30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee	Registration Number, if PAC
KEEP FERRERO PROSECUTOR COMMITTEE	

Full Name of Candidate
John D. Ferrero

Street Address	Office Sought	District
6209 Great Court Cir NW	Prosecuting Attorney	

City	State	Zip Code
Massillon	O H	44646

Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
		July Monthly		August Monthly		September Monthly		Termination	X	Semiannual 2017

Amended Report?	Report Electronically filed?	Date of Election	M	D	Y
☐ Yes ☑ No	☐ Yes ☑ No				

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	$ 2,125.08
2 Total monetary contributions (From Form No. 31-A)	$ 1,801.50
3 Total other income (From Form No. 31-A-2)	$
4 Total funds available (sum of lines 1, 2, 3)	$ 3,926.58
5 Total monetary expenditures (From Form No. 31-B)	$ 1,072.00
6 Balance on hand (line 4 minus line 5)	$ 2,854.58
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)	$ 23,000.00
10 Outstanding debts owed by committee (From Form No. 31-N)	$ 0.00
11 Outstanding loans owed to committee (From Form No. 31-K)	$ 0.00
12 Value of independent expenditures made (From Form No. 31-D)	$ 0.00
13 For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	$ 0.00

RECEIVED
2017 JUL 26 AM 11:53
STARK 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

Krissa Olson, Treasurer — Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

7/26/2017 — Date

Contribution pages	Expenditure pages	Other pages	Total pages
1	1	2	4

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor: Bruno Chirumbolo			Registration Number, if PAC:	
Street Address: 5116 Clardell Ave SW	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.): Check
City: Canton	State: OH	Zip Code: 44706	M D Y: 12 20 16	Amount: 500.00
Full Name of Contributor: Stergios for Law Director			Registration Number, if PAC:	
Street Address: 2859 Aaronwood Ave NE #101	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):
City: Massillon	State: OH	Zip Code: 44646	M D Y: 03 16 17	Amount: 1,301.50
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)]

Page Total $ 1,801.50

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
KEEP FERRERO PROSECUTOR COMMITTEE						
To Whom Paid				M D Y		Amount
Ohio Prosecuting Attorneys Assoc. Political Action Committee				12 21 16		250.00
Address	Purpose					
221 West Fifth St, 3rd Floor, Rm 333	Donation					
City	State	Zip Code	Check Number			
Marysville	OH	43040	5500			
To Whom Paid				M D Y		Amount
Central Catholic High School				12 28 16		25.00
Address	Purpose					
4824 Tuscarawas St W	Donation					
City	State	Zip Code	Check Number			
Canton	OH	44708	5501			
To Whom Paid				M D Y		Amount
U.S. Postmaster				01 13 17		47.00
Address	Purpose					
	Stamps					
City	State	Zip Code	Check Number			
Canton	OH	44702	5502			
To Whom Paid				M D Y		Amount
Yes for Stark				03 01 17		250.00
Address	Purpose					
4129 Sherer Ave SW	Donation					
City	State	Zip Code	Check Number			
Canton	OH	44706	5503			
To Whom Paid				M D Y		Amount
Stark County Democratic Party				04 25 17		250.00
Address	Purpose					
2698 Easton St NE	Donation					
City	State	Zip Code	Check Number			
Canton	OH	44721	5505			
To Whom Paid				M D Y		Amount
Ironworkers Local 550				05 18 17		150.00
Address	Purpose					
618 High Ave NW	Donation					
City	State	Zip Code	Check Number			
Canton	OH	44703	5504			
To Whom Paid				M D Y		Amount
F.O.P. McKinley Lodge #2				05 18 17		100.00
Address	Purpose					
1652 Greenway SE	Donation					
City	State	Zip Code	Check Number			
North Canton	OH	44709	5506			
To Whom Paid				M D Y		Amount
Address	Purpose					
City	State	Zip Code	Check Number			

Page Total $ 1,072.00

31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0.00
Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00

City	State	Zip Code	Loans Received This Period: Date	Loans Received This Period: Amount	Payments This Period: Date	Payments This Period: Amount
Massillon	OH	44646				
Date Loan was originally Incurred	M 10	D 20	Y 16	$		$
Registration Number, if PAC						
Employer/Occupation/Labor Organization*						

