



Committee Name <b>Friends of Michael Wheeler</b>		Office Sought <b>Council, Village of Richfield</b>		District <b>At Large</b>	
Street Address <b>3651 Hawthorne Dr</b>		City <b>Richfield</b>	State <b>OH</b>	Zip <b>44286</b>	
Candidate Name OR PAC Registration Number <b>Michael Wheeler</b>		Treasurer Name <b>Polly Wheeler</b>		Election Date (MM/DD/YYYY) <b>11/07/2017</b>	

**Type of Report (choose one):**  
 Annual    Semiannual    Pre-Primary    Post-Primary    Pre-General    Post-General

Statewide Candidates Only:  
 July Monthly    August Monthly    September Monthly

Year  
**2017**

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
---	--	---

<b>1. Amount brought forward from last report</b>	
<b>2. Total monetary contributions (From Forms 31-A and 31-E)</b>	<b>\$3280.00</b>
<b>3. Total other income (From Form 31-A-2)</b>	<b>\$324.41</b>
<b>4. Total funds available (sum of lines 1, 2, and 3)</b>	<b>\$3604.41</b>
<b>5. Total monetary expenditures (From Forms 31-B and 31-F)</b>	<b>\$3207.46</b>
<b>6. Balance on hand (line 4 minus line 5)</b>	<b>\$396.95</b>
<b>7. Value of in-kind contributions received (From Form 31-J-1)</b>	
<b>8. Value of in-kind contributions made (From Form 31-J-2)</b>	
<b>9. Outstanding loans owed by committee (From Form 31-C)</b>	<b>\$250.00</b>
<b>10. Outstanding debts owed by committee (From Form 31-N)</b>	
<b>11. Outstanding loans owed to committee (From Form 31-K)</b>	
<b>12. Value of independent expenditures made (From Form 31-U)</b>	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

#1547 AVR

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

	10/26/2017
Signature of Treasurer or Deputy Treasurer	Date (MM/DD/YYYY)

Contribution Pages <b>9</b>	Expenditure Pages <b>4</b>	Other Pages <b>14</b>	Total Pages <b>27</b>
--------------------------------	-------------------------------	--------------------------	--------------------------



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler				
<b>Full Name of Contributor</b> Federated Democratic Women of Summit County			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 82 Cedar Woods Dr		<b>Employer/Occupation/Labor Organization*</b> Non-profit Organization		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Cuyahoga Falls	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Date (MM/DD/YYYY)</b> 08/03/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Susan E Paparella			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2170 S short Hills Dr		<b>Employer/Occupation/Labor Organization*</b> housewife		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44333-2358	<b>Date (MM/DD/YYYY)</b> 08/05/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Printables of Ohio LLC			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1209 Lisa Ann Dr		<b>Employer/Occupation/Labor Organization*</b> Principal		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Elect Ilene Shapiro			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 295 Wyant Rd		<b>Employer/Occupation/Labor Organization*</b> Campaign committee		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Adele S Blazey			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3449 Ledgewick Circle		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Fairlawn	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$25.00

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



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler				
<b>Full Name of Contributor</b> Joel N Mader			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1421 King Rd		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Hinckley	<b>State</b> OH	<b>Zip Code</b> 44233-9717	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$50.00
<b>Full Name of Contributor</b> Jacqueline DeBose			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2794 Valley Rd		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Cuyahoga Falls	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Thomas W Bevan			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 530 Meadowridge Way		<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Hudson	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Date (MM/DD/YYYY)</b> 08/04/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Committee to Elect Nick Kostandaras Sr			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3520 Brecksville Rd		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Jerry Martin			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6714 Hidden Lake Trail		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Brecksville	<b>State</b> OH	<b>Zip Code</b> 44141	<b>Date (MM/DD/YYYY)</b> 08/10/2017	<b>Amount</b> \$100.00

