

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Wilhite							Registration Number, if PAC		
Full Name of Candidate Jeffrey E. Wilhite									
Street Address 2998 Clear Creek Drive					Office Sought Summit County Council			District 4	
City Cuyahoga Falls							State OH	Zip Code 44223	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	
						0	3	1	6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	4,970.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	4,970.00
5. Total monetary expenditures (From Form No. 31-B)	\$	762.06
6. Balance on hand (From Form No. 31-D)	\$	4,207.94
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

2016 MAR - 1 PM 2:45
 SUMMIT COUNTY BOARD OF ELECTIONS
 AKRON, OHIO
 #11,192 Ave

OFFICIAL COPY
 SUMMIT 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

Rose DeBord Print Name and Title (Treasurer and Deputy Treasurer only) [Signature] Signature 3/1/16 Date

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 90

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Wilhite							
Full Name of Contributor Transfer from form 31 E - fund raising event 2/24/16					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	2	2	4	1
							6
							4,970.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Wilhite				
To Whom Paid Transfer from 31F - fundraiser on 2/24/16	M	D	Y	Amount 562.44
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid Lightyear Printing	M	D	Y	Amount 199.62
Address 2066 Romig Road		Purpose Printing/Literature		
City Akron	State OH	Zip Code 44320	Check Number 1027	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State	Zip Code	Check Number	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Wilhite							
Full Name of Contributor Robert C. Chordar				Registration Number, if PAC			
Street Address 860 Killinger Road		Employer/Occupation/Labor Organization* T C Architects		M	D	Y	Amount
City Clinton		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44216	0	2	2	200.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Carlene Groeger							
Street Address 1564 Delia ave		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44320	0	2	2	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Dawn Glenny							
Street Address 616 Fairhill Drive		Employer/Occupation/Labor Organization* Greenleaf		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	2	2	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Roger T. Read							
Street Address 1793 Brookwood Drive		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	0	2	2	750.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Dan Horrigan Committee							
Street Address 1230 N. Howard Street		Employer/Occupation/Labor Organization* Mayor of Akron		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44310	0	2	2	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Chertl Lynn Urban							
Street Address 462 S. Messner Rd		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44319	0	2	2	25.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Diane G. Pancoe							
Street Address 2821 Forest View Drive		Employer/Occupation/Labor Organization* Akron Public Schools		M	D	Y	Amount
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333	0	2	2	50.00
				Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,375.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends of Wilhite		TRC Computers		0	2	2	100.00
Full Name of Contributor Patrick J. Carrol		Registration Number, if PAC		2	4	1	6
Street Address 150 Portage Dr		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44303			
Philip H. Maynard		ASW, Inc.		0	2	2	500.00
Full Name of Contributor Philip H. Maynard		Registration Number, if PAC		2	4	1	6
Street Address P O Box 277		City Mogadore		Form(Cash, Check, etc) Check			
City Mogadore		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44280			
Eric Jones		Jones Interior Group		0	2	2	100.00
Full Name of Contributor Eric Jones		Registration Number, if PAC		2	4	1	6
Street Address 743 Frank Blvd		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44320			
Patrick J. D'Andrea		Lawyer		0	2	2	100.00
