

Ohio Campaign Finance Report

Prescribed by Secretary of State 3 05

Full Name of Committee <i>CITIZENS TO ELECT J NELSON Bath Township Trustee</i>						Registration Number, if PAC				
Full Name of Candidate <i>James H Nelson</i>										
Street Address <i>2500 Olentangy Dr</i>					Office Sought <i>Trustee</i>		District <i>Bath</i>			
City <i>Akron</i>					State <i>OH</i>	Zip Code <i>44333</i>				
Type of Report (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"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input type="checkbox"/>	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	
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	0	
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$	0	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2339	00
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**

2017 OCT 23 PM 1:52

AKRON, OHIO

#1423 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.

James Nelson
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

10 23 17
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages _____

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens To Elect J Nelson Bath Trustee			
Full Name of Contributor James Nelson		Employer, Occupation, Labor Organization* Bath Township Trustee	
Street Address 2500 Olentangy Dr		Description of Item or Service Cash Advance	
City Akron		M D Y Fair Market Value 10 23 27 2339⁰⁰	
Full Name of Contributor		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Street Address		Employer, Occupation, Labor Organization*	
City		Description of Item or Service	
Full Name of Contributor		M D Y Fair Market Value	
Street Address		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
City		Employer, Occupation, Labor Organization*	
Full Name of Contributor		Description of Item or Service	
Street Address		M D Y Fair Market Value	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
Full Name of Contributor		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Street Address		Employer, Occupation, Labor Organization*	
City		Description of Item or Service	
Full Name of Contributor		M D Y Fair Market Value	
Street Address		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
City		Employer, Occupation, Labor Organization*	
Full Name of Contributor		Description of Item or Service	
Street Address		M D Y Fair Market Value	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
Full Name of Contributor		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Street Address		Employer, Occupation, Labor Organization*	
City		Description of Item or Service	
Full Name of Contributor		M D Y Fair Market Value	
Street Address		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
City		Employer, Occupation, Labor Organization*	
Full Name of Contributor		Description of Item or Service	
Street Address		M D Y Fair Market Value	
City		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

\$2339⁰⁰
Page Total _____