From Whom Received	Prior Amount	Amt. Incurred this Period
Address		**Outstanding Balance**

City	State	Zip Code	Loans Received This Period: Date	Loans Received This Period: Amount	Payments This Period: Date	Payments This Period: Amount
Date Loan was originally Incurred	M	D	Y	$		$
Registration Number, if PAC						
Employer/Occupation/Labor Organization*						

From Whom Received	Prior Amount	Amt. Incurred this Period
Address		**Outstanding Balance**

City	State	Zip Code	Loans Received This Period: Date	Loans Received This Period: Amount	Payments This Period: Date	Payments This Period: Amount
Date Loan was originally Incurred	M	D	Y	$		$
Registration Number, if PAC						
Employer/Occupation/Labor Organization*						

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount $ 23,000.00

2 Total received this period $ 0.00 (To Form No. 31-A-2)

3 Total Payments this Period $ 0.00 (also record on Form 31-B)

4 Total Outstanding Balance $ 23,000.00 (To Form No. 30-A)

JON HUSTED
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2017

Amended Report	**Termination**	**Short Form Report** (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,854.58
2. Total monetary contributions (From Forms 31-A and 31-E)	500.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	3,354.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	649.00
6. Balance on hand (line 4 minus line 5)	2,705.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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2018 JAN 29 AM 11:39
STARK COUNTY
BOARD OF ELECTIONS

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Krissa Olson

Signature of Treasurer or Deputy Treasurer

01/29/2018

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	2	2	5

JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Field	Value
Full Name of Contributor	Western Stark County Democratic
Registration Number, if PAC	
Street Address	1711 Tenth St NE
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	Check
City	Massillon
State	OH
Zip Code	44646
Date (MM/DD/YYYY)	09/21/2017
Amount	500.00

Field	Value
Full Name of Contributor	
Registration Number, if PAC	
Street Address	
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	
City	
State	OH
Zip Code	
Date (MM/DD/YYYY)	
Amount	

Field	Value
Full Name of Contributor	
Registration Number, if PAC	
Street Address	
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	
City	
State	OH
Zip Code	
Date (MM/DD/YYYY)	
Amount	

Field	Value
Full Name of Contributor	
Registration Number, if PAC	
Street Address	
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	
City	
State	OH
Zip Code	
Date (MM/DD/YYYY)	
Amount	

Field	Value
Full Name of Contributor	
Registration Number, if PAC	
Street Address	
Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)	
City	
State	OH
Zip Code	
Date (MM/DD/YYYY)	
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 also appear. [R.C. 3517.10(B)(4)]

Page Total 500.00

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postmaster	07/03/2017	49.00

Street Address	Purpose			
	Stamps			
City	**State**	**Zip Code**	**Check Number**	
Canton	OH	44702	5507	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Holy Trinity Festival	07/13/2017	150.00

Street Address	Purpose			
4705 Fairhaven Ave NW	Donation			
City	**State**	**Zip Code**	**Check Number**	
Canton	OH	44709	5508	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Heroes Golf	08/24/2017	50.00

Street Address	Purpose			
2855 Easton St NE	Donation			
City	**State**	**Zip Code**	**Check Number**	
Canton	OH	44721	5509	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Yerkey Trot	08/31/2017	150.00

Street Address	Purpose			
3905 St. Michaels Blvd NW	Donation			
City	**State**	**Zip Code**	**Check Number**	
Canton	OH	44718	5510	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Meyers Lake YMCA	09/26/2017	150.00

Street Address	Purpose			
1333 North Park Ave NW	Donation			
City	**State**	**Zip Code**	**Check Number**	
Canton	OH	44708	5511	

Page Total $ 549.00

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid		Date (MM/DD/YYYY)	Amount
The Unique Club of Stark County		10/16/2017	100.00
Street Address	Purpose		
2121 Demington St NW	Donation		
City	State	Zip Code	Check Number
Canton	OH	44708	5512
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	OH		

Page Total $ 100.00

JON HUSTED
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0

Street Address		Outstanding Balance
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Amount
10/20/2016				
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period

