

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |   |   |   |
|--|---|---|---|
| Full Name of Committee<br><b>WOOLDREDGE FOR COUNCIL</b>                  |   | Registration Number, if PAC                   |   |
| Full Name of Candidate<br><b>BILL WOOLDREDGE</b>                         |   |   |   |
| Street Address<br><b>100 COLLEGE STREET</b>                              |   | Office Sought<br><b>CITY COUNCIL AT LARGE</b> | District<br><b>HUDSON</b>                       |
| City<br><b>HUDSON</b>  |   | State<br><b>OH</b>                            | Zip Code<br><b>44236</b>                        |
| Type of Report<br>(place X to the left of report type)                   | <input type="checkbox"/> Pre-Primary  | <input type="checkbox"/> Post-Primary         | <input checked="" type="checkbox"/> Pre-General |
|  | <input type="checkbox"/> July Monthly   | <input type="checkbox"/> August Monthly       | <input type="checkbox"/> September Monthly      |
|  |   |   | <input type="checkbox"/> Post-General           |
|  |   |   | <input type="checkbox"/> Termination            |
|  |   |   | Annual Year                                     |
|  |   |   | 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   |

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 for 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)  | \$ | 0     | 00 |
| 3. Total other income (From Form No. 31-A-2)  | \$ | 5,400 | 00 |
| 4. Total funds available (sum of lines 1, 2, 3)   | \$ | 5,400 | 00 |
| 5. Total monetary contributions received (From Form No. 31-A-1)   | \$ | 5,327 | 88 |
| 6. Balance on hand (line 4 minus line 5)  | \$ | 72    | 12 |
| 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<br>Sum of lines 2, 7, and amount of any new loans received this period. | \$ |       |    |

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

2017 OCT 19 PM 1:54

# 1382 AUC

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.

**WILLIAM D. WOOLDREDGE**  
Print Name and Title (Treasurer and Deputy Treasurer only)  
**TREASURER**

*[Signature]*  
Signature

\_\_\_\_\_  
Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages \_\_\_\_\_

# Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full |       |          |                             | Registration Number, if PAC |    |         |
|---------------------------|-------|----------|-----------------------------|-----------------------------|----|---------|
| WOOLDREDGE FOR COUNCIL    |       |          |                             |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
| WILLIAM D. WOOLDREDGE     |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
| 100 COLLEGE ST            | LN    |          | 0                           | 1                           | 27 | 173,000 |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
| HUDSON                    | OH    | 44236    | CHECK                       |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
| WILLIAM D. WOOLDREDGE     |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
| 100 COLLEGE ST            | LN    |          | 0                           | 8                           | 04 | 172,000 |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
| HUDSON                    | OH    | 44236    | CHECK                       |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
| WILLIAM D. WOOLDREDGE     |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
| 100 COLLEGE ST            | LN    |          | 0                           | 9                           | 21 | 17200   |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
| HUDSON                    | OH    | 44236    | CHECK                       |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
| WILLIAM D. WOOLDREDGE     |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
| 100 COLLEGE ST            | LN    |          | 1                           | 0                           | 02 | 17200   |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
| HUDSON                    | OH    | 44236    | CHECK                       |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
|                           |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
|                           |       |          |                             |                             |    |         |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
|                           |       |          |                             |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
|                           |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
|                           |       |          |                             |                             |    |         |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
|                           |       |          |                             |                             |    |         |
| Full Name                 |       |          | Registration Number, if PAC |                             |    |         |
|                           |       |          |                             |                             |    |         |
| Address                   | Type* |          | M                           | D                           | Y  | Amount  |
|                           |       |          |                             |                             |    |         |
| City                      | State | Zip Code | Form (Cash, Check, etc.)    |                             |    |         |
|                           |       |          |                             |                             |    |         |

