



Committee Name COMMITTEE TO ELECT THOMAS BOBE HETTL		Office Sought AT-LARGE BARBERTON COUNCIL	District
Street Address 249 OLSON		City BARBERTON	State Zip OH 44203
Candidate Name OR PAC Registration Number THOMAS A. HETTL		Treasurer Name THOMAS A. HETTL	Election Date (MM/DD/YYYY) 11/7/17
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
Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input checked="" 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	591.72
2. Total monetary contributions (From Forms 31-A and 31-E)	108.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	699.72
5. Total monetary expenditures (From Forms 31-B and 31-F)	699.52
6. Balance on hand (line 4 minus line 5)	.20
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

2017 DEC 15 AM 9:31

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

[Signature]

12/15/17

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT THOMAS BOBE HETIC				
Full Name of Contributor BARBERTON CITY			Registration Number, if PAC	
Street Address 1021 3RD ST NW		Employer/Occupation/Labor Organization* FINANCE / SIGN REFUND		Form (Cash, Check, etc.) CHECK
City BARBERTON	State OH	Zip Code 44203	Date (MM/DD/YYYY) 11/27/17	Amount 100.00
Full Name of Contributor THOMAS A. HETIC			Registration Number, if PAC	
Street Address 249 ELSON		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City BARBERTON	State OH	Zip Code 44203	Date (MM/DD/YYYY) 12/14/17	Amount 8.00
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			
COMMITTEE TO ELECT THOMAS BOBE HEITIC			
To Whom Paid		Date (MM/DD/YYYY)	Amount
BARBERTON HERALD		10/31/17	384.00
Street Address		Purpose	
70 4TH ST NW		ADVERTISEMENT	
City	State	Zip Code	Check Number
BARBERTON	OH	44203	
To Whom Paid		Date (MM/DD/YYYY)	Amount
BATTERED WOMENS SHELTER		12/1/17	296.02
Street Address		Purpose	
974 E MARKET		CHARITY	
City	State	Zip Code	Check Number
AKRON	OH	44305	
To Whom Paid		Date (MM/DD/YYYY)	Amount
KEY BANK		11/30/17	8.00 8.00
Street Address		Purpose	
		ACCT FEE	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
KEY BANK		10/31/17	8.00 11.50
Street Address		Purpose	
		ACCT FEE	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
KEY BANK		12/1/17	8.00
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		