### **Ohio Campaign Finance Report**

	•	1110 C		LAILL	TICE IXE	DOIL			
			Prescribed by Secr	retary of State 3	3/05				
ull Name of Committee						Registra	tion Number	, if PAC	2
KEEP FERRERO	) PROSEC	UTOR CO	OMMITTEE			- 1			
ull Name of Candidate									
John D. Ferrero									
treet Address			Office Sought		D	istrict			
6209 Great Court	Cir NW		Prosect	ating Attorn	ev				
City					•	State	Zip Code		
Massillon				_		ОН	44646	ó	
ype of Report	Pre-Prima	arv	Post-Primary		Pre-General	Post-Ge			Annual Year
See X to the left of report	July		August		September			:	Semiannual
pe)	Monthly		Monthly	]	vIonthly	Termina	tion	X	2017
mended Report?		Report Electron	ically filed?			M	D		Y
☐ Yes ✓	No	. □ <b>γ</b>	es 🗸 No	Date of E				- 1	

Total other income (From Form No. 31-A-2) \$ Total funds available (sum of lines 1, 2, 3) 3,926.58 RECEIVED 2017 JUL 26 AMIL: 53 \$ Total monotary expenditures (From Form No 31-B) 1,072.00 Balance on hand (line 4 minus line 7)

1 Value of in-kind contributions received (From Form No. 31-J-1)

8 Value of m-kind contributions made (From Form No. 31-J-2)

9 Outstanding ions owed by committee (From Form No. 31-C) \$ 2,854.58 \$ 23,000.00 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-U) 0.00 13 For Electronic Filing Enuites only \$ Sum of lines 2, 7 and amount of any new loans received this period 0.00

THE IN	FORMATION	CONTAIN	ED IN THIS	REPORT IS MADE	UNDER	THE PENALTY	OF ELECTION I	ALSIFICAT	TION. WHO	EVER		
COMM	ITS ELECTIO	ON FALSIFI	CATION IS	GUILTY OF A FEL	ONY OF	THE FIFTH DEC	GREE	///				
Kris	sa Olson	ı, Treas	urer			Bu	22 /	//2-		- 7/2	6/2017	
Print Na	me and Title (Ti	reasurer and	Deputy Treasu	rer only)	Sign	nature					Date	
Co	ontribution			Expenditure			Other			Total		
	pages	1		pages	1		pages	2		pages	4	
Ŀ	_			_								1

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
KEEP FERRERO PROSECUTOR CO	AMMITTEE					
Full Name of Contributor	DIVITORE .		Dogista	ation Num	has if DA	C
Bruno Chirumbolo			Kegisti	ation Num	ider, il FA	iC .
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
5116 Clardell Ave SW	Employer/Occup	Dation/Labor Organization				Check
City	State	Zip Code	М	D	Y	Amount
Canton	ОН	44706	1   2		1	500.00
Full Name of Contributor		44700		ation Num		
Stergios for Law Director			region	***************************************		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
2859 Aaronwood Ave NE #101						
City	State	Zip Code	M	D	Y	Amount
Massillon	OH	44646	0 3	1	$\begin{vmatrix} 1 & 7 \\ 1 & 7 \end{vmatrix}$	1,301.50
Full Name of Contributor	10 11	144040		116 ation Num		
Tun Peane of Contributor			Kegisti	ation isum	ioci, ii r	
Street Address	Fundover/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	in project outup	and and organization				Tom (oussi, onesi, ott.)
City	State	Zip Code	M	D	Y	Amount
	State	2.10 0000	1.1	1 1	l î	2 mount
Full Name of Contributor			Registre	tion Num	her if PA	
Tan Tanas of South Outo			registre	MOH TAUM	oci, ii i r	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
	1 3					
City	State	Zip Code	М	D	Y	Amount
		<b>'</b>		1		
Full Name of Contributor			Registra	ation Num	ber, if PA	.C
			ľ		,	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
					;	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
			١			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	' ' '	•				
City	State	Zip Code	М	D	Y	Amount
l '			-			
Full Name of Contributor			Registra	tion Num	ber, if PA	C
			ľ		•	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
		·				
City	State	Zip Code	M	D	Y	Amount
*				l i		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Num	ber, if PA	С
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
		-				
City	State	Zip Code	M	D	Y	Amount
			1.1			
		1			4	

Page Total \$ 1,801.50

<sup>\*</sup> 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	3
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Prescribed by Secretary of State 2/01

Name of Committee in Full							
KEEP FERRERO PROSECUTOR COMI	MITTEE						
To Whom Paid			M	D	Y	Amount	
Ohio Prosecuting Attorneys Assoc. Pol	itical Actio	n Committee	1 2	2:1	1 6		250.00
Address	Purpose						
221 West Fifth St, 3rd Floor, Rm 333	Donation	n					
City	State	Zip Code	Check N	umber			4
Marysville	ОН	43040		5500		li,	
To Whom Paid	()	10010	М	D	Y	Amount	
Central Catholic High School			1 2	2 8	1 6		25.00
Address	Purpose		1 6	4:0	1 0		
4824 Tuscarawas St W	Donation	n					
City	State	Zip Code	Check N	umbar		0	
	O H	44708	CHECK IN	5501			
Canton To Whom Paid	() П	44/00			V	Amount	
			M	D 1	Y	Amount	47.00
U.S. Postmaster	I.		0 1	1 3	11/		47.00
Address	Purpose						
	Stamps	I		_			
City	State	Zip Code	Check N				
Canton	OH	44702	_	5502		200	
To Whom Paid			М	D	Y	Amount	
Yes for Stark			0 3	0 1	1 7		250.00
Address	Purpose						
4129 Sherer Ave SW	Donation						
City	State	Zip Code	Check N				
Canton	OH	44706		5503	-		
To Whom Paid			M	D	Y	Amount	
Stark County Democratic Party			0   4	2 5	1 7		250.00
Address	Purpose						
2698 Easton St NE	Donation	1					
City	State	Zip Code	Check N	umber			
Canton	ОН	44721		5505			
To Whom Paid			М	D	Y	Amount	
Ironworkers Local 550			0:5	1 8	1   7	0.00	150.00
Address	Purpose		0 0	1,0			
618 High Ave NW	Donation	1					
City	State	Zip Code	Check N	umber		<b>\</b>	
Canton	ОН	44703	Chock IV	5504			
To Whom Paid	() 11	111/00	М	D D	Y	Amount	
			0 5	1 8	1 7	1111100000	100.00
F.O.P. McKinley Lodge #2	lp	<del></del>	10 5	TO	1:/		100,00
	Purpose						
1652 Greenway SE	Donation			. 1			
City	State	Zip Code	Check N				
North Canton	ОН	44709	_	5506	-		
To Whom Paid			М	D	Y	Amount	
A31	In						
Address	Ригроѕе						
		In a t	101				
City	State	Zip Code	Check N	umber			
		l				J	

Page	4

## **Statement of Loans Received**

				Р	rescribed	by Secre	tary of S	tate3/05					
Full Name of Committee KEEP FERRERO PI		ITOR	COM	IMIT'	ree								
From Whom Received John D. Ferrero	<u> </u>	JIOK	COIV.	IIVII I					Prior A		00.00	Amt. Incurred this Period	
Address 1638 Wales Rd NE	-				_							Outstanding Balance 23,000.00	
<sup>City</sup> Massillon	State O H	Zip Cod 4464		Lo	Loans Received This Period Date Amount				Payments This Period  Date Amount				
Date Loan was originally Incurred	м 1 0	D 2   0	1   6	M	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC				M	D	Y			М	D	Y		
Employer/Occupation/Labor Organizat	ion*			М	D	Y			М	D	Y		
From Whom Received		<u> </u>			•				Prior A	mount		Amt. Incurred this Period	
Address		_										Outstanding Balance	
City	State	Zip Cod	е	Lo	Loans Received This Period  Date Amount					Dat	-	nents This Period Amount	
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC				M	D	Y	$\top$		M	D	Y	1	
Employer/Occupation/Labor Organizati	on*	_		М	D	Y	Т		М	D	Y		
From Whom Received									Prior A	nount		Amt. Incurred this Period	
Address										i lu	-15	Outstanding Balance	
City	State	Zip Code	e	Lo	ans Recei	ved This	s Period	Amount		Dat		ents This Period	
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC				М	D	Y	T		М	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y	Т	-	M	D	Y		
* Required for contributions over \$100 if any, rather than employer should be in the employees are members, if any, must lf a loan is forgiven, write "Forgiven," in	sted. If two on the appear. R.C	rmore em . 3517.10 ding Balar	ployees de (B)(4) nce" space	onate via p	payroll de r total of a	duction a	and excess	d the aggregate of \$ this period to the Sta	100, the lab	or organiz Other Incor	ation of w	hich No. 31-A-2),	
Transfer total of all payments made in the	his period to t		ent of Exp	enditures	(Form No	o. 31 <b>-</b> B).	Transfer	Total Outstanding B	salance to the	ie cover pa	age (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)



## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name KEEP FERRERO PROS	Committee Name KEEP FERRERO PROSECUTOR COMMITTEE								Office Sought PROSECUTING ATTORNEY			
Street Address 6209 GREAT COURT	CID NIVA/			City				State	Zip	646		
- G209 GREAT COOKT				MASSILLON	· · · · · · · · · · · · · · · · · · ·			ОН	44	D40 		
Candidate Name OR PA	AC Registrat	ion Number	Tr	easurer Name						Election Da	te (MM/DD/	YYYY)
JOHN D. FERRERO			K	RISSA OLSON	1							
Type of Report (ch	oose one	):				_						
★ Annual	Semiannua	al 🗌 Pre-Prim	ary [	Post-Pr	imary	Pre-	-General		Post	-General		
Statewide Candidat	es Only:										Year	•
☐ July Monthly	Augu	ust Monthly	Septe	ember Mont	hly						201	7
Amended Report	Termi	nation			Short	Form Re	eport (R.0	C. 351	7.10	(H))		
⊠ No ☐ Yes		neck this box if the shes to terminate								e is filing a		
1. Amount brou	ght forwa	rd from last rep	ort				2,8	354.58	3			
2. Total moneta	ry contrib	outions (From Fo	rms 31	1-A and 31-6	Ξ)		5	00.00				
3. Total other in	come (Fr	om Form 31-A-2)										
4. Total funds a	vailable (	sum of lines 1, 2,	3)				3,3	354.58				
5. Total moneta	ry expend	litures (From For	ms 31	-B and 31-F	;)	649.00						
6. Balance on ha	and (line 4	4 minus line 5)				2,705.58						
7. Value of in-ki	nd contril	outions received	l (Fron	n Form 31-J	-1)							
8. Value of in-ki	nd contril	butions made (F	rom Fo	orm 31-J-2)								
9. Outstanding I	oans owe	ed by committee	(From	Form 31-C	;)	23,000.00						
10. Outstanding	debts ov	ved by committe	e (Fro	m Form 31-	N)						(3) (3)	
11. Outstanding	loans ov	ved to committee	e (Fror	m Form 31-k	<)					STAN		
12. Value of inde	ependent	expenditures m	ade (F	rom Form 3	31-U)				0	93	29	
THIS STATEME! WHOEVER COM								E FIF	TH [	EGREE.	TOTAL STATE OF THE	J
Krissa	U	In-						01/29/	201	3	φ ·	No
Signature of Treasurer	or Deputy Ti	reasurer					l	Date (N	IM/DI	D/YYYY)		
Contribution Pages		Expenditure Pages		Other F	Pages		Total Pag	es				
1		2		2			5			las	t Undater	1 09/2017





#### **Statement of Contributions Received**

Form 31-4

ORC 3517.10

Full Name of Committee KEEP FERRERO PROSECUTOR COMMITTE	Ε				
Full Name of Contributor				Registration Numb	er, if PAC
Western Stark County Democratic					
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1711 Tenth St NE					Check
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Massillon	ОН	44646		09/21/2017	500.00
Full Name of Contributor	N.			Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	//Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	DMYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	DAYYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD	DYYYY)	Amount

Page	Total	500.00
_		

<sup>\*</sup>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)]





Form 31-B

Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTEE					
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)		Amount
U.S. Postmaster			07/03/2	017	49.00
Street Address	Purpose				
	Stamps				
City	State	Zip	Code	Che	eck Number
Canton	он	44	702	550	07
To Whom Paid		,	Date (MM/DD/YYYY)		Amount
Holy Trinity Festival			07/13/20	017	150.00
Street Address	Purpose				
4705 Fairhaven Ave NW	Donation				
City	State	Zip	Code	Che	eck Number
Canton	ОН	447	709	550	08
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
Heroes Golf			08/24/20	017	50.00
Street Address	Purpose				
2855 Easton St NE	Donation				
City	State	Zip	Code	Che	ck Number
Canton	ОН	447	721	550	09
To Whom Paid			Date (MM/DD/YYYY)		Amount
Yerkey Trot			08/31/20	017	150.00
Street Address	Purpose				
3905 St. Michaels Blvd NW	Donation				
City	State	Zip (	Code	Che	ck Number
Canton	ОН	447	′18	551	10
To Whom Paid			Date (MM/DD/YYYY)		Amount
Meyers Lake YMCA			09/26/20	)17	150.00
Street Address	Purpose				
1333 North Park Ave NW	Donation				
City	State	Zip (	Code	Che	ck Number
Canton	ОН	447	'08 	551	11

|--|





Form 31-B

					- · · · · · · · · · · · · · · · · · · ·
Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTEE					
To Whom Paid			Date (MM/DD/YYYY)	_	Amount
The Unique Club of Stark County			10/16/2	017	100.00
Street Address	Purpose				
2121 Demington St NW	Donation				
City	State	Zip	Code	Che	eck Number
Canton	ОН	44	708	551	12
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	7in	Code	Che	ck Number
	ОН	Z-ip	0000		CK MUITIDE
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	ck Number
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
323017.1881.080	i dipose				
City	State	Zip (	Code	Che	ck Number
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Che	ck Number
	он	•			
<u> </u>			<u> </u>		