Street Address		Outstanding Balance

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

JON HUSTED
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	

Type of Report (choose one):

☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2018

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,705.58
2. Total monetary contributions (From Forms 31-A and 31-E)	100.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	2,805.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	499.00
6. Balance on hand (line 4 minus line 5)	2,306.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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2018 JUL 30 PM 12:20
STARK COUNTY BOARD OF ELECTIONS

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Krissa Olson

Signature of Treasurer or Deputy Treasurer

07/30/2018

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	1	2	4

Last Updated 09/2017

JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTEE					
Full Name of Contributor: Betty Starn				Registration Number, if PAC:	
Street Address: 812 Seventh St	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.): Check	
City: Patterson Heights	State: PA	Zip Code: 15010	Date (MM/DD/YYYY): 5/10/2018	Amount: 100.00	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State: OH	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State: OH	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State: OH	Zip Code:	Date (MM/DD/YYYY):	Amount:	
Full Name of Contributor:				Registration Number, if PAC:	
Street Address:	Employer/Occupation/Labor Organization*:			Form (Cash, Check, etc.):	
City:	State: OH	Zip Code:	Date (MM/DD/YYYY):	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 also appear. [R.C. 3517.10(B)(4)]

Page Total 100.00

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postmaster	01/03/2018	49.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
Canton	OH	44702	5513

To Whom Paid	Date (MM/DD/YYYY)	Amount
OPAA (Ohio Prosecuting Attorneys Assoc.) Political Action Committee	01/30/2018	250.00

Street Address	Purpose
221 West Fifth St, 3rd Floor, Rm 333	Donation

City	State	Zip Code	Check Number
Marysville	OH	43040	5514

To Whom Paid	Date (MM/DD/YYYY)	Amount
Betty Starn	05/02/2018	100.00

Street Address	Purpose
812 Seventh St	Returned donation from 9/14/2016 ($200.00 cash in election)

City	State	Zip Code	Check Number
Patterson Heights	PA	15010	5515

To Whom Paid	Date (MM/DD/YYYY)	Amount
F.O.P. McKinley Lodge 2	05/30/2018	100.00

Street Address	Purpose
1652 Greenway SE	Donation

City	State	Zip Code	Check Number
North Canton	OH	44709	5516

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 549.00

JON HUSTED
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0
Street Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
10/20/2016	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

JON HUSTED
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2018

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,306.58
2. Total monetary contributions (From Forms 31-A and 31-E)	600.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	2,906.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	450.00
6. Balance on hand (line 4 minus line 5)	2,456.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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2019 JAN 29 PM 12:17
STARK COUNTY
BOARD OF ELECTIONS

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Krissa Olson
Signature of Treasurer or Deputy Treasurer

1/29/2019
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	1	2	4

Last Updated 09/2017

JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor				Registration Number, if PAC	
WESTERN STARK COUNTY DEMOCRATIC PARTY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
MASSILLON	OH	44646	09/20/2018		100.00
Full Name of Contributor				Registration Number, if PAC	
WESTERN STARK COUNTY DEMOCRATIC PARTY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
MASSILLON	OH	44646	09/21/2018		500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
	OH				
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
	OH				
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
	OH				

*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)]

Page Total 600.00

JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postmaster	07/16/2018	50.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
Canton	OH	44702	5517

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stark County Citizens for Children Services	07/27/2018	100.00

Street Address	Purpose
500 - 22nd St NW	Donation

City	State	Zip Code	Check Number
Canton	OH	44709	5518

To Whom Paid	Date (MM/DD/YYYY)	Amount
Holy Trinity Festival	07/27/2018	150.00

Street Address	Purpose
4705 Fairhaven Ave NW	Donation

City	State	Zip Code	Check Number
Canton	OH	44709	5519

To Whom Paid	Date (MM/DD/YYYY)	Amount
Boys & Girls Club of Massillon	09/17/2018	100.00

Street Address	Purpose
730 Duncan St SW	Donation

City	State	Zip Code	Check Number
Massillon	OH	44647	5520

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postmaster	12/18/2018	50.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
Canton	OH	44702	5521

