



Campaign Finance | (614) 466-3111
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Committee Name BECKY CORBETT FOR BATH TOWNSHIP TRUSTEE		Office Sought BATH TOWNSHIP TRUSTEE		District —	
Street Address 3139 W. BATH RD		City AKRON	State OH	Zip 44333	
Candidate Name OR PAC Registration Number BECKY CORBETT		Treasurer Name BECKY CORBETT		Election Date (MM/DD/YYYY) 11/07/2017	
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General					
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly					Year 2017
Amended Report <input 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	401.01
2. Total monetary contributions (From Forms 31-A and 31-E)	100.00
3. Total other income (From Form 31-A-2)	2.78
4. Total funds available (sum of lines 1, 2, and 3)	503.82
5. Total monetary expenditures (From Forms 31-B and 31-F)	- 0 -
6. Balance on hand (line 4 minus line 5)	503.82
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**

2817 DEC 13 PM 12:27

1755 Ave

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

Becky Corbett
Signature of Treasurer or Deputy Treasurer

12/13/2017
Date (MM/DD/YYYY)

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			
Full Name			M	D	Y	Amount
Address	Type*	Zip Code	Form (Cash, Check, etc.)			Amount
City	State	Zip Code	Form (Cash, Check, etc.)			Amount
BECKY CORBATT FOR BATH TRUSTEE						
BECKY CORBATT FOR BATH TRUSTEE						
3139 W. BATH RD			11	30	17	9.56
AKRON	OH	44333				
BECKY CORBATT FOR BATH TRUSTEE						
BECKY CORBATT FOR BATH TRUSTEE						
3139 W. BATH RD			11	30	17	82.22
AKRON	OH	44333				
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			Amount
			Form (Cash, Check, etc.)			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 Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
Becky Corbett for BATH TRUSTEE		BETTY D. GEDARD		N. PARKER BLVD		HARROW		OH		44333		091117		CHECK		1000.00	
		ROBERT KRUSTAND		(CHARLES) AAVE		HARROW		OH		44333		11A117		CHECK		100.00	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		Amount	
		Full Name of Contributor		Street Address		City		State		Zip Code		Registration Number, if PAC		Form (Cash, Check, etc.)		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)]

Page Total \$1,100.00

12/18/17