Page Total \$	100.00





Total Outstanding Balance \$23,000.00

### **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Full Name of Committee				<del></del>	<del></del>		<del>-</del> -	
KEEP FERRERO PROSEC	CUTOR	COMMITTEE						
From Whom Received				· · · · · ·	. <u> </u>	Prior Amount	Amt. Ir	ncurred this Period
John D. Ferrero						23,000.00	o	
Street Address						Telephone In	Outsta	nding Balance
1638 Wales Rd NE							23,00	0.00
City	State .	Zip Code					4 99 4	
Massillon	ОН	44646	Loans Rece	eivea i i	nis Period	Payme	nts This	Period
Date Loan was Originally	Incurred (	MM/DD/YYYY) 10/20/2016	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MN	//DD/YYYY)	Amount
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DI	D/YYYY)	Amount	Date of Payment (MM	//DD/YYYY)	Amount
From Whom Received						Prior Amount	Amt. In	icurred this Period
Street Address					<del></del>		Outstar	nding Balance
City	State	Zip Code	Loans Rece	eived Th	nis Period	Paymer	nts This	Period
City  Date Loan was Originally			Loans Rece		nis Period Amount	Paymer  Date of Payment (MM		
				D/YYYY)	Amount		M/DD/YYYY)	Amount
Date Loan was Originally	Incurred (I		Date of Loan (MM/DI	D/YYYY)	Amount	Date of Payment (MN	MDDYYYY)	Amount
Date Loan was Originally Registration Number, if PAC	Incurred (I	MM/DD/YYYY)  ver \$100 to statewer than employer s	Date of Loan (MM/DI Date of Loan (MM/DI Date of Loan (MM/DI dide and general asser	D/YYYY) D/YYYY) mbly cand or more e	Amount  Amount  Amount	Date of Payment (MM  Date of Payment (MM  Date of Payment (MM  Date of Payment (MM  Date of Payment (MM)	WDD/YYYY) WDD/YYYY) the occups	Amount  Amount  Amount
Date Loan was Originally Registration Number, if PAC Employer/Occupation/Labor Organ * Required for contributions from in-	Incurred (I	ver \$100 to statewer than employer shich the employer utstanding Balance	Date of Loan (MM/DI Date of Loan (MM/DI Date of Loan (MM/DI dide and general asserthould be listed. If two es are members, if any er space. Transfer tota	D/YYYY)  mbly cand or more ey, must als al of all loa	Amount  Amount  Amount  didates. If contributing the contributing the contributing the contribution of the	Date of Payment (MM  Date of Payment (MM  Date of Payment (MM  utor is self-employed, oute via payroll deduct 3517.10(B)(4)] period to the Stateme	WDD/YYYY)  WDD/YYYY)  the occupation and ex	Amount  Amount  Amount  ation and the ceed the
Date Loan was Originally  Registration Number, if PAC  Employer/Occupation/Labor Organ  * Required for contributions from in name of the individual's business, it aggregate of \$100, the labor organi If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total of	dividuals of any, ratheization of v	ver \$100 to statewer than employer shich the employer utstanding Balance	Date of Loan (MM/DI Date of Loan (MM/DI Date of Loan (MM/DI dide and general asserthould be listed. If two es are members, if any er space. Transfer tota	D/YYYY)  mbly cand or more ey, must als al of all loa	Amount  Amount  Amount  didates. If contributing the contributing the contributing the contribution of the	Date of Payment (MM  Date of Payment (MM  Date of Payment (MM  utor is self-employed, oute via payroll deduct 3517.10(B)(4)] period to the Stateme	WDD/YYYY)  WDD/YYYY)  the occupation and ex	Amount  Amount  Amount  ation and the ceed the
Date Loan was Originally  Registration Number, if PAC  Employer/Occupation/Labor Organ  * Required for contributions from inname of the individual's business, it aggregate of \$100, the labor organi  If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	dividuals of any, ratheization of v	ver \$100 to statewer than employer shich the employer utstanding Balance	Date of Loan (MM/DI Date of Loan (MM/DI Date of Loan (MM/DI Date of Loan (MM/DI de and general asser hould be listed. If two es are members, if any e" space. Transfer tota eriod to the Statement	mbly cand or more e y, must all all of all loa	Amount  Amount  Amount  didates. If contributing the contributing the contributing the contribution of the	Date of Payment (MM  attor is self-employed, pute via payroll deduct 3517.10(B)(4)]  period to the Stateme of 31-B). Transfer Out	WDD/YYYY)  WDD/YYYY)  the occupation and ex	Amount  Amount  Amount  ation and the ceed the

(also record on Form 30-A)



## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name							Office So	ought				District
KEEP FERRERO PROSEC	CUTOR C	OMMITTEE					PROSEC	UTING	ATT	ORNEY		
Street Address				City				State	Zip	)		
6209 GREAT COURT CI	RNW			MASSILLO	N			ОН	44	646		
Candidate Name OR PAC	Registrat	ion Number	1T	reasurer Name	<del></del>				-	Election Date (N	/IM/DD/	YYYY)
JOHN D. FERRERO			K	RISSA OLSOI	V							
Type of Report (cho	ose one	):										
☐ Annual ⊠ Se	miannua	al Pre-Prim	nary [	Post-Pr	rimary	Pre-	-General		Pos	t-General		
Statewide Candidates	s Only:										Year	
July Monthly	Augu	ıst Monthly	Septe	ember Mont	thly						201	8
Amended Report	Termir	nation			Short	Form Re	port (R.	.C. 351	7.10	)(H))		
⊠ No ☐ Yes												
1. Amount brough	nt forwa	rd from last rep	ort				2.	,705.58	<u> </u>			
2 Total monetary	contrib	utions (From Ea	rms 3	I-A and 31-	E)``			100 00		The state of the s		
and the second			6.223300		Max <sup>5</sup> ‡							
	•			Target St. amora en		The same of the	12., 141 <b>4</b> % (1)					
angarana, an penantrakan	0), JOSEP (\$107)	Magazintan (2.7° 2° 2006), (2.7°	C T. MEMORY .				2	805.58				
	-		rms 31	I-B and 31-F	=)	antitrato Sa Yan Cana	4	199.00				
							- 2	306.58				
7. Value of in-kind	l contrib	outions received	d (Fron	n Form 31-J	l-1)	And Assistant State and		dii (+ 4 mbm) (+ 1 da - 1)	11. day			
8. Value of in-kind	l contrik	outions made (F	rom Fo	orm 31-J-2)							)	
9. Outstanding loa	ans owe	ed by committee	(From	Form 31-C	<b>;</b> )		23	,000.00	)	3	) - Ison	T
10. Outstanding d	ebts ow	ed by committe	ee (Fro	m Form 31-	N)							5
			•		,							
12. Value of indep	endent	expenditures m	ade (F	rom Form (	31-U)						est in	
								HE FIF	TH [			
KEEP FERRERO PROSECUTOR COMMITTEE  Street Address 6209 GREAT COURT CIR NW  Candidate Name OR PAC Registration Number JOHN D. FERRERO  Treasurer Name 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  Amended Report  Termination  Short Form Report (R.C. 3517.10(H))  Check this box if the committee												
Signature of Treasurer or	Deputy Tr	easurer						Date (M	M/D	D/YYYY)		
Contribution Pages		Expenditure Pages		Other i	Pages		Total Pa	ges				
1		1		2			4			Last Up	dated	09/2017





#### Statement of Contributions Received

Form 31-A

ORC 3517.10

				ORC 3517.10
EE				
			Registration Numb	er, if PAC
Employe	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
				Check
State	Zip Code	Date (MM/D	D/YYY)	Amount
PA	15010		5/10/2018	100.00
	- No. 10-10-10-10-10-10-10-10-10-10-10-10-10-1		Registration Number	er, if PAC
Employe	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН			,	
			Registration Number	er, if PAC
Employe	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
ОН				
	- 0/4/41-11/1/1-11/1		Registration Number	er, if PAC
Employe	r/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
ОН				
			Registration Number	er, if PAC
Employe	r/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
	T			
	Zip Code	Date (MM/DI	D/YYYY)	Amount
OH				
	State PA  Employe State OH  Employe State OH  State OH	Employer/Occupation/Labor  State Zip Code PA 15010  Employer/Occupation/Labor  State Zip Code OH  Employer/Occupation/Labor  State Zip Code OH  Employer/Occupation/Labor  State Zip Code OH  State Zip Code OH  State Zip Code OH	Employer/Occupation/Labor Organization*    State   Zip Code   Date (MM/D	Employer/Occupation/Labor Organization*  State Zip Code PA 15010 Date (MM/DD/YYYY)  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DD/YYYY)  Registration Number Registration Number Part Part Part Part Part Part Part Par

\*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	





Form 31-B

Full Name of Committee		4		-			
KEEP FERRERO PROSECUTOR COMMITTEE							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
U.S. Postmaster			01/03/2	018	49.00		
Street Address	Purpose						
	Stamps						
City	State	Zip	Code	Che	eck Number		
Canton	он	44	702	55°			
To Whom Paid			Date (MM/DD/YYYY)	_	Amount		
OPAA (Ohio Prosecuting Attorneys Assoc.) Political Action Co	ommittee		01/30/20	018	250.00		
Street Address	Purpose						
221 West Fifth St, 3rd Floor, Rm 333	Donation						
City	State	Zip	Code	Che	eck Number		
Marysville	он	430	040	551	14		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Betty Starn			05/02/20	018	100.00		
Street Address	Purpose						
812 Seventh St	Returned do	onat	ion from 9/14/2016 (\$2	00.0	00 cash in election)		
City	State	Zip	Code	Che	ck Number		
Patterson Heights	PA	150	010	551	15		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
F.O.P. McKinley Lodge 2			05/30/20	18	100.00		
Street Address	Purpose						
1652 Greenway SE	Donation						
City	State	Zip	Code	Che	ck Number		
North Canton	он	447	709	551	6		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State OH	Zip (	Code	Ched	ck Number		

Page Total \$	
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Total Outstanding Balance \$ 23,000.00