Page Total $ 450.00

JON HUSTED
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0
Street Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
10/20/2016	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

JON HUSTED
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	

Type of Report (choose one):

☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2019

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,456.58
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	2,456.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	305.00
6. Balance on hand (line 4 minus line 5)	2,151.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Krissa Olson
Signature of Treasurer or Deputy Treasurer

07/29/2019
Date (MM/DD/YYYY)

RECEIVED
2019 JUL 29 PM 12 19
STARK COUNTY BOARD OF ELECTIONS

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
0	1	2	3

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Prosecuting Attorneys Assoc. (OPAA) Political Action Committee	04/03/2019	250.00

Street Address	Purpose
221 West Fifth St, 3rd Floor, Rm 333	Donation

City	State	Zip Code	Check Number
Marysville	OH	43040	5522

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postmaster	06/14/2019	55.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
Canton	OH	44702	5523

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 305.00

OFFICE OF THE
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0.00
Street Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
10/20/2016				
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ _____ (also record on Form 31-A-2)

Total Payments Received this Period $ _____ (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

OFFICE OF THE
Ohio Secretary of State

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2020 JAN 28 PM 12:24
STARK COUNTY
BOARD OF ELECTION

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2019

Amended Report	**Termination**	**Short Form Report** (R.C. 3517.10(H))
☐ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,151.58
2. Total monetary contributions (From Forms 31-A and 31-E)	600.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	2,751.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	235.00
6. Balance on hand (line 4 minus line 5)	2,516.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Krissa Olson

Signature of Treasurer or Deputy Treasurer

01/28/2020

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	1	2	4

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	Date (MM/DD/YYYY)	Amount
WESTERN STARK COUNTY DEMOCRATIC PARTY		1711 TENTH ST NE		CHECK	MASSILLON	OH	44646	10/21/2019	100.00
WESTERN STARK COUNTY DEMOCRATIC PARTY		1711 TENTH ST NE		CHECK	MASSILLON	OH	44646	10/21/2019	500.00

*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)]

Page Total 600.00

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
STARK COUNTY NAACP	10/08/2019	150.00

Street Address	Purpose
408 NINTH ST SW	Program Ad

City	State	Zip Code	Check Number
CANTON	OH	44707	5524

To Whom Paid	Date (MM/DD/YYYY)	Amount
STARK COUNTY NAACP	10/15/2019	30.00

Street Address	Purpose
408 NINTH ST SW	Membership

City	State	Zip Code	Check Number
CANTON	OH	44707	5525

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. POSTMASTER	11/18/2019	55.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
CANTON	OH	44702	5526

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 235.00

OFFICE OF THE
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0.00

Street Address		Outstanding Balance
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
10/20/2016				
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

From Whom Received	Prior Amount	Amt. Incurred this Period

Street Address		Outstanding Balance

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	Loans Received This Period: Date of Loan (MM/DD/YYYY)	Loans Received This Period: Amount	Payments This Period: Date of Payment (MM/DD/YYYY)	Payments This Period: Amount
Registration Number, if PAC				
Employer/Occupation/Labor Organization*				

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

OFFICE OF THE
Ohio Secretary of State

RECEIVED
2020 JUN -3 PM 12:54
STARK COUNTY
BOARD OF ELECTION

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☒ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	2,516.58
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	4,250.00
4. Total funds available (sum of lines 1, 2, 3)	6,766.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	55.00
6. Balance on hand (line 4 minus line 5)	6,711.58
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Treasurer or Deputy Treasurer

06/03/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
3	1	2	6

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. POSTMASTER	05/12/2020	55.00

Street Address	Purpose
	Stamps

City	State	Zip Code	Check Number
CANTON	OH	44711	5527

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 55.00

OFFICE OF THE
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0.00
Street Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00

City	State	Zip Code
Massillon	OH	44646

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
10/20/2016	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**

City	State	Zip Code

Date Loan was Originally Incurred (MM/DD/YYYY)	**Loans Received This Period**		**Payments This Period**	
	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

OFFICE OF THE
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor				
STEPHAN P. BABIK				
Street Address			Date (MM/DD/YYYY)	Amount
8250 PHEASANT AVE NW			03/06/2020	1,500.00
City	State	Zip Code	Form (Cash, Check, etc.)	
NORTH CANTON	OH	44720	CHECK	