\* 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 Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full                       |  | M                                    |  | D                 |  | Y                    |  | Amount   |
|---|--|--------------------------------------|--|-------------------|--|----------------------|--|----------|
| WOOLDREDGE FOR COUNCIL                          |  | 01                                   |  | 27                |  | 17                   |  | 1,640.70 |
| To Whom Paid<br>RECORD PUBLISHING CO            |  | Purpose<br>AD AND 2 FRONT PAGE NOTES |  |                   |  |                      |  |          |
| Address<br>1050 W. MAIN ST.                     |  | State<br>OH                          |  | Zip Code<br>44240 |  | Check Number<br>1080 |  |          |
| City<br>KENT                                    |  |                                      |  |                   |  |                      |  |          |
| To Whom Paid<br>SUMMIT COUNTY BOARD OF ELECTION |  | 06                                   |  | 06                |  | 17                   |  | 25.00    |
| Address<br>470 GRANT ST                         |  | Purpose<br>REGISTRATION              |  |                   |  |                      |  |          |
| City<br>AKRON                                   |  | OH                                   |  | 44311             |  | 1001                 |  |          |
| To Whom Paid<br>SUMMIT COUNT BOARD OF ELECTIONS |  | 06                                   |  | 06                |  | 17                   |  | 20.00    |
| Address<br>470 GRANT ST                         |  | Purpose<br>REGISTRATION              |  |                   |  |                      |  |          |
| City<br>AKRON                                   |  | OH                                   |  | 44311             |  | 1002                 |  |          |
| To Whom Paid<br>FAST SIGNS                      |  | 08                                   |  | 10                |  | 17                   |  | 840.66   |
| Address<br>1783 BRITAIN RD                      |  | Purpose<br>SIGNS                     |  |                   |  |                      |  |          |
| City<br>AKRON                                   |  | OH                                   |  | 44310-2717        |  | 1003                 |  |          |
| To Whom Paid<br>SCRIPTYPE PUBLISHING            |  | 08                                   |  | 14                |  | 17                   |  | 420.00   |
| Address<br>4300 STREETS BORO RD                 |  | Purpose<br>AD                        |  |                   |  |                      |  |          |
| City<br>RICHFIELD                               |  | OH                                   |  | 44286             |  | 1004                 |  |          |
| To Whom Paid<br>CRAIG HARSHMAN                  |  | 08                                   |  | 25                |  | 17                   |  | 200.00   |
| Address<br>104 E. STREETS BORO ST               |  | Purpose<br>DESIGN OF DOOR HANGAR     |  |                   |  |                      |  |          |
| City<br>HUDSON                                  |  | OH                                   |  | 44236             |  | 1005                 |  |          |
| To Whom Paid<br>PRINTERS' DEVIL ING             |  | 09                                   |  | 19                |  | 17                   |  | 481.44   |
| Address<br>77 MAPLE DRIVE                       |  | Purpose<br>PRINTING                  |  |                   |  |                      |  |          |
| City<br>HUDSON                                  |  | OH                                   |  | 44236             |  | 1006                 |  |          |
| To Whom Paid<br>MINUTE MAN PRESS                |  | 10                                   |  | 02                |  | 17                   |  | 1673.47  |
| Address<br>3515 HUDSON DRIVE                    |  | Purpose<br>WALKING CARDS             |  |                   |  |                      |  |          |
| City<br>STOW                                    |  | OH                                   |  | 44224             |  | 1007                 |  |          |

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|   |  |  |  |       |          |                                   |   |   |        |                     |  |
|---|--|--|--|-------|----------|-----------------------------------|---|---|--------|---------------------|--|
| Name of Committee in Full                   |  |  |  |       |          |                                   |   |   |        |                     |  |
| To Whom Paid<br><b>ACME FRESH MARKET #4</b> |  |  |  |       |          | M                                 | D | Y | Amount |                     |  |
| Address<br><b>716 W. STREETSBORO</b>        |  |  |  |       |          | Purpose<br><b>STAMPS</b>          |   |   |        | <b>079017 26.61</b> |  |
| City<br><b>HUDSON</b>                       |  |  |  | State | Zip Code | Check Number<br><b>DEBIT CARD</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                      |   |   |        |                     |  |
| 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 |                     |  |

# Statement of Loans Received

Prescribed by Secretary of State 3/05

|   |  |                    |  |                          |  |                              |  |   |                      |  |  |
|---|--|--------------------|--|--------------------------|--|------------------------------|--|---|----------------------|--|--|
| Full Name of Committee<br><b>WOOLDREDGE FOR COUNCIL</b> |  |                    |  |                          |  |                              |  |   |                      |  |  |
| From Whom Received<br><b>WILLIAM D. WOOLDREDGE</b>      |  |                    |  |                          |  | Prior Amount<br><b>0</b>     |  | Amt. Incurred this Period<br><b>3,000</b> |                      |  |  |
| Address<br><b>100 COLLEGE ST</b>                        |  |                    |  |                          |  |                              |  | Outstanding Balance<br><b>3,000</b>       |                      |  |  |
| City<br><b>HUDSON</b>                                   |  | State<br><b>OH</b> |  | Zip Code<br><b>44236</b> |  | Loans Received This Period   |  |   | Payments This Period |  |  |
|   |  |                    |  |                          |  | Date                         |  |   | Date                 |  |  |
|   |  |                    |  |                          |  | M D Y S                      |  |   | M D Y S              |  |  |
| Date Loan was originally Incurred<br><b>01/27/17</b>    |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Registration Number, if PAC                             |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Employer/Occupation/Labor Organization*                 |  |                    |  |                          |  |                              |  |   |                      |  |  |
| From Whom Received<br><b>WILLIAM D. WOOLDREDGE</b>      |  |                    |  |                          |  | Prior Amount<br><b>3,000</b> |  | Amt. Incurred this Period<br><b>2,000</b> |                      |  |  |
| Address<br><b>100 COLLEGE ST</b>                        |  |                    |  |                          |  |                              |  | Outstanding Balance<br><b>5,000</b>       |                      |  |  |
| City<br><b>HUDSON</b>                                   |  | State<br><b>OH</b> |  | Zip Code<br><b>44236</b> |  | Loans Received This Period   |  |   | Payments This Period |  |  |
|   |  |                    |  |                          |  | Date                         |  |   | Date                 |  |  |
|   |  |                    |  |                          |  | M D Y S                      |  |   | M D Y S              |  |  |
| Date Loan was originally Incurred<br><b>08/14/17</b>    |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Registration Number, if PAC                             |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Employer/Occupation/Labor Organization*                 |  |                    |  |                          |  |                              |  |   |                      |  |  |
| From Whom Received<br><b>WILLIAM D. WOOLDREDGE</b>      |  |                    |  |                          |  | Prior Amount                 |  | Amt. Incurred this Period<br><b>200</b>   |                      |  |  |
| Address<br><b>100 COLLEGE ST</b>                        |  |                    |  |                          |  |                              |  | Outstanding Balance<br><b>5,200</b>       |                      |  |  |
| City<br><b>HUDSON</b>                                   |  | State<br><b>OH</b> |  | Zip Code<br><b>44236</b> |  | Loans Received This Period   |  |   | Payments This Period |  |  |
|   |  |                    |  |                          |  | Date                         |  |   | Date                 |  |  |
|   |  |                    |  |                          |  | M D Y S                      |  |   | M D Y S              |  |  |
| Date Loan was originally Incurred<br><b>09/21/17</b>    |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Registration Number, if PAC                             |  |                    |  |                          |  |                              |  |   |                      |  |  |
| Employer/Occupation/Labor Organization*                 |  |                    |  |                          |  |                              |  |   |                      |  |  |