### **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Full Name of Committee										
KEEP FERRERO PROSEC	UTOR	COMMITTEE								
From Whom Received						Prior Amount	Amt. Ir	ncurred this Period		
John D. Ferrero						23,000.00	0	0		
Street Address							Outsta	nding Balance		
1638 Wales Rd NE							23,00	00.00		
City	State	Zip Code		-		_				
Massillon	ОН	44646	Loans Receive	d I	his Period	Payment	s I his	Period		
Date Loan was Originally	Incurred (I	MM/DD/YYYY) 10/20/2016	Date of Loan (MM/DD/Y)	YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/Y)	YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount		
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/DD/Y)	YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount		
From Whom Received						Prior Amount	Amt. In	curred this Period		
Street Address							Outstai	nding Balance		
City	State	Zip Code	Loans Receive	d T	his Period	Payments	This	Period		
Date Loan was Originally	Incurred (N	MM/DD/YYYY)	Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount		
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/DD/YY	YY)	Amount	Date of Payment (MM/DI	D/YYYY)	Amount		
* Required for contributions from inc name of the individual's business, if aggregate of \$100, the labor organi: If a loan is forgiven, write "Forgiven" (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	any, rathe zation of w in the "Ou	er than employer she which the employee utstanding Balance	nould be listed. If two or many are members, if any, many are members, if any, many are	ore e ist ai	employees contributed appear. [R.C. 3]	ute via payroll deduction 517.10(B)(4)] period to the Statement	and ex	ceed the		
Total Prior Amount \$ 23,000	.00									
Total Received This Period S	0.00		(also	reco	ord on Form 31-A-	2)				
Total Payments Received th	is Period	\$0.00	(also	reco	ord on Form 31-B)					

(also record on Form 30-A)



## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name													
KEEP FERRERO PRO	OSECUTOR (	OMMITTEE					Office Sc PROSEC	_	٨٠٠	ODNEV			District
NEET TERMENOTTH							PROSEC	LUTING	AII	JRNEY			
Street Address													
6209 GREAT COUR	T CIR NW			MASSILLO	N			ОН	44	646			
Candidate Name OR	PAC Registra	ition Number	Tre	easurer Name	)					Election D	ate (MN	I/DD/Y	YYY)
JOHN D. FERRERO			KF	RISSA OLSON	V								
Type of Report (	choose one	e):								1			
⊠ Annual ☐	Semiannu	al Pre-Prima	ary [	Post-Pr	rimary	Pre	-General		Post	-General			
Statewide Candid	ates Only:										Ī	Year	
☐ July Monthly	Aug	ust Monthly	Septe	ember Mont	hly							2018	3
Amended Report	t Termi	nation			Sho	rt Form Re	port (R.	.C. 351	7.10	(H))			
⊠ No ☐ Ye	36     96	heck this box if the ishes to terminate				Check this short term	box if the report. S	e comn ee atta	nitte che	e is filing a	a ons.		
1. Amount bro	ught forwa	ard from last repo	ort				2,	306.58					
2. Total monet	ary contril	butions (From For	rms 31	-A and 31-l	E)		6	300.00					
3. Total other i	ncome (Fr	om Form 31-A-2)						0.00					
4. Total funds	available (	sum of lines 1, 2,	3)				2,	906.58					
5. Total monet	ary expend	ditures (From For	ms 31-	-B and 31-F	F)		4	50.00					
6. Balance on I	hand (line	4 minus line 5)					2,	456.58					
7. Value of in-k	ind contri	butions received	(From	Form 31-J	-1)					,814	12		
8. Value of in-k	ind contri	butions made (Fr	om Fo	rm 31-J-2)									
9. Outstanding	loans owe	ed by committee	(From	Form 31-C	;)		23	,000.00	)	当年	50		
10. Outstandin	g debts ov	ved by committee	e (Fron	n Form 31-	N)					RÉ			ant -
11. Outstanding	g loans ov	ved to committee	(From	Form 31-k	<)						15		
12. Value of inc	dependent	expenditures ma	ade (Fi	rom Form 3	31-U)						man, 3		
		DE UNDER PENA ECTION FALSIFIC						lE FIFT	TH D	EGREE.			
Ku	m l	Um						1,	12	9/2	019	?	
Signature of Treasure	r or Deputy Tr	reasurer				,		Date (M	M/DD	P/YYYY)			
Contribution Pages		Expenditure Pages		Other P	Pages		Total Pag	ges					
1		1		2			4			Las	t Upda	ated (	09/2017





### **Statement of Contributions Received**

orm 31-A

ORC 3517.10

					OKC 3517.1
Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTE	=E 				
Full Name of Contributor				Registration Numb	er, if PAC
WESTERN STARK COUNTY DEMOCRATIC	PARTY				
Street Address	Employe	er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
MASSILLON	ОН	44646		09/20/2018	100.00
Full Name of Contributor				Registration Numb	er, if PAC
WESTERN STARK COUNTY DEMOCRATIC	PARTY				
Street Address	Employe	r/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
MASSILLON	ОН	44646		09/21/2018	500.00
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employe	r/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
4					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	ОН				
Full Name of Contributor		Registration Nur			er, if PAC
Street Address	Employe	r/Occupation/Labor (	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	ОН				
Full Name of Contributor		-		Registration Number	r, if PAC
Street Address	Employe	/Occupation/Labor C	organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	ОН				

\*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 Tot	al 600.00	





Form 31-B

Full Name of Committee		-				
KEEP FERRERO PROSECUTOR COMMITTEE						
To Whom Paid			1-		T.	
			Date (MM/DD/YYYY)		Amount	
U.S. Postmaster			07/16/2	:018	50.00	
Street Address	Purpose					
	Stamps					
City	State	Zip	Code	Che	eck Number	
Canton	ОН	44	702	55	17	
To Whom Paid			Date (MM/DD/YYYY)	_	Amount	
Stark County Citizens for Children Services			07/27/2	018	100.00	
Street Address	Purpose					
500 - 22nd St NW	Donation					
City	State	Zip	Code	Che	ck Number	
Canton	он	44	709	551	18	
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 Che		ck Number	
Canton	он	447	709	551	9	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Boys & Girls Club of Massillon			09/17/2018 106		100.00	
Street Address	Purpose					
730 Duncan St SW	Donation					
City	State	Zip	Code	Che	ck Number	
Massillon	OH	446	647	552	20	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
U.S. Postmaster			12/18/20	18	50.00	
Street Address	Purpose					
	Stamps				İ	
City	State	Zip (	Code	Chec	ck Number	
Canton	ОН	447	702	552	1	
		_				

Page Total \$ 450.00	50.00	Page Total \$
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Total Received This Period \$0.00

Total Payments Received this Period \$0.00

Total Outstanding Balance \$ 23,000.00

### **Statement of Loans Received**

Form 31-C

						R.C. 3517.10
Full Name of Commi						
KEEP FERRERO PRO	OSECUTOR (	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	ОН	44646	Loans Received T	nis Period	Payment	ts This Period
Date Loan was Ori	ginally Incurred (	MM/DD/YYYY) 10/20/2016	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/I	DD/YYYY) Amount
Registration Number, if PAC	;		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/I	DD/YYYY) Amount
Employer/Occupation/Labor	Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/I	DD/YYYY) Amount
From Whom Received					Prior Amount	Amt. Incurred this Period
Street Address					-n•	Outstanding Balance
City	State	Zip Code	Loans Received T	his Period	Payment	s This Period
Date Loan was Orig	ginally Incurred (I	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	Amount Amount
Employer/Occupation/Labor	Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount
name of the individual's busir aggregate of \$100, the labor If a loan is forgiven, write "Fo	ness, if any, rathe organization of w rgiven" in the "Or total of all payme	er than employer s which the employed utstanding Balance	vide and general assembly cand hould be listed. If two or more e es are members, if any, must al e" space. Transfer total of all loa eriod to the Statement of Exper	employees contril so appear. [R.C. ans received this	bute via payroll deductio 3517.10(B)(4)] period to the Statement	on and exceed the
Total Prior Amount \$ 23	3,000.00					

(also record on Form 31-A-2)

(also record on Form 31-B)

(also record on Form 30-A)



## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Committee Name					Office Sought				District
KEEP FERRERO PROSECUTOR COMMITTEE	PROSECUTING ATTORN			ORNEY					
Street Address City					State Zip				
6209 GREAT COURT CIR NW		MASSILLOI	N		ОН	44	646		
Candidate Name OR PAC Registration Number	Tr	easurer Name					Election Da	te (MM/DD/	YYYY)
JOHN D. FERRERO	KF	RISSA OLSON	1						
Type of Report (choose one):									
Annual Semiannual Pre-Prima	ary [	Post-Pr	imary 🗌 Pr	e-Genera		Post	-General		
Statewide Candidates Only:								Year	
☐ July Monthly ☐ August Monthly ☐	Septe	ember Mont	hly					201	9
Amended Report Termination			Short Form F	Report (R	.C. 351	7.10	)(H))		
No  ☐ Yes  ☐ Check this box if the wishes to terminate							e is filing a d instructio		_
1. Amount brought forward from last repo	ort			2	,456.58			7	
2. Total monetary contributions (From For	rms 31	I-A and 31-I	≣)						
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 For	ms 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	n Form 31-J	-1)						
8. Value of in-kind contributions made (Fr	rom Fo	orm 31-J-2)							
9. Outstanding loans owed by committee	(From	Form 31-C	)	23	,000.00	)			
10. Outstanding debts owed by committee	e (Fro	m Form 31-	N)						
11. Outstanding loans owed to committee	Fron	n Form 31-k	<)				الم الم	3	
12. Value of independent expenditures ma	ade (F	rom Form 3	31-U)				STA	<u>_</u> =	Į.
THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFIC					HE FIF	ГΗ [	OREGEE.		
Luni Man					07/29/	201			manufacture of the state of the
Signature of Treasurer or Deputy Treasurer				Í	Date (M	M/D	⊅γYYY) .	_	
Contribution Pages Expenditure Pages		Other F	Pages	Total Pa	iges		4	۵	
0 1		2		3			Last	: Updated	09/2017





Form 31-B

Full Name of Committee				-			
KEEP FERRERO PROSECUTOR COMMITTEE							
To Whom Paid Date (MM/DD/YYYY) Amount							
Ohio Prosecuting Attorneys Assoc. (OPAA) Political Action C	ommittee		04/03/2	019	250.00		
Street Address	Purpose				·		
221 West Fifth St, 3rd Floor, Rm 333	Donation						
City	State	Zip	Code	Check Number			
Marysville	ОН	43	040	55	22		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
U.S. Postmaster			06/14/2	019	55.00		
Street Address	Purpose						
	Stamps						
City	State	Zip	Code	Che	ck Number		
Canton	он	44	702	5523			
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	он	ľ					
To Whom Paid			Date (MM/DD/YYYY)	Ь,	Amount		
			,				
Street Address	Purpose						
City	State	Zip (	Code	Che	ck Number		
	ОН						
To Whom Paid			Date (MM/DD/YYYY)	L	Amount		
Street Address	Purpose						
City	State	Zip (	Code	Chec	ck Number		
	ОН						

Page Total \$	305.00





### Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Comm		0014147777						
KEEP FERRERO PF	ROSECUTOR	COMMITTEE						
From Whom Received						Prior Amount		ncurred this Period
John D. Ferrero			p			23,000.00	0.00	
Street Address								anding Balance
1638 Wales Rd NE						1 (35) (3 10 14	23,0	00.00
City	State	Zip Code	Loans Receive	ad T	his Pariod	Payments	e Thie	Pariod
Massillon	OH	44646	Louis Receive	,u .	mo r criou	rayment	3 11113	Teriou
Date Loan was O	riginally Incurred	(MM/DD/YYYY) 10/20/2016	Date of Loan (MM/DD/Y)	(YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Registration Number, if PA	AC .		Date of Loan (MM/DD/Y	(YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labo	or Organization*		Date of Loan (MM/DD/Y	(YY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
From Whom Received			-			Prior Amount	Amt. Ir	ncurred this Period
Street Address		1					Outsta	nding Balance
City	State	Zip Code	Loans Receive	ed T	his Period	Payments	This	Period
Date Loan was O	riginally Incurred (	MM/DD/YYYY)	Date of Loan (MM/DD/Y)	YY)	Amount	Date of Payment (MM/DI	D/YYYY)	Amount
Registration Number, if PA	C		Date of Loan (MM/DD/Y)	YY)	Amount	Date of Payment (MM/DI	D/YYYY)	Amount
Employer/Occupation/Labo	or Organization*		Date of Loan (MM/DD/Y)	(YY)	Amount	Date of Payment (MM/DI	D/YYYY)	Amount
	15×15×1	and a section to						
* Required for contributions name of the individual's bus aggregate of \$100, the labo	siness, if any, rath or organization of	er than employer si which the employee	hould be listed. If two or ness are members, if any, m	nore a	employees contrib ilso appear. [R.C. 3	ute via payroll deduction 3517.10(B)(4)]	n and ex	ceed the
(Form No. 31-A-2). Transfe Cover page (Form No. 30-A	r total of all payme							
Total Prior Amount \$	23,000.00							
Total Received This F	Period \$		(als	o rec	ord on Form 31-A-	2)		
Total Payments Rece	ived this Perio	d \$	(also	reco	ord on Form 31-B)			
Total Outstanding Bal	lance \$ 23,000.	00	(also	reco	ord on Form 30-A)			



## RECEIVED

## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

Last Updated 09/2017

2020 JAN 28 PM 12: 24

Committee Name	O74 m		Office Sc	ught			District
KEEP FERRERO PROSECUTOR COMMITTEE	STARK O	OUNTY PROSECUTING ATTORNEY				ORNEY	
Street Address	City	FLECTION:		State	Zip		
6209 GREAT COURT CIR NW	MASSILLO	N		ОН	'	646	
Candidate Name OR PAC Registration Number	Treasurer Name	<b>)</b>			1	Election Date (MM/DD/	YYYY)
JOHN D. FERRERO	KRISSA OLSON	N					
Type of Report (choose one):				<del> </del>			
Annual Semiannual Pre-Primary	Post-Pr	rimary 🔲 Pr	e-General		Post	-General	
Statewide Candidates Only:						Year	r
July Monthly August Monthly Se	eptember Mont	thly				201	9
Amended Report Termination		Short Form F	Report (R.	C. 351	7.10	(H))	
☐ No ☐ Yes ☐ Check this box if the co						e is filing a d instructions.	
1. Amount brought forward from last report			2,	151.58			
2. Total monetary contributions (From Forms	31-A and 31-	E)	6				
3. Total other income (From Form 31-A-2)							
4. Total funds available (sum of lines 1, 2, 3)			2,				
5. Total monetary expenditures (From Forms	31-B and 31-F	=)	2	35.00			
6. Balance on hand (line 4 minus line 5)			2,516.58				
7. Value of in-kind contributions received (F	rom Form 31-J	l-1)					
8. Value of in-kind contributions made (From	Form 31-J-2)						
9. Outstanding loans owed by committee (Fr	om Form 31-C	;)	23	,000.00	)		
10. Outstanding debts owed by committee (F	From Form 31-	N)					
11. Outstanding loans owed to committee (F	rom Form 31-	<b>(</b> )					
12. Value of independent expenditures made	From Form 3	31-U)					
THIS STATEMENT IS MADE UNDER PENALT WHOEVER COMMITS ELECTION FALSIFICA				IE FIFT	гн с	DEGREE.	
Bussi Ulsa				01/28/	2020	)	
Signature of Treasurer or Deputy Treasurer		<del></del>	I	Date (M	M/DI	DMYYY)	
Contribution Pages Expenditure Pages	Other F	Pages	Total Pag	ges			





#### **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee				· · · · · · · · · · · · · · · · · · ·	
KEEP FERRERO PROSECUTOR COMMITTE	E				
Full Name of Contributor				Registration Numb	er, if PAC
WESTERN STARK COUNTY DEMOCRATIC PARTY					
Street Address	Employe	er/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
MASSILLON	ОН	44646		10/21/2019	100.00
Full Name of Contributor				Registration Number	er, if PAC
WESTERN STARK COUNTY DEMOCRATIC PARTY					
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1711 TENTH ST NE					CHECK
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
MASSILLON	ОН	44646		10/21/2019	500.00
Full Name of Contributor				Registration Number	er, if PAC
	T				
Street Address	Employer	r/Occupation/Labor Or	ganization*	:	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor		<u> </u>		Registration Number	er, if PAC
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer	/Occupation/Labor Or	l ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DE	DYYYY)	Amount
			1		