Full Name of Contributor				
FREDERIC R. SCOTT				
Street Address			Date (MM/DD/YYYY)	Amount
112 - 18TH ST NW			03/10/2020	300.00
City	State	Zip Code	Form (Cash, Check, etc.)	
CANTON	OH	44703	CHECK	

Full Name of Contributor				
DONALD S. BEARD				
Street Address			Date (MM/DD/YYYY)	Amount
1132 POPLAR SW			03/11/2020	300.00
City	State	Zip Code	Form (Cash, Check, etc.)	
CANTON	OH	44710	CHECK	

Full Name of Contributor				
KATHLEEN TATARSKY				
Street Address			Date (MM/DD/YYYY)	Amount
236 THIRD ST SW STE 100			03/11/2020	300.00
City	State	Zip Code	Form (Cash, Check, etc.)	
CANTON	OH	44702	CHECK	

The above are employees of a unit or department under the direct supervision and control of John D. Ferrero (Name of Officeholder),
who currently holds the public office Stark County Prosecuting Attorney (Name of Public Office).

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 $2,400.00

OFFICE OF THE
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor				
EVAN J. HECK				
Street Address			Date (MM/DD/YYYY)	Amount
6981 BAYMERE SW			03/17/2020	300.00
City	State	Zip Code	Form (Cash, Check, etc.)	
NAVARRE	OH	44662	CHECK	

Full Name of Contributor				
JOHN L. KURTZMAN				
Street Address			Date (MM/DD/YYYY)	Amount
1711 10TH ST NE			04/15/2020	1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)	
MASSILLON	OH	44646	CHECK	

Full Name of Contributor				
DANIEL J. PETRICINI				
Street Address			Date (MM/DD/YYYY)	Amount
1248 CHELMSFORD ST NW			04/16/2020	150.00
City	State	Zip Code	Form (Cash, Check, etc.)	
NORTH CANTON	OH	44720	CHECK	

Full Name of Contributor				
MARK OSTROWSKI				
Street Address			Date (MM/DD/YYYY)	Amount
1473 WILKSHIRE CIR SW			04/27/2020	300.00
City	State	Zip Code	Form (Cash, Check, etc.)	
NORTH CANTON	OH	44720	CHECK	

The above are employees of a unit or department under the direct supervision and control of John D. Ferrero (Name of Officeholder),
who currently holds the public office Stark County Prosecuting Attorney (Name of Public Office).

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 $ 1,750.00

OFFICE OF THE
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor				
BEAU WENGER				
Street Address			Date (MM/DD/YYYY)	Amount
14278 ELTON ST			05/13/2020	100.00
City	State	Zip Code	Form (Cash, Check, etc.)	
NAVARRE	OH	44662	CASH	
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

The above are employees of a unit or department under the direct supervision and control of John D. Ferrero (Name of Officeholder),
who currently holds the public office Stark County Prosecuting Attorney (Name of Public Office).

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 $ 100.00

Frank LaRose
Ohio Secretary of State

"ADDENDUM"

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

RECEIVED
2020 DEC 11 PM 12:22
STARK COUNTY
BOARD OF ELECTIONS

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☐ No ☒ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	6,711.58
2. Total monetary contributions (From Forms 31-A and 31-E)	29,110.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	35,821.58
5. Total monetary expenditures (From Forms 31-B and 31-F)	22,659.20
6. Balance on hand (line 4 minus line 5)	13,162.38
7. Value of in-kind contributions received (From Form 31-J-1)	15,450.55
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Treasurer or Deputy Treasurer

12/11/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
33	3	3	39

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Stephan Babik		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
8250 Pheasant Ave NW	Facebook Advertisement	06/01/2020	274.21

City	State	Zip Code	Received at Fundraising Event?
North Canton	OH	44720	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Jeanette Mullane		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
7769 Hudson Dr SW	Sign Rental Advertisement	09/23/2020	50.00

City	State	Zip Code	Received at Fundraising Event?
Navarre	OH	44662	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Ohio Democratic Party		