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



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler				
<b>Full Name of Contributor</b> William N Melver			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 177 Oakdale Ave		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44302-1663	<b>Date (MM/DD/YYYY)</b> 08/11/2017	<b>Amount</b> \$50.00
<b>Full Name of Contributor</b> Diana M Colavecchio			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3414 Haggarty Way		<b>Employer/Occupation/Labor Organization*</b> Stow Clerk of Courts		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Cuyahoga Falls	<b>State</b> OH	<b>Zip Code</b> 44223	<b>Date (MM/DD/YYYY)</b> 08/14/2017	<b>Amount</b> \$50.00
<b>Full Name of Contributor</b> Emilia Sykes Campaign			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 109 N Howard St		<b>Employer/Occupation/Labor Organization*</b> Campaign committee		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44308	<b>Date (MM/DD/YYYY)</b> 09/14/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Janie Foshee			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 100 Rhodes Ave		<b>Employer/Occupation/Labor Organization*</b> retired		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44302	<b>Date (MM/DD/YYYY)</b> 09/14/2017	<b>Amount</b> \$25.00
<b>Full Name of Contributor</b> Thomas Townsend			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1996 White Pond Dr		<b>Employer/Occupation/Labor Organization*</b> Teacher		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Date (MM/DD/YYYY)</b> 08/29/2017	<b>Amount</b> \$50.00

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



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler				
<b>Full Name of Contributor</b> Ryan J Rawlings			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3663 Hawthorne Dr		<b>Employer/Occupation/Labor Organization*</b> Attorney at Law		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Date (MM/DD/YYYY)</b> 10/14/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Thomas Rawlings			<b>Registration Number, if PAC</b>	
<b>Street Address</b> PO Box 538 4769 Hawkins Rd		<b>Employer/Occupation/Labor Organization*</b> Attorney at Law		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Date (MM/DD/YYYY)</b> 10/14/2017	<b>Amount</b> \$100.00
<b>Full Name of Contributor</b> Total contributions from form no. 31-E			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$1930.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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)]

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Michael Wheeler							
Full Name of Contributor				Registration Number, if PAC			
Paul N Thomarios							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
One Canal Square Plaza Ste. 1500		Thomarios Construction		0	8	0917	\$250.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44308	Check			
Full Name of Contributor						Registration Number, if PAC	
Felita Grice							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2599 Romig Road Apt. 35		Summit County Democratic Party		0	8	0917	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Cash			
Full Name of Contributor						Registration Number, if PAC	
Wesley Lemmon							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4400 Everett Rd, PO Box 123		Native Translations		0	8	0917	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Bath		OH	44210	Check			
Full Name of Contributor						Registration Number, if PAC	
Eileen Goldman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1010 Pelee Dr		retired		0	8	0917	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44333	Check			
Full Name of Contributor						Registration Number, if PAC	
Laura B Monroe							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
376 Hallandale Dr		retired		0	8	0917	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44333	Check			
Full Name of Contributor						Registration Number, if PAC	
Janice Oakley							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
925 Canyonview Rd		retired		0	8	0917	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Sagamore Hills		OH	44067	Check			
Full Name of Contributor						Registration Number, if PAC	
Linda Omobien							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
104 Brookshire Rd		Akron City Council		0	8	0917	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44313	Check			

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

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

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

Total contributions this event

Total expenditures this event.

--	--

--	--

Page Total \$ 495.00
----------------------

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Michael Wheeler			
Full Name of Contributor Sandra Kurt		Registration Number, if PAC	
Street Address 140 Mayfield Ave	Employer/Occupation/Labor Organization* Clerk of Courts	M   D   Y 0   8   09   17	Amount \$50.00
City Akron	State   Zip Code OH   44313	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee to Elect Lynn Lee		Registration Number, if PAC	
Street Address 3227 Creekside Dr		Registration Number, if PAC	
Employer/Occupation/Labor Organization* retired		M   D   Y 0   8   09   17	Amount \$50.00
City Barberton	State   Zip Code OH   44203	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathryn Michael		Registration Number, if PAC	
Street Address 3863 Stanley Rd		Registration Number, if PAC	
Employer/Occupation/Labor Organization* Judge		M   D   Y 0   8   09   17	Amount \$50.00
City Fairlawn	State   Zip Code OH   44333	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon Weitzenhof		Registration Number, if PAC	
Street Address 1590 Orchard Dr, PO Box 477		Registration Number, if PAC	
Employer/Occupation/Labor Organization* retired		M   D   Y 0   8   09   17	Amount \$50.00
City Bath	State   Zip Code OH   44210	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee to Re-Elect Judge Annalisa Williams		Registration Number, if PAC	
Street Address 1137 Allendale Ave		Registration Number, if PAC	
Employer/Occupation/Labor Organization* Judge		M   D   Y 0   8   09   17	Amount \$100.00
City Akron	State   Zip Code OH   44306	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Schmida		Registration Number, if PAC	
Street Address 270 Finchfield Circle		Registration Number, if PAC	
Employer/Occupation/Labor Organization* Union Consultant		M   D   Y 0   8   09   17	Amount \$25.00
City Macedonia	State   Zip Code OH   44056	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Fusco		Registration Number, if PAC	
Street Address 2117 Forest Oak Drive		Registration Number, if PAC	
Employer/Occupation/Labor Organization* City Council Member		M   D   Y 0   8   09   17	Amount \$75.00
City Akron	State   Zip Code OH   44312	Form (Cash, Check, etc.) Check	