\*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	•	
•				





Form 31-B

Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTEE					
To Whom Paid			Date (MM/DD/YYYY)		Amount
STARK COUNTY NAACP			10/08/20	019	150.00
Street Address	Purpose				
408 NINTH ST SW	Program Ad	t			
City	State	Zip	Code	Che	eck Number
CANTON	ОН	447	707	552	24
To Whom Paid			Date (MM/DD/YYYY)		Amount
STARK COUNTY NAACP			10/15/20	)19	30.00
Street Address	Purpose				
408 NINTH ST SW	Membershi	p			
City	State	Zip	Code	Che	ck Number
CANTON	он	447	707	552	25
To Whom Paid	·		Date (MM/DD/YYYY)		Amount
U.S. POSTMASTER			11/18/20	)19	55.00
Street Address	Purpose				
	Stamps				
City	State	Zip	Code	Che	ck Number
CANTON	ОН	447	702	552	26
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose	_			
	-				:
City	State	Zip (	Code	Che	ck Number
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Che	ck Number
	ОН				
			<u> </u>		

Page Total	\$ 235.00		





Total Outstanding Balance \$23,000.00

### **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Full Name of Committee						<del></del>		
KEEP FERRERO PROSEC	UTOR	COMMITTEE						
From Whom Received						Prior Amount	Amt. Incurred this Period	
John D. Ferrero						23,000.00	0.00	
Street Address		<del></del>					Outstanding Balance	
1638 Wales Rd NE							23,000.00	
City	State	Zip Code	_					
Massillon	ОН	44646	Loans Rec	eived TI	his Period	Payment	s This Period	
Date Loan was Originally	Incurred (	MM/DD/YYYY) 10/20/2016	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYY) Amount	
Registration Number, if PAC			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
From Whom Received		•	<u>                                     </u>			Prior Amount	Amt. Incurred this Period	
Street Address							Outstanding Balance	
City	State	Zip Code	Loans Rec	eived Th	nis Period	Payment	s This Period	
Date Loan was Originally	Incurred (I	MM/DD/YYYY)	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM/D	D/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) Amo					Amount	Date of Payment (MM/D	D/YYY) Amount	
* Required for contributions from in name of the individual's business, i aggregate of \$100, the labor organi If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A).	f any, rath ization of v " in the "O	er than employer sl which the employee outstanding Balance	hould be listed. If two es are members, if an e" space. Transfer tot	or more e y, must al al of all loa	employees contrik so appear. [R.C. ans received this	oute via payroll deduction 3517.10(B)(4)] period to the Statement	n and exceed the of Other Income	
Total Prior Amount \$ 23,000	0.00							
Total Received This Period	\$0.00			(also reco	ord on Form 31-A	-2)		
Total Payments Received th	nis Perio	d \$ <u>0.00</u>		(also reco	rd on Form 31-B)			

(also record on Form 30-A)



## RECEIVEL

## **Ohio Campaign Finance Report**

Form 30-A

ORC 3517.10

## 2020 JUN -3 PM 12: 54

Committee Name KEEP FERRERO PROSE	CUTOR COMMITTEE	STARK CO	STARK COUNTY PROSECUTING ATTORNEY				District	
Street Address		City	City PROSECUTING ATTORNEY					
6209 GREAT COURT C	REAT COURT CIR NW MASSILLON					44646		
Candidate Name OR PAG JOHN D. FERRERO	C Registration Number	Treasurer Name		.,,		Election Date (MM/DD/YYYY) 11/03/2020		
Type of Report (cho	pose one):	.1.						
Annual Se	emiannual	/ X Post-P	rimary 🔲 Pro	e-General	P	ost-General		
Statewide Candidate	s Only:						Year	
☐ July Monthly [	August Monthly S	eptember Mon	thly				2020	)
Amended Report	Termination		Short Form F	Report (R.C	. 3517	.10(H))		
X No Yes	Check this box if the complete wishes to terminate with					ttee is filing a hed instructions	S.	
1. Amount broug	ht forward from last report		2,516.58					
2. Total monetary	contributions (From Forms	s 31-A and 31-	E)					
3. Total other inc	ome (From Form 31-A-2)			4,250.00				
4. Total funds av	ailable (sum of lines 1, 2, 3)			6,766.58				
5. Total monetary	expenditures (From Forms	s 31-B and 31-	F)	55.00				
6. Balance on ha	nd (line 4 minus line 5)			6,711.58				
7. Value of in-kin	d contributions received (F	rom Form 31-	J-1)					
8. Value of in-kind	d contributions made (Fron	n Form 31-J-2)						
9. Outstanding lo	ans owed by committee (F	rom Form 31-0	C)	23,000.00				
10. Outstanding	debts owed by committee (	From Form 31	-N)					
11. Outstanding I	oans owed to committee (F	From Form 31-	K)					
12. Value of inde	pendent expenditures mad	e (From Form	31-U)					
	T IS MADE UNDER PENAL				≣ FIFTI	H DEGREE.		
Kan	//_				6/03/2	020		
Signature of Treasurer or	Deputy Treasurer			J L	ate (MN	I/DD/YYYY)		
Contribution Pages	Expenditure Pages	Other	Pages	Total Page	es			
3	1	2		6		Last U	pdated	09/2017





Form 31-B

Full Name of Committee			
KEEP FERRERO PROSECUTOR COMMITTEE			
To Whom Paid		Date (MM/DD/YYYY)	Amount
U.S. POSTMASTER		05/12/2	020 55.00
Street Address	Purpose		· · · · · · · · · · · · · · · · · · ·
	Stamps		
City	State Z	p Code	Check Number
CANTON	он 4	4711	5527
To Whom Paid	· No	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Z	p Code	Check Number
	он		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Z	p Code	Check Number
	ОН		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Z	p Code	Check Number
	ОН		
To Whom Paid	14	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State Zi	p Code	Check Number
	ОН		

Page Total	\$55.00			
------------	---------	--	--	--





### **Statement of Loans Received**

Form 31-C

•					
ECUTOR	COMMITTEE				
				Prior Amount	Amt. Incurred this Perio
				23,000.00	0.00
				712-7	Outstanding Balance
					23,000.00
State	Zip Code				
ОН	44646	Loans Received T	his Period	Payme	nts This Period
ily incurred	•	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY) Amount
		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY) Amount
janization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY) Amount
				Prior Amount	Amt. Incurred this Perio
				18.0	Outstanding Balance
State	Zip Code				
		Loans Received TI	his Period	Payme	nts This Period
lly Incurred (	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
anization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
	State OH Illy Incurred (	State Zip Code OH 44646  Illy Incurred (MM/DD/YYYY) 10/20/2016  Janization*  State Zip Code	State Zip Code OH 44646 Loans Received Tilly Incurred (MM/DD/YYYY) 10/20/2016 Date of Loan (MM/DD/YYYY)  Janization* Date of Loan (MM/DD/YYYY)  State Zip Code Loans Received Tilly Incurred (MM/DD/YYYY)  Date of Loan (MM/DD/YYYY)  Date of Loan (MM/DD/YYYY)  Date of Loan (MM/DD/YYYYY)  Date of Loan (MM/DD/YYYYY)	State OH 44646 Loans Received This Period  Ily Incurred (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) Amount  Date of Loan (MM/DD/YYYY) Amount  Date of Loan (MM/DD/YYYY) Amount  State Zip Code Loans Received This Period  Ily Incurred (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) Amount  Date of Loan (MM/DD/YYYY) Amount  Date of Loan (MM/DD/YYYYY) Amount  Date of Loan (MM/DD/YYYYY) Amount	State Zip Code

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)