Full Name of Contributor Patrick J. D'Andrea		Registration Number, if PAC		2	4	1	6
Street Address 697 W. Market Street, Suite 200		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44303			
Barbara Green		Barbara Green Consultants		0	2	2	100.00
Full Name of Contributor Barbara Green		Registration Number, if PAC		2	4	1	6
Street Address 532 Parkside Drive		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44313			
Bruce S. Ford		Retired		0	2	2	35.00
Full Name of Contributor Bruce S. Ford		Registration Number, if PAC		2	4	1	6
Street Address 2279 Canterbury Circle		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44319			
Erica M. Ward		Family Promise		0	2	2	25.00
Full Name of Contributor Erica M. Ward		Registration Number, if PAC		2	4	1	6
Street Address 664 Highland Park Drive		City Akron		Form(Cash, Check, etc) Check			
City Akron		State <input type="radio"/> O <input type="radio"/> H		Zip Code 44319			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 960.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Wilhite			
Full Name of Contributor Ronald L. Cable		Registration Number, if PAC	
Street Address 3470 Wendling Drive	Employer/Occupation/Labor Organization* Attorney	M D Y 0 2 4 1 6	Amount 25.00
City Akron	State Zip Code <input type="radio"/> H 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor Dale A. Ruther Trust		Registration Number, if PAC	
Street Address 2068 Forest Edge Dr	Employer/Occupation/Labor Organization* Bober, Marky, Fedorivich	M D Y 0 2 4 1 6	Amount 150.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeremiah N. Rowan		Registration Number, if PAC	
Street Address 318 Kimberly Road	Employer/Occupation/Labor Organization* Not Employed	M D Y 0 2 4 1 6	Amount 200.00
City Akron	State Zip Code <input type="radio"/> H 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Ilene Shapiro		Registration Number, if PAC	
Street Address 295 Wyant Road	Employer/Occupation/Labor Organization* County Council	M D Y 0 2 4 1 6	Amount 100.00
City Akron	State Zip Code <input type="radio"/> H 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor William H,Considine		Registration Number, if PAC	
Street Address 604 Merriman Road	Employer/Occupation/Labor Organization* Akron Childrens Hospital	M D Y 0 2 4 1 6	Amount 200.00
City Akron	State Zip Code <input type="radio"/> H 44303	Form(Cash,Check,etc) Check	
Full Name of Contributor James Lawrence		Registration Number, if PAC	
Street Address 2511 Valley view Drive	Employer/Occupation/Labor Organization* Oriana House, Inc.	M D Y 0 2 4 1 6	Amount 100.00
City Cuyahoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash,Check,etc) Check	
Full Name of Contributor George DeBord		Registration Number, if PAC	
Street Address 2998 Clear Creek Drive	Employer/Occupation/Labor Organization* Oriana House, Inc.	M D Y 0 2 4 1 6	Amount 100.00
City Cuyhoga Falls	State Zip Code <input type="radio"/> H 44223	Form(Cash,Check,etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 875.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Friends of Wilhite								
Full Name of Contributor		Registration Number, if PAC						
Jordan Wilhite								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
247 Woodhaven Drive	Akron Electric	0	2	2	4	1	6	100.00
City	State	Zip Code	Form(Cash, Check, etc)					
Copley	O H	44321	Ch					
Full Name of Contributor		Registration Number, if PAC						
Jerry Feeman								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1068 Ledgebrook Drive	Summit County Council	0	2	2	4	1	6	50.00
City	State	Zip Code	Form(Cash, Check, etc)					
Tallmadge	O H	44278	Check					
Full Name of Contributor		Registration Number, if PAC						
Sandra J. Kurt								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
140 Mayfield Ave	SC Clerk of Courts	0	2	2	4	1	6	50.00
City	State	Zip Code	Form(Cash, Check, etc)					
Akron	O H	44313	Check					
Full Name of Contributor		Registration Number, if PAC						
Monna Lee Frankovitis								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5539 Stonecreek Way	National Musium of Educa	0	2	2	4	1	6	100.00
City	State	Zip Code	Form(Cash, Check, etc)					