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
340 East Fulton St	Mailing	09/18/2020	15,126.34

City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43215	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
			☐ Yes ☐ No

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total $ 15,450.55

Frank LaRose
Ohio Secretary of State

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2020 DEC 11 PM 12:22
STARK COUNTY BOARD OF ELECTION

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	Office Sought	District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORNEY	

Street Address	City	State	Zip
6209 GREAT COURT CIR NW	MASSILLON	OH	44646

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
JOHN D. FERRERO	KRISSA OLSON	11/03/2020

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2020

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	13,162.38
2. Total monetary contributions (From Forms 31-A and 31-E)	3,335.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	16,497.38
5. Total monetary expenditures (From Forms 31-B and 31-F)	12,636.02
6. Balance on hand (line 4 minus line 5)	3,861.36
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	23,000.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Treasurer or Deputy Treasurer

12/11/2020
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
5	3	2	10

Last Updated 09/2017

Frank LaRose
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Registration Number, if PAC			
Contributions from Form No. 31-E				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH		09/14/2020	3,335.00
Full Name of Contributor	**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			
Full Name of Contributor	**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			
Full Name of Contributor	**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OR			
Full Name of Contributor	**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

*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)]

Page Total 3,335.00

Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stark County Democratic Party	10/15/2020	3,000.00

Street Address	Purpose		
2698 Easton St NE	Contribution		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44721	5538

To Whom Paid	Date (MM/DD/YYYY)	Amount
CAPS III Media Inc.	10/15/2020	395.00

Street Address	Purpose		
220 Market Ave S, Ste GL	Advertisement		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44702	5539

To Whom Paid	Date (MM/DD/YYYY)	Amount
The Repository	10/15/2020	2,027.04

Street Address	Purpose		
500 Market Ave S	Advertisement		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44702	5540

To Whom Paid	Date (MM/DD/YYYY)	Amount
WHBC	10/15/2020	4,620.00

Street Address	Purpose		
550 Market Ave S	Radio Advertisement		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44702	5541

To Whom Paid	Date (MM/DD/YYYY)	Amount
HOLY-wood Consulting Group	10/15/2020	300.00

Street Address	Purpose		
203 Market Ave S	Media		
City	**State**	**Zip Code**	**Check Number**
Canton	OH	44702	5542

Page Total $ 10,342.04

Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
The Repository	10/19/2020	240.00

Street Address	Purpose
500 Market Ave S	Advertisement

City	State	Zip Code	Check Number
Canton	OH	44720	5543

To Whom Paid	Date (MM/DD/YYYY)	Amount
John Kurtzman	11/02/2020	699.95

Street Address	Purpose
1711 Tenth St NE	Reimbursement for Advertisement

City	State	Zip Code	Check Number
Massillon	OH	44646	5544

To Whom Paid	Date (MM/DD/YYYY)	Amount
J. David Ress	11/02/2020	399.00

Street Address	Purpose
1073 - 32nd St NW	Radio Advertisement

City	State	Zip Code	Check Number
Massillon	OH	44647	5545

To Whom Paid	Date (MM/DD/YYYY)	Amount
U.S. Postal Service	11/10/2020	110.00

Street Address	Purpose
	Postage

City	State	Zip Code	Check Number
Canton	OH	44702	5546

To Whom Paid	Date (MM/DD/YYYY)	Amount
Fred Scott	11/25/2020	150.00

Street Address	Purpose
112 - 18th St NW	Reimbursement for Advertisement

City	State	Zip Code	Check Number
Canton	OH	44703	5547

Page Total $ 1,598.95

Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

To Whom Paid	Date (MM/DD/YYYY)	Amount
Steve Babik	11/25/2020	695.03

Street Address	Purpose
8250 Pheasant Ave NW	Advertisement Reimbursement

City	State	Zip Code	Check Number
North Canton	OH	44720	5548

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 695.03

Frank LaRose
Ohio Secretary of State

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

From Whom Received	Prior Amount	Amt. Incurred this Period
John D. Ferrero	23,000.00	0.00
Street Address		**Outstanding Balance**
1638 Wales Rd NE		23,000.00
City / **State** / **Zip Code**		
Massillon / OH / 44646		