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	ОН	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.)	Business and
CANTON	ОН	44703	CHECK	
Full Name of Contributor	PH-100			
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	он	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	ОН	44702	CHECK	
The above are employees of a unit or department u	nder the	direct supervis	sion and control of John D. Ferre	ero .
who currently holds the public office Stark County Prosecuting	n Attorney			Name of Officeholder
	Name of Publi		*	
I hereby affirm that each contribution was voluntaril	y made.			
Humle				
(Signature of Treasurer or Deputy Treasurer)				





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	ОН	44662	CHECK	
Full Name of Contributor		-fu		
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	ОН	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	ОН	44720	CHECK	1 4 3 7 4 4 4 4
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	ОН	44720	CHECK	
The above are employees of a unit or department u	nder the	direct supervision	on and control of John D. Ferre	ero
who currently holds the public office Stark County Prosecuting			<u></u>	Name of Officeholder
-	ic Office			
I hereby affirm that each contribution was voluntaril	y made.			
Mune				
(Signature of Treasurer or Deputy Treasurer)				





Full Name of Committee KEEP FERRERO PROSECUTOR COMMITTEE				
Full Name of Contributor BEAU WENGER				
Street Address 14278 ELTON ST			Date (MM/DD/YYYY) 05/13/2020	Amount 100.00
City NAVARRE	State OH	Zip Code 44662	Form (Cash, Check, etc.) CASH	
Full Name of Contributor				
Street Address			Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address	treet Address			
•	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address		***	Date (MM/DD/YYYY)	Amount
,	State OH	Zip Code	Form (Cash, Check, etc.)	
The above are employees of a unit or department unwho currently holds the public office Stark County Prosecuting  I hereby affirm that each contribution was voluntarily  (Signature of Treasurer or Deputy Treasurer)	Attorney Jame of Public		n and control of <sub>John D. Ferre</sub>	Name of Officeholder





## Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

		2670	DEC 11	PM 12: 2:	2			C	ORC 3517.1
Committee Name KEEP FERRERO PROSI						ATT	ORNEY		District
Street Address 6209 GREAT COURT O	CIR NW	City MASSILLC			State OH	Zip 44646			-
Candidate Name OR PA JOHN D. FERRERO	C Registration Number	Treasurer Name	•				Election Date (	Date (MM/DD/YYYY) 020	
	emiannual 🗌 Pre-Primar	y 🗌 Post-P	rimary [	X Pre-Ger	neral 🔲 f	Post	-General		
Statewide Candidate  July Monthly		September Mon	thly					Year 2020	
Amended Report  No X Yes		Short Form Report (R.C)  ck this box if the committee hes to terminate with this report  Short Form Report (R.C)  Check this box if the short term report. Se				itte	e is filing a	i.	
1. Amount brought forward from last report				6,711.58					
2. Total monetary	y contributions (From Form	s 31-A and 31-	·E)	29,110.00					
3. Total other inc	ome (From Form 31-A-2)			0.00					
4. Total funds av	ailable (sum of lines 1, 2, 3)			35,821.58					
5. Total monetary	expenditures (From Form	s 31-B and 31-	F)	22,659.20					
6. Balance on ha	nd (line 4 minus line 5)			13,162.38					
7. Value of in-kin	d contributions received (F	rom Form 31-	J-1)	15,450.55					
8. Value of in-kin	d contributions made (From	n Form 31-J-2)							
9. Outstanding lo	oans owed by committee (F	rom Form 31-0	C)		23,000.00				
10. Outstanding	debts owed by committee (	(From Form 31-	-N)						
11. Outstanding I	oans owed to committee (	From Form 31-	K)						
12. Value of inde	pendent expenditures mad	e (From Form :	31-U)						
	T IS MADE UNDER PENAL MITS ELECTION FALSIFICA					ΗD	EGREE.		
Just Simon To	M				12/11/2				
Signature of Treasurer or		-		S) <del>**</del>	Date (M	M/DE	PYYYY)		
Contribution Pages 33	Expenditure Pages 3	Other I	Pages	Tota	al Pages				





### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee KEEP FERRERO PROSECUTOR COM	/MITTE	E						
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC		
Stephan Babik								
Street Address	Descripti	ion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
8250 Pheasant Ave NW	Facebo	ook Advertis	sement		06/01/2020	274.21		
City	:	State	Zip Code	Received at Fundraisi	ng Event?			
North Canton	(	ОН	44720	☐ Yes 🕱 No				
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC		
Jeanette Muliane								
Street Address	Descripti	ion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
7769 Hudson Dr SW	Sign R	ental Adver	tisement		09/23/2020	50.00		
City	5	State	Zip Code	Received at Fundraisi	Received at Fundraising Event?			
Navarre	C	ОН	44662	Yes 🗷 No	× No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC		
Ohio Democratic Party								
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
340 East Fulton St	Mailing	I			09/18/2020	15,126.34		
City	5	State	Zip Code	Received at Fundraisi	sing Event?			
Columbus	C	ОН	43215	☐ Yes 🗷 No				
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC		
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
City	5	State	Zip Code	Received at Fundraisin	ng Event?			
				☐ Yes ☐ No				
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC			
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
City	5	State	Zip Code Received at Fundraising Event?					

15,450.55 Page Total \$	

<sup>\*</sup> 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)]



## **Ohio Campaign Finance Report**

RECEIVED

Form 30-A

ORC 3517.10

## 2020 DEC 11 PM 12: 22

Committee Name		0.77	LOV COLUTY	Office So	ught				District
KEEP FERRERO PROSEC	CUTOR COMMITTEE	SI/ SUAR	ARK COUNTY ID OF ELECTIO	PROSEC	UTING	ATT	ORNEY		
Street Address		City			State	Zip			
6209 GREAT COURT CI	R NW	MASSILLO	N		OH 44646				
Candidate Name OR PAC	Registration Number	Treasurer Name	•				Election Date (M	M/DD/Y	YYY)
JOHN D. FERRERO		KRISSA OLSON	N				11/03/2020		
Type of Report (choo	ose one):								
Annual Se	miannual 🗌 Pre-Primary	Post-Pr	rimary  Pre	-General	X	Post	-General		
Statewide Candidates	s Only:							Year	
☐ July Monthly ☐	August Monthly Se	eptember Mont	thly					2020	
Amended Report	Termination		Short Form Re	eport (R.	C. 351	7.10	(H))		
X No  Yes	Check this box if the co		Check this short term				e is filing a d instructions.		
1. Amount brough	nt forward from last report			13	,162.38	3			
2. Total monetary	contributions (From Forms	31-A and 31-	E)	3,335.00					
3. Total other inco	ome (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 han	d (line 4 minus line 5)			3,861.36					
7. Value of in-kind contributions received (From Form 31-J-			l-1)						
8. Value of in-kind	contributions made (From	Form 31-J-2)							
9. Outstanding loa	ans owed by committee (Fr	om Form 31-C	<b>(</b> )	23,000.00					
10. Outstanding d	ebts owed by committee (F	From Form 31-	·N)						
11. Outstanding loans owed to committee (From Form 31-K)			K)						
12. Value of indep	endent expenditures made	(From Form 3	31-U)						
	IS MADE UNDER PENALT				IE FIFT	TH E	DEGREE.		
Kun					12/11/	2020	)		
Signature of Treasurer or I	Deputy Treasurer				Date (M	IM/DI	D/YYYY)		
Contribution Pages	Expenditure Pages	Other I	Pages	Total Pa	ges				
5	3	2		10			Last Upo	dated	09/2017