Hudson	O H	44236	Check					
Full Name of Contributor		Registration Number, if PAC						
Leila Evans								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
2444 County Club Drive	National Musium of Educa	0	2	2	4	1	6	100.00
City	State	Zip Code	Form(Cash, Check, etc)					
Uniontown	O H	44685	Check					
Full Name of Contributor		Registration Number, if PAC						
J. Bret Treier								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
951 Newport Road	Attorney	0	2	2	4	1	6	100.00
City	State	Zip Code	Form(Cash, Check, etc)					
Akron	O H	44303	Check					
Full Name of Contributor		Registration Number, if PAC						
Scott T. Read								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
2465 Wendling Drive	Consultant	0	2	2	4	1	6	100.00
City	State	Zip Code	Form(Cash, Check, etc)					
Akron	O H	44333	Check					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends of Wilhite		SC Clerk of Courts		0	2	24	50.00
Full Name of Contributor Charles D'Andrea		Registration Number, if PAC					
Street Address 405 Sackett Ave		City Akron		Form(Cash, Check, etc) Check			
Full Name of Contributor Mark R. Derrig		Registration Number, if PAC					
Friends of Wilhite		A T & T		0	2	24	50.00
Street Address 2191 Canterbury Circle		City Akron		Form(Cash, Check, etc) Check			
Full Name of Contributor Jill E. Madden		Registration Number, if PAC					
Friends of Wilhite		Jilly Music Room		0	2	24	250.00
Street Address 28 Tanager Drive		City Hudson		Form(Cash, Check, etc) Check			
Full Name of Contributor Jason Dodson		Registration Number, if PAC					
Friends of Wilhite		Summit County		0	2	24	50.00
Street Address 3695 Mogadore Road		City Mogadore		Form(Cash, Check, etc) Check			
Full Name of Contributor Citizens for Schmidt		Registration Number, if PAC					
Friends of Wilhite		SC Council		0	2	24	100.00
Street Address 1460 Curtis Ave		City Cuyahoga Falls		Form(Cash, Check, etc) Check			
Full Name of Contributor Jeff Fusco		Registration Number, if PAC					
Friends of Wilhite		Akron City Council		0	2	24	100.00
Street Address 2117 Forest Oak Drive		City Akron		Form(Cash, Check, etc) Check			
Full Name of Contributor Rosemary O'Hara		Registration Number, if PAC					
Friends of Wilhite		Real Estate Consultant		0	2	24	200.00
Street Address 8646 Pilot Know Ave		City Louisville		Form(Cash, Check, etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends of Wilhite		Retired		0	2	24	100.00
Full Name of Contributor L. A. Duncan		Registration Number, if PAC					
Street Address 975 Monmouth Drive		Zip Code 44313		Form(Cash,Check,etc) Check			
City Akron		State OH					
Allison Breaux		44303		0	2	24	40.00
Full Name of Contributor Allison Breaux		Registration Number, if PAC					
Street Address 675 Merriman Road		Zip Code 44303		Form(Cash,Check,etc) Cash			
City Akron		State OH					
Mark Scheffler		Leadership Akron		0	2	24	20.00
Full Name of Contributor Mark Scheffler		Registration Number, if PAC					
Street Address 54 E. Mill Street		Zip Code 44308		Form(Cash,Check,etc) Cash			
City Akron Ohio		State OH					
Daniel R. Flowers		Akron Canton Reginal Food		0	2	24	100.00
Full Name of Contributor Daniel R. Flowers		Registration Number, if PAC					
Street Address 1888 Deepwood Drive		Zip Code 44313		Form(Cash,Check,etc) Check			
City Akron		State OH					
Kevin G Davis		Attorney		0	2	24	100.00
Full Name of Contributor Kevin G Davis		Registration Number, if PAC					
Street Address 12 E Exchange St, Eighth Floor		Zip Code 44308		Form(Cash,Check,etc) Check			
City Akron		State OH					

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 360.00

Event Date	2/24/16 #####
Page	10

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Wilhite								
To Whom Paid Jillys Music Room					M	D	Y	Amount
					0	2	2	4
					1	6		562.44
Address 111 N Main Street			Purpose Food/Beverages for Fund Raiser					
City Akron		State O	H	Zip Code 44308		Check Number 1026		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
Purpose								
City		State	H	Zip Code		Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>562.44</u>
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