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

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

- 1 Total prior amount \$ 0
- 2 Total received this period \$ 5,200 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 5,200 (To Form No. 30-A)

# Statement of Loans Received

Prescribed by Secretary of State 3/05

|   |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
|---|--|--------------------|--|--------------------------|--|--|-------------------------------------|---|--------|---|----------------------|---|--------|---|
| Full Name of Contributor<br><b>WOOLDREDGE FOR COUNCIL</b> |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| From Whom Received<br><b>WILLIAM D. WOOLDREDGE</b>        |  |                    |  |                          |  |  | Prior Amount                        |   |        | Amt. Incurred this Period<br><b>200</b> |                      |   |        |   |
| Address<br><b>108 COLLEGE ST</b>                          |  |                    |  |                          |  |  | Outstanding Balance<br><b>5,400</b> |   |        |   |                      |   |        |   |
| City<br><b>HUDSON</b>                                     |  | State<br><b>OH</b> |  | Zip Code<br><b>44231</b> |  |  | Loans Received This Period          |   |        |   | Payments This Period |   |        |   |
|   |  |                    |  |                          |  |  | Date                                |   | Amount |   | Date                 |   | Amount |   |
|   |  |                    |  |                          |  |  | M                                   | D | Y      | S                                       | M                    | D | Y      | S |
| Date Loan was originally Incurred<br><b>10 07 17</b>      |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Registration Number, if PAC                               |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Employer/Occupation/Labor Organization*                   |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| From Whom Received  |  |                    |  |                          |  |  | Prior Amount                        |   |        | Amt. Incurred this Period               |                      |   |        |   |
| Address   |  |                    |  |                          |  |  | Outstanding Balance                 |   |        |   |                      |   |        |   |
| City  |  | State              |  | Zip Code                 |  |  | Loans Received This Period          |   |        |   | Payments This Period |   |        |   |
|   |  |                    |  |                          |  |  | Date                                |   | Amount |   | Date                 |   | Amount |   |
|   |  |                    |  |                          |  |  | M                                   | D | Y      | S                                       | M                    | D | Y      | S |
| Date Loan was originally Incurred                         |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Registration Number, if PAC                               |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Employer/Occupation/Labor Organization*                   |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| From Whom Received  |  |                    |  |                          |  |  | Prior Amount                        |   |        | Amt. Incurred this Period               |                      |   |        |   |
| Address   |  |                    |  |                          |  |  | Outstanding Balance                 |   |        |   |                      |   |        |   |
| City  |  | State              |  | Zip Code                 |  |  | Loans Received This Period          |   |        |   | Payments This Period |   |        |   |
|   |  |                    |  |                          |  |  | Date                                |   | Amount |   | Date                 |   | Amount |   |
|   |  |                    |  |                          |  |  | M                                   | D | Y      | S                                       | M                    | D | Y      | S |
| Date Loan was originally Incurred                         |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Registration Number, if PAC                               |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |
| Employer/Occupation/Labor Organization*                   |  |                    |  |                          |  |  |                                     |   |        |   |                      |   |        |   |

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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).

- 1 Total prior amount \$ 5,200
- 2 Total received this period \$ 200 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 5,400 (To Form No. 30-A)