	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 10/20/2016	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

From Whom Received	Prior Amount	Amt. Incurred this Period
Street Address		**Outstanding Balance**
City / **State** / **Zip Code**		

	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount $ 23,000.00

Total Received This Period $ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 23,000.00 (also record on Form 30-A)

Frank LaRose
Ohio Secretary of State

Event Date 09/14/2020 Page 7

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Registration Number, if PAC			
Keep Judge Taryn Heath Committee				
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**	
4444 Dawnridge Cir NW		10/16/2020	100.00	
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44709	Check	

Full Name of Contributor	Registration Number, if PAC			
Ironworkers Local 550	LA797			
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**	
618 High Ave NW		10/16/2020	500.00	
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44703	Check	

Full Name of Contributor	Registration Number, if PAC			
Charlene Paquelet				
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**	
740 Bittersweet Dr NE		10/16/2020	1,000.00	
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Massillon	OH	44646	Check	

Full Name of Contributor	Registration Number, if PAC			
Angela Vagotis				
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**	
220 Market Ave S, Ste 940		10/16/2020	100.00	
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44702	Check	

Full Name of Contributor	Registration Number, if PAC			
Gary Mull				
Street Address	**Employer/Occupation/Labor Organization***	**Date (MM/DD/YYYY)**	**Amount**	
7160 Deer Trail Ave NE		10/19/2020	50.00	
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44721	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 also 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 $ 1,750.00

Frank LaRose
Ohio Secretary of State

Event Date 09/14/2020 Page 8

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Registration Number, if PAC			
Jeffrey Stoll				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2070 Wales Rd NE			10/20/2020	250.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Massillon	OH	44646	Check	

Full Name of Contributor	Registration Number, if PAC			
Chryssa Hartnett				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
5725 Great Court Cir NW			10/22/2020	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Massillon	OH	44646	Check	

Full Name of Contributor	Registration Number, if PAC			
Plumbers and Pipefitters Local Union 94			LA788	
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
3919 - 13th St SW			10/23/2020	500.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44710	Check	

Full Name of Contributor	Registration Number, if PAC			
Monica Rose Gwin				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
3630 Overhill Dr NW			10/28/2020	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44718	Check	

Full Name of Contributor	Registration Number, if PAC			
Kim Perez				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
509 - 36th St NW			10/29/2020	35.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44709	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 also 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 $
		985.00

Frank LaRose
Ohio Secretary of State

Event Date 09/14/2020 Page 9

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor	Registration Number, if PAC			
John Boccieri for State Senate				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2951 Autumnwood Trail			11/02/2020	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Poland	OH	44514	Check	

Full Name of Contributor	Registration Number, if PAC			
Dimitrios Pousoulides				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2246 Mohler Dr NW			11/02/2020	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
North Canton	OH	44720	Check	

Full Name of Contributor	Registration Number, if PAC			
Peter Christ				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
4576 Farrington Rd NW			11/05/2020	50.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44708	Check	

Full Name of Contributor	Registration Number, if PAC			
Ronald Macala				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
3505 Starlight Cir NW			11/06/2020	100.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Canton	OH	44708	Check	

Full Name of Contributor	Registration Number, if PAC			
Total Employee Contributions from Form No. 31-G				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
			09/14/2020	250.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
	OH			

* 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)]

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 $
3,335.00	0.00	600.00

Frank LaRose
Ohio Secretary of State

Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee
KEEP FERRERO PROSECUTOR COMMITTEE

Full Name of Contributor				
Amy Craig				
Street Address			Date (MM/DD/YYYY)	Amount
6313 Meadowsweet Ave NW			10/15/2020	50.00
City	State	Zip Code	Form (Cash, Check, etc.)	
North Canton	OH	44718	Check	
Full Name of Contributor				
James Knight				
Street Address			Date (MM/DD/YYYY)	Amount
13298 Cactus Ave NW			10/15/2020	200.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Hartville	OH	44632	Check	
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

The above are employees of a unit or department under the direct supervision and control of John D. Ferrero (Name of Officeholder),
who currently holds the public office Stark County Prosecuting Attorney (Name of Public Office).

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 $250.00