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

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

Total contributions this event

--	--

Total expenditures this event.

--	--

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Michael Wheeler							
Full Name of Contributor Nicole Walker				Registration Number, if PAC			
Street Address 2380 Lancaster Rd	Employer/Occupation/Labor Organization* Magistrate			M	D	Y	Amount
	City Akron	State OH	Zip Code 44313	0	8	0917	\$50.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul Zindle				Registration Number, if PAC			
Street Address 675 Wolf Ledges Pkwy #172	Employer/Occupation/Labor Organization* Summit Cty Common Pleas Court			M	D	Y	Amount
	City Akron	State OH	Zip Code 44309	0	8	0917	\$50.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Melissa Dean				Registration Number, if PAC			
Street Address 3857 Heron Watch Dr	Employer/Occupation/Labor Organization* Magistrate			M	D	Y	Amount
	City Akron	State OH	Zip Code 44319	0	8	0917	\$50.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Sawyer				Registration Number, if PAC			
Street Address 1298 N Howard St	Employer/Occupation/Labor Organization* retired			M	D	Y	Amount
	City Akron	State OH	Zip Code 44310	0	8	0917	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank Kunstel				Registration Number, if PAC			
Street Address 131 Seaborn Dr	Employer/Occupation/Labor Organization* retired			M	D	Y	Amount
	City Willowick	State OH	Zip Code 44095	0	8	0917	\$300.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Friends of David Hamilton				Registration Number, if PAC			
Street Address 780 Harvard St	Employer/Occupation/Labor Organization* Summit Cty Councilman			M	D	Y	Amount
	City Akron	State OH	Zip Code 44311	0	8	0917	\$25.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor John Galonski				Registration Number, if PAC			
Street Address 1137 Allendale Ave	Employer/Occupation/Labor Organization* Attorney / Bevan-Walsh			M	D	Y	Amount
	City Akron	State OH	Zip Code 44306	0	8	0917	\$25.00
				Form (Cash, Check, etc.) Check			

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

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

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

Total contributions this event

--	--

Total expenditures this event.

--	--



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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Michael Wheeler							
Full Name of Contributor				Registration Number, if PAC			
Elliot Kolkovich							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
369 Gresham Drive		County Prosecutor's Office		0	8	09	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Fairlawn		OH	44333	Check			
Full Name of Contributor							
David Horner							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
554 Weber Ave		Assistant Court Administrator		0	8	09	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44303	Check			
Full Name of Contributor							
Joe Campbell							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3980 Brush Rd		PC		0	8	09	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Richfield		OH	44286	Cash			
Full Name of Contributor							
Tim Crawford							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4109 Cleveland Massillon Rd		Insurance Sales		0	8	09	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Norton		OH	44203	Check			
Full Name of Contributor							
Renee Green							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
477 Mineola Ave		retired		0	8	09	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Akron		OH	44320	Check			
Full Name of Contributor							
Daniel Perry							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3940 Main St Apt 2		Credit Union Manager		0	8	09	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
McHenry		IL	60050	Check			
Full Name of Contributor							
Roberta Beshara							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4268 W Streetsboro Rd		Mayor		0	8	09	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Richfield		OH	44286	Check			

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

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

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

Total contributions this event

--	--

Total expenditures this event.

