

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Wilhite</b>						Registration Number, if PAC					
Full Name of Candidate <b>Jeffrey E. Wilhite</b>											
Street Address <b>2998 Clear Creek Drive</b>						Office Sought <b>Summit County Council</b>			District <b>4</b>		
City <b>Cuyahoga Falls</b>						State <b>Oh</b>		Zip Code <b>44223</b>			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	XX	<input type="checkbox"/>	Post-General	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>		<input type="checkbox"/>	Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y			
						1	1	0	8	1	6

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

1. Amount brought forward from last report	\$ 2,043.52
2. Total monetary contributions (From Form No. 31-A)	\$ 225.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,268.52
5. Total monetary expenditures (From Form No. 31-B)	\$ 250.00
6. Balance on hand (line 4 minus line 5)	\$ 2,018.52
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	\$

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2016 DEC -6 AM 10:35

BOARD OF ELECTIONS  
AKRON, OHIO

# 389 Ave

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 Ann Debord, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

12/6/16

Contribution pages <u>1</u>
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Expenditure pages <u>1</u>
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Other pages _____
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Total pages <u>3</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Wilhite</b>							
Full Name of Contributor <b>Anthony W. O'Leary</b>					Registration Number, if PAC		
Street Address <b>3446 River Rock</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44223</b>	M <b>1</b>	D <b>1</b>	Y <b>05</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Joh A. Oldham</b>					Registration Number, if PAC		
Street Address <b>2140 Sagamore Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	M <b>1</b>	D <b>1</b>	Y <b>06</b>	Amount <b>75.00</b>	
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 <b>Friends of Wilhite</b>												
To Whom Paid <b>Akron NAACP</b>						M	D	Y	Amount			
						1	0	3	1	1	6	150.00
Address <b>P O Box</b>				Purpose <b>Ad</b>								
City <b>Akron</b>		State <b>Oh</b>		Zip Code <b>44309</b>		Check Number <b>1070</b>						
To Whom Paid <b>Family Promise</b>						M	D	Y	Amount			
						1	1	1	5	1	6	100.00
Address <b>111 E. Voris Street</b>				Purpose <b>Donation</b>								
City <b>Akron</b>		State <b>Oh</b>		Zip Code <b>44311</b>		Check Number <b>1071</b>						
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						