### **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
KEEP FERRERO PROSECUTOR COMMITTE	E					
Full Name of Contributor				Registration Numb	er, if PAC	
Contributions from Form No. 31-E						
Street Address	Employer	r/Occupation/Labor O		Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН			09/14/2020	3,335.00	
Full Name of Contributor				Registration Number	er, if PAC	
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor		d.		Registration Number	er, if PAC	
Street Address	Employer	:/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount	
Full Name of Contributor		•		Registration Number	er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
City	State OR	Zip Code	Date (MM/DI	D/YYY)	Amount	
full Name of Contributor				Registration Number, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/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 3,335.00	
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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			10/15/20	020	3,000.00	
Street Address	Purpose		•			
2698 Easton St NE	Contribution	า				
City	State	Zip	Code	Che	eck Number	
Canton	он	447	721	553	38	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
CAPS III Media Inc.			10/15/20	020	395.00	
Street Address Purpose						
220 Market Ave S, Ste GL	Advertisem	ent				
City	State Zip Code Check Number				eck Number	
Canton	ОН	447	702	553	39	
To Whom Paid		Date (MM/DD/YYYY)		Amount		
The Repository			10/15/2020 2,027.04			
Street Address	reet Address Purpose					
500 Market Ave S	Advertisem	ent				
City	State	Zip	Code	Che	ck Number	
Canton	ОН	447	702	554	40	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
WHBC			10/15/2020 4,620.00			
Street Address	Purpose					
550 Market Ave S	Radio Adve	rtise	ement			
City	State	Zip	Code	Che	ck Number	
Canton	ОН	447	702	554	11	
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	Che	ck Number	
Canton	ОН	447	702	554	12	

Page Total \$\_\_\_\_\_





Form 31-B

Full Name of Committee	=					
KEEP FERRERO PROSECUTOR COMMITTEE						
To Whom Paid	Date (MM/DD/YYYY)		Amount			
The Repository			10/19/2	020	240.00	
Street Address	Purpose					
500 Market Ave S	Advertisem	ent				
City	State	Zip	Code	Che	eck Number	
Canton	он	44	720	554	43	
To Whom Paid	-		Date (MM/DD/YYYY)		Amount	
John Kurtzman			11/02/20	020	699.95	
Street Address	Purpose					
1711 Tenth St NE	Reimburser	nen	t for Advertisement			
City	State Zip Code Check Number					
Massillon	он	446	346	554	14	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
J. David Ress			11/02/2020 399.00			
Street Address	Purpose					
1073 - 32nd St NW	Radio Adve	rtise	ement			
City	State	Zip	Code	Che	ck Number	
Massillon	ОН	446	847	554	15	
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	Che	ck Number	
Canton	ОН	447	702	554	16	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Fred Scott			11/25/20	20	150.00	
Street Address	Purpose					
112 - 18th St NW	Reimburser	neni	for Advertisement			
City	State	Zip (	Code	Che	ck Number	
Canton	ОН	447	703	554	17	
		_				

Page	Total \$_	,598.95	
_	_		 





Form 31-B

Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMITTEE					
To Whom Paid		Date (MM/DD/YYYY)		Amount	
Steve Babik			11/25/2	020	695.03
Street Address	Purpose				
8250 Pheasant Ave NW	Advertiseme	ent F	Reimbursement		
City	State	Zip (	Code	Che	eck Number
North Canton	он	447	720	554	48
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Che	ck Number
	он	ľ			
To Whom Paid	l I		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Che	ck Number
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Che	ck Number
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip (	Code	Chec	ck Number
	ОН				
	^	_			





## **Statement of Loans Received**

Full Name of Committee KEEP FERRERO PROSEC	UTOR	COMMITTEE					
From Whom Received					Prior Amount Amt. Incurred this		
John D. Ferrero					23,000.00	0.00	
Street Address					TAMERINA	Outstanding Balance	
1638 Wales Rd NE						23,000.00	
City	State	Zip Code				-	
Massillon	ОН	44646	Loans Received T	his Period	Paymer	nts This Period	
Date Loan was Originally	Incurred (	MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) Amount	
		10/20/2016	5				
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) Amount	
Employer/Occupation/Labor Organ	ization*		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 Ti	his Period	Paymen	ts This Period	
Date Loan was Originally	incurred (I	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 Organi	ization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/	DD/YYYY) Amount	

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)



Event Date	09/14/2020	Page 7
	00/1-/2020	, agu

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

FORM 31-E

						R.C. 3517.10	)(E
Full Name of Committee							
KEEP FERRERO PROSECUTOR COMMI	TTEE						
Full Name of Contributor				Registration Nur	nber, if PAC		
Keep Judge Taryn Heath Committee							
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/Y)	YYY)	Amount	_
4444 Dawnridge Cir NW					10/16/2020	100.00	
City		State	Zip Code	Form (Cash, Che	eck, Etc		I
Canton		ОН	44709	Check			
Full Name of Contributor			.li	Registration Nur	nber, if PAC		_
Ironworkers Local 550				LA797			
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/Y)	YYY)	Amount	
618 High Ave NW					10/16/2020	500.00	
City		State	Zip Code	Form (Cash, Che	eck, Etc		
Canton		ОН	44703	Check			
Full Name of Contributor				Registration Nun	nber, if PAC		
Charlene Paquelet							
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/Y)	YY)	Amount	_
740 Bittersweet Dr NE					10/16/2020	1,000.00	
City		State	Zip Code	Form (Cash, Che	eck, Etc		
Massillon		ОН	44646	Check			
Full Name of Contributor			·	Registration Num	nber, if PAC	in a second seco	_
Angela Vagotis							
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/Y)	YY)	Amount	Τ
220 Market Ave S, Ste 940					10/16/2020	100.00	
City		State	Zip Code	Form (Cash, Che	eck, Etc		
Canton		ОН	44702	Check			
Full Name of Contributor				Registration Nun	nber, if PAC		_
Gary Mull							
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/Y)	YY)	Amount	
7160 Deer Trail Ave NE					10/19/2020	50.00	
City		State	Zip Code	Form (Cash, Che	ck, Etc		
Canton		ОН	44721	Check			

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	Conti	ributi	ons	This	Ev	ent

Total Expenditures	This	Event
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ì	
	Page Total \$ 1,750.00
	Page Total \$ 1,7 00.00

<sup>\*</sup> 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)]



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	Employe	er/Occupa	tion/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		ОН	44646	Check			
Full Name of Contributor			-	Registration Number, if PAC			
Chryssa Hartnett							
Street Address	Employe	er/Occupa	tion/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		он	44646	Check			
Full Name of Contributor				Registration Number, if PAC	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		ОН	44710	Check			
Full Name of Contributor			,	Registration Number, if PAC			
Monica Rose Gwin							
Street Address	Employe	r/Occupa	tion/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		ОН	44718	Check			
Full Name of Contributor				Registration Number, if PAC			
Kim Perez							
Street Address	Employe	er/Occupat	tion/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			44709	Check			
* Possired for contributions from individuals over \$100 t							

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

<sup>\*</sup> 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)]



Event Date	09/14/2020	Page 9
5-2-22		

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

Form 31-E

R.C. 3517.10(B)

					R.C. 3517.10(B
Full Name of Committee					
KEEP FERRERO PROSECUTOR COMMIT	TTEE				
Full Name of Contributor	Registration Number, if PAC				
John Boccieri for State Senate					
Street Address	Employe	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2951 Autumnwood Trail				11/02/2020	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Poland		ОН	44514	Check	
Full Name of Contributor			1	Registration Number, if PAC	
Dimitrios Pousoulides					
Street Address	Employe	er/Occupa	tion/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		он	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	I		11/05/2020	50.00	
City		State	Zip Code	Form (Cash, Check, Etc	
Canton		ОН	44708	Check	
Full Name of Contributor			•	Registration Number, if PAC	
Ronald Macala					
Street Address	Employe	mployer/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		ОН	44708	Check	
Full Name of Contributor				Registration Number, if PAC	
Total Employee Contributions from Form No. 31-G					
Street Address Employe		er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			09/14/2020	250.00	
City		State	Zip Code	Form (Cash, Check, Etc	
		ОН			

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

<b>Total Contributions</b>	This	Event
3,335.00		

Total Expenditures	This	Event
0.00		

1	
	Page Total \$ <sup>600.00</sup>

<sup>\*</sup> 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)]





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.)	- 0.00				
North Canton	ОН	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	ОН	44632	Check					
Full Name of Contributor								
Street Address		Date (MM/DD/YYYY)	Amount					
City	State OH	Zip Code	Form (Cash, Check, etc.)					
Full Name of Contributor								
Street Address		Date (MM/DD/YYYY)	Amount					
City	State	Zip Code	Form (Cash, Check, etc.)					
The above are employees of a unit or department under the direct supervision and control of John D. Ferrero  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)								