



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**

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$396.95
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	\$1000.00
4. Total funds available (sum of lines 1, 2, and 3)	\$1396.95
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$628.81
6. Balance on hand (line 4 minus line 5)	\$768.14
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	\$1250.00
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 DEC 11 PM 3:47

#1648

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

*Polly Wheeler*  
Signature of Treasurer or Deputy Treasurer

**12/14/2017**  
Date (MM/DD/YYYY)

Contribution Pages <b>0</b>	Expenditure Pages <b>1</b>	Other Pages <b>5</b>	Total Pages <b>6</b>
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**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends of Michael Wheeler			
Full Name of Contributor Loan transfer from form 31-C			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY) 10/27/2017	Form (Cash, Check, etc.) Check
City	State	Zip Code	Amount \$1000.00
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount

\* 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**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Michael Wheeler			
To Whom Paid US Postmaster		Date (MM/DD/YYYY) 10/27/2017	Amount \$384.44
Street Address		Purpose Postage for campaign mailing	
City Cleveland	State OH	Zip Code 44101	Check Number 109
To Whom Paid Novex Systems LLC		Date (MM/DD/YYYY) 12/05/2017	Amount \$244.37
Street Address 6040 Hillcrest Dr		Purpose Cards and envelopes for mailing	
City Valley View	State OH	Zip Code 44125	Check Number 110
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 628.81



**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> \$250.00	<b>Amt. Incurred this Period</b> \$1000.00	
<b>Street Address</b> 3651 Hawthorne Dr					<b>Outstanding Balance</b> \$1250.00	
<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> 10/27/2017	<b>Amount</b> \$1000.00	<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 \$ 250.00

Total Received This Period \$ 1000.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 1250.00 (also record on Form 30-A)