
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City	State	Zip Code	Form (Cash, Check, etc)							
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City	State	Zip Code	Form (Cash, Check, etc)							
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 **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 \$ **180.00**



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee to Elect Sherri Bevan Walsh Summit County Prosecutor			
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 07/31/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .51
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 08/31/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .51
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 09/29/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .49
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 10/31/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .45
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 11/30/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .43

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee to Elect Sherri Bevan Walsh Summit County Prosecutor			
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address PO Box 1558	Type* Investment/Income	Date (MM/DD/YYYY) 12/29/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43216	Amount .46
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Presented 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			
TOTAL EXPENDITURS FROM 31-F (9/21/17)										2,043.49			
Address				Purpose									
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Walmart							0	7	0	7	1	7	113.37
Address				Purpose									
250 Tallmadge Rd				Raffle basket for USW donation									
City			State	Zip Code	Check Number								
Kent			O	H	44240	1201							
To Whom Paid							M	D	Y	Amount			
Tri County Building & Construction Trades Council							0	8	1	8	1	7	200.00
Address				Purpose									
272 W Market St				Golf outing donation									
City			State	Zip Code	Check Number								
Akron			O	H	44303	1202							
To Whom Paid							M	D	Y	Amount			
Sam's Club							0	9	1	7	1	7	45.00
Address				Purpose									
1189 Bucholzer Blvd				Annual membership fee									
City			State	Zip Code	Check Number								
Cuyahoga Falls			O	H	44221	1203							
To Whom Paid							M	D	Y	Amount			
Fusco for Clerk of Courts/Friends of Jeff Fusco							0	8	3	0	1	7	100.00
Address				Purpose									
2117 Forest Oak Drive				Fundraiser contribution									
City			State	Zip Code	Check Number								
Akron			O	H	44312	1204							
To Whom Paid							M	D	Y	Amount			
Friends of Drew Reilly							0	9	1	1	1	7	50.00
Address				Purpose									
816 Davis Ave				Contribution									
City			State	Zip Code	Check Number								
Cuyahoga Falls			O	H	44221	1205							
To Whom Paid							M	D	Y	Amount			
Friends of Jeff Fusco							0	9	1	8	1	7	500.00
Address				Purpose									
2117 Forest Oak Drive				Fundraiser contribution									
City			State	Zip Code	Check Number								
Akron			O	H	44312	1206							
To Whom Paid							M	D	Y	Amount			
Tri County Regional Labor Council AFLCIO							0	9	1	9	1	7	60.00
Address				Purpose									
720 Wolf Ledges, Ste 207				Fundraiser contribution									
City			State	Zip Code	Check Number								
Akron			O	H	44311	1207							

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 Summit County Democratic Party			M 1	D 0	Y 18	Amount 10,000.00
Address 438 Grant Street		Purpose Judicial fundraiser contribution				
City Akron		State OH	Zip Code 44311		Check Number 1212	
To Whom Paid Rickett for Judge			M 1	D 0	Y 30	Amount 250.00
Address 4069 Bartdorf Rd		Purpose Fundraiser contribution				
City Wooster		State OH	Zip Code 44691		Check Number 1213	
To Whom Paid Summit County Democratic Party			M 1	D 2	Y 07	Amount 150.00
Address 438 Grant Street		Purpose Holiday fundraiser				
City Akron		State OH	Zip Code 44311		Check Number 1214	
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	

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 Sam's Club						M	D	Y	Amount	
						0	9	2	17	76.24
Address 1189 Bucholzer Blvd			Purpose Desserts for fundraiser							
City Cuyahoga Falls			State O	H	Zip Code 44221	Check Number 1208				
To Whom Paid Fed Ex Kinko's						M	D	Y	Amount	
						0	9	2	17	151.45
Address 322 E Exchange St			Purpose Signs for fundraiser							
City Akron			State O	H	Zip Code 44304	Check Number 1209				
To Whom Paid Old 97 Café						M	D	Y	Amount	
						0	9	2	17	1,665.80
Address 1503 Kenmore Blvd			Purpose Food and beverage for fundraiser							
City Akron			State O	H	Zip Code 44314	Check Number 1210				
To Whom Paid Eric Oswald						M	D	Y	Amount	
						0	9	2	17	150.00
Address 1602 Riverside Drive			Purpose Music for fundraiser							
City Akron			State O	H	Zip Code 44310	Check Number 1211				
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	H	Zip Code	Check Number				

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)