



Committee Name The Committee to Elect Barbara Crouse Babbitt		Office Sought City Council, Ward 1		District Green
Street Address 1794 Fairway Drive		City Uniontown	State OH	Zip 44685
Candidate Name OR PAC Registration Number Barbara Crouse Babbitt		Treasurer Name Craig M. Babbitt		Election Date (MM/DD/YYYY) 11/07/2017

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year

2018

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.

1. Amount brought forward from last report	598.51
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	598.51
5. Total monetary expenditures (From Forms 31-B and 31-F)	598.51
6. Balance on hand (line 4 minus line 5)	0
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)	1151.49
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)	


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SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 31 PM 3:45

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

#12791

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


Signature of Treasurer or Deputy Treasurer

1/31/2018

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee The Committee to Elect Barbara Crouse Babbitt			
To Whom Paid CRUIE M. BABBITT		Date (MM/DD/YYYY) 8/31/2018	Amount 598.57
Street Address 1794 FAIRWAY DRIVE		Purpose LOAN PAYMENT	
City UNIONTOWN	State OH	Zip Code 44685	Check Number account deposite - bank transfer
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 \$ 598.57



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee <i>The Committee to Elect Barbara Crouse Babbitt</i>					
From Whom Received <i>Craig Babbitt</i>				Prior Amount <i>1750.00</i>	Amt. Incurred this Period
Street Address <i>1794 Fairway Drive</i>					Outstanding Balance <i>1157.49</i>
City <i>UNITOWNSHIP</i>	State <i>OH</i>	Zip Code <i>44135</i>	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) <i>9/01/2017</i>		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) <i>8/31/2018</i>	Amount <i>598.57</i>
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 \$ 1750

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

Total Payments Received this Period \$ 598.57 (also record on Form 31-B)

Total Outstanding Balance \$ 1157.49 (also record on Form 30-A)