



Committee Name Best for Bath Committee		Office Sought		District
Street Address 1243 Ledgewood Dr		City Akron	State OH	Zip 44333
Candidate Name OR PAC Registration Number		Treasurer Name David Carlos		Election Date (MM/DD/YYYY) 11/07/17

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

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Amended Report: No Yes

Termination: Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H)): Check this box if the committee is filing a short term report. See attached instructions.

Year: 2017

1. Amount brought forward from last report	\$ 2773.83
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 691.56
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, & 3)	\$ 3,465.39
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 691.56
6. Balance on hand (line 4 minus line 5)	\$ 2,773.83
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)	
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**

DEC 14 PM 4:05
#1649

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

[Signature]
Signature of Treasurer or Deputy Treasurer

12/11/17
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages

Total Pages
3



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Best for Bath Committee				
Full Name of Contributor Bath Fire, Inc. / Chris Null, Treasure			Registration Number, if PAC	
Street Address 3864 W Bath Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 10/31/2017	Amount 691.56
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Best for Bath Committee			
To Whom Paid Bloch Printing		Date (MM/DD/YYYY) 10/31/2017	Amount \$ 691.56
Street Address 3569 Copley Rd.		Purpose Printing	
City Copley	State OH	Zip Code 44321	Check Number 1029
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
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 \$ 691.56