--	--

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Michael Wheeler</b>				
Full Name of Contributor <b>Thomas Teodosio</b>			Registration Number, if PAC	
Street Address <b>495 Belmont Park Drive</b>	Employer/Occupation/Labor Organization* <b>Judge</b>		M   D   Y <b>0   8   0   9   1   7</b>	Amount <b>\$50.00</b>
City <b>Munroe Falls</b>	State <b>OH</b>	Zip Code <b>44262</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Matthew Browarek</b>			Registration Number, if PAC	
Street Address <b>55 Public Sq. Ste. 2100</b>	Employer/Occupation/Labor Organization* <b>Attorney at Law</b>		M   D   Y <b>0   8   0   9   1   7</b>	Amount <b>\$50.00</b>
City <b>Cleveland</b>	State <b>OH</b>	Zip Code <b>44113</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Bradley T McKitrick</b>			Registration Number, if PAC	
Street Address <b>1490 Verndale Dr</b>	Employer/Occupation/Labor Organization* <b>retired</b>		M   D   Y <b>0   8   0   9   1   7</b>	Amount <b>\$50.00</b>
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44306</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Anthony D Gomez</b>			Registration Number, if PAC	
Street Address <b>3070 9th St</b>	Employer/Occupation/Labor Organization* <b>Deputy clerk, Stow Courts</b>		M   D   Y <b>0   8   0   9   1   7</b>	Amount <b>\$35.00</b>
City <b>Cuyahoga Falls</b>	State <b>OH</b>	Zip Code <b>44221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0</b>	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

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

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

Total contributions this event  

\$1930.00
-----------

Total expenditures this event  

\$811.92
----------

Page Total \$ **185.00**



**Statement of Other Income**

Form 31-A-2  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends of Michael Wheeler			
<b>Full Name of Contributor</b> Loan transfer from form 31-C		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 08/05/2017	<b>Form (Cash, Check, etc.)</b> Check
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Huntington Bank		<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1946 N Cleveland Massillon Rd	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b> 09/13/2017	<b>Form (Cash, Check, etc.)</b> Bank credit
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Amount</b> \$74.41
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>
<b>Full Name of Contributor</b>		<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Type*</b> Refund	<b>Date (MM/DD/YYYY)</b>	<b>Form (Cash, Check, etc.)</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Amount</b>

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



**Statement of Loans Received**

Form 31-C  
R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler					
<b>From Whom Received</b> Polly Wheeler				<b>Prior Amount</b>	<b>Amt. Incurred this Period</b> \$250.00
<b>Street Address</b> 3651 Hawthorne Dr					<b>Outstanding Balance</b> \$250.00
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Loans Received This Period</b>		<b>Payments Received This Period</b>
	<b>Date of Original Loan (MM/DD/YYYY)</b> 08/05/2017	<b>Date of Loan (MM/DD/YYYY)</b> 08/05/2017	<b>Amount</b> \$250.00	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b> <b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b> <b>Amount</b>
<b>From Whom Received</b>				<b>Prior Amount</b>	<b>Amt. Incurred this Period</b>
<b>Street Address</b>					<b>Outstanding Balance</b>
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Loans Received This Period</b>		<b>Payments Received This Period</b>
	<b>Date of Original Loan (MM/DD/YYYY)</b>	<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Registration Number, if PAC</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b> <b>Amount</b>
<b>Employer/Occupation/Labor Organization*</b>			<b>Date of Loan (MM/DD/YYYY)</b>	<b>Amount</b>	<b>Date of Payment (MM/DD/YYYY)</b> <b>Amount</b>

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

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

Total Prior Amount \$ \_\_\_\_\_

Total Received This Period \$ 250.00 \_\_\_\_\_ (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 250.00 \_\_\_\_\_ (also record on Form 30-A)



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler			
<b>To Whom Paid</b> Rebecca Wheeler		<b>Date (MM/DD/YYYY)</b> 08/14/2017	<b>Amount</b> \$97.88
<b>Street Address</b> 3861 Sawbridge Dr #29		<b>Purpose</b> Candy for community parade	
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Check Number</b> 06903133
<b>To Whom Paid</b> Scriptype Publishing		<b>Date (MM/DD/YYYY)</b> 08/14/2017	<b>Amount</b> \$249.00
<b>Street Address</b> 4300 Streetsboro Rd		<b>Purpose</b> Political 1/2 page ad in Richfield Times, September 2017	
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Check Number</b> 08903132
<b>To Whom Paid</b> Bob Hoeizei		<b>Date (MM/DD/YYYY)</b> 09/07/2017	<b>Amount</b> \$105.05
<b>Street Address</b> 6008 Leslie Drive		<b>Purpose</b> campaign shirts	
<b>City</b> Hudson	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Check Number</b> 104
<b>To Whom Paid</b> Social Masterminds		<b>Date (MM/DD/YYYY)</b> 09/11/2017	<b>Amount</b> \$800.00
<b>Street Address</b> PO Box 30		<b>Purpose</b> Social media website and marketing	
<b>City</b> Peninsula	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Check Number</b> ACH
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 09/11/2017	<b>Amount</b> \$25.00
<b>Street Address</b> 1946 N Cleveland Massillon Rd		<b>Purpose</b> Bank fee	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Check Number</b> Bank fee

