



JAN 30 2019
BOARD OF ELECTIONS
AKRON OHIO 44303

2019 JAN 30 PM 4:20

Committee Name Friends of Michael Wheeler		Office Sought Council, Village of Richfield		District At Large
Street Address 3651 Hawthorne Dr		City Richfield	State OH	Zip 44286
Candidate Name OR PAC Registration Number Michael Wheeler		Treasurer Name Polly Wheeler		Election Date (MM/DD/YYYY) 11/07/2017
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2018
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.

1. Amount brought forward from last report	768.14
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	100.00
4. Total funds available (sum of lines 1, 2, 3)	868.14
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	868.14
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	1350.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

**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

01/29/2019
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages

Other Pages
2

Total Pages
3



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Michael Wheeler			
Full Name of Contributor Polly Wheeler			Registration Number, if PAC
Street Address 3651 Hawthorne Dr	Type* Investment/Income	Date (MM/DD/YYYY) 12/03/2018	Form (Cash, Check, etc.) Check
City Richfield	State OH	Zip Code 44286	Amount 100.00
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	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 Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Friends of Michael Wheeler						
From Whom Received Polly Wheeler				Prior Amount 1250.00	Amt. Incurred this Period 100.00	
Street Address 3651 Hawthorne Dr					Outstanding Balance 1350.00	
City Richfield	State OH	Zip Code 44286	Loans Received This Period		Payments This Period	
	Date Loan was Originally Incurred (MM/DD/YYYY) 08/05/2017		Date of Loan (MM/DD/YYYY) 12/03/2018	Amount 100.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period	
Street Address					Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period	
	Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	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 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 \$ 1250.00

Total Received This Period \$ 100.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 1350.00 (also record on Form 30-A)