Page Total \$ 1276.03



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler			
<b>To Whom Paid</b> ScripType Publishing Inc		<b>Date (MM/DD/YYYY)</b> 09/12/2017	<b>Amount</b> \$249.00
<b>Street Address</b> 4300 Streetsboro Rd		<b>Purpose</b> Political 1/2 page ad in Richfield Times, October 2017	
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Check Number</b> 107
<b>To Whom Paid</b> Social Masterminds		<b>Date (MM/DD/YYYY)</b> 10/10/2017	<b>Amount</b> \$500.00
<b>Street Address</b> PO Box 30		<b>Purpose</b> Social media marketing services	
<b>City</b> Peninsula	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Check Number</b> ACH
<b>To Whom Paid</b> ScripType Publishing Inc		<b>Date (MM/DD/YYYY)</b> 10/16/2017	<b>Amount</b> \$249.00
<b>Street Address</b> 4300 Streetsboro Rd		<b>Purpose</b> Political 1/2 page ad in Richfield Times, November 2017	
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Check Number</b> 108
<b>To Whom Paid</b> Expenditures from Form 31-F		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> \$811.92
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 08/16/2017	<b>Amount</b> \$74.41
<b>Street Address</b> 1946 N Cleveland Massillon Rd		<b>Purpose</b> check order	
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Check Number</b> Bank fee

Page Total \$ 1884.33



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler			
<b>To Whom Paid</b> Huntington Bank		<b>Date (MM/DD/YYYY)</b> 09/20/2017	<b>Amount</b> \$46.20
<b>Street Address</b> 1946 N Cleveland Massillon Rd		<b>Purpose</b> replacement check order	
<b>City</b> akron	<b>State</b> OH	<b>Zip Code</b> 44333	<b>Check Number</b> Bank fee
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>	
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>

Page Total \$ 46.20



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler				
<b>To Whom Paid</b> Pub Bricco		<b>Date (MM/DD/YYYY)</b> 08/09/2017		<b>Amount</b> \$500.00
<b>Street Address</b> 1841 Merriman Rd		<b>Purpose</b> Food, room rental, and service for fundraiser		
<b>City</b> Akron	<b>State</b> OH	<b>Zip Code</b> 44313	<b>Check Number</b> 08903131	
<b>To Whom Paid</b> Novex Systems LLC		<b>Date (MM/DD/YYYY)</b> 09/01/2017		<b>Amount</b> \$200.00
<b>Street Address</b> 6040 Hillcrest Dr		<b>Purpose</b> Cards and mailing for fundraiser		
<b>City</b> Valley View	<b>State</b> OH	<b>Zip Code</b> 44125	<b>Check Number</b> 103	
<b>To Whom Paid</b> U.S. Postmaster		<b>Date (MM/DD/YYYY)</b> 09/01/2017		<b>Amount</b> \$69.22
<b>Street Address</b> 3900 Broadview Rd		<b>Purpose</b> Postage for fundraiser invitations		
<b>City</b> Richfield	<b>State</b> OH	<b>Zip Code</b> 44286	<b>Check Number</b> 102	
<b>To Whom Paid</b> Qwestcom		<b>Date (MM/DD/YYYY)</b> 09/07/2017		<b>Amount</b> \$42.70
<b>Street Address</b> 5572 Brecksville Rd Ste A		<b>Purpose</b> Cards for fundraiser		
<b>City</b> Independence	<b>State</b> OH	<b>Zip Code</b> 44131	<b>Check Number</b> 105	
<b>To Whom Paid</b>		<b>Date (MM/DD/YYYY)</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>	

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 \$ 811.92