

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Brubaker for Engineer						Registration Number, if PAC			
Full Name of Candidate Alan Brubaker									
Street Address 1474 Blair Drive					Office Sought Summit Co Engineer		District Countywide		
City Akron					State O H		Zip Code 44312		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September			Semiannual
		Monthly		Monthly		Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y
							0	3	1 5 1 6

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 at 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	\$	61,174.96
2. Total monetary contributions (From Form No. 31-A)	\$	11,780.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	72,954.96
5. Total monetary expenditures (From Form No. 31-B)	\$	488.00
6. Balance on hand (From Form No. 31-D)	\$	72,466.96
7. Value of in-kind contributions received (From Form No. 31-I)	\$	300.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	3,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	5,000.00
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**

2016 MAR - 1 PM 2:29

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON, OHIO

11, 191 Av

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

Jennifer H Bheam, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

J. Bheam

2/29/16

Date

Contribution pages 2-12

Expenditure pages B-

Other pages 14-19

Total pages 19

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer									
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-E (2/18/16 event)						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 11,780.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Donald Kuchta				Registration Number, if PAC			
Street Address 8855 Smokerise Drive	Employer/Occupation/Labor Organization*			0	2	18	50.00
City Macedonia	State O H	Zip Code 44056	Form(Cash,Check,etc) Check				
Full Name of Contributor Richard Reed				Registration Number, if PAC			
Street Address 2590 Myersville Rd	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Uniontown	State O H	Zip Code 44685	Form(Cash,Check,etc) Check				
Full Name of Contributor Robert Bleile				Registration Number, if PAC			
Street Address 18 S Norwalk Rd	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Norwalk	State O H	Zip Code 44857	Form(Cash,Check,etc) Check				
Full Name of Contributor John R Morris III				Registration Number, if PAC			
Street Address 1222 Ledgewood Dr	Employer/Occupation/Labor Organization*			0	2	18	1,000.00
City Akron	State O H	Zip Code 44312	Form(Cash,Check,etc) Check				
Full Name of Contributor Michael Swan				Registration Number, if PAC			
Street Address 3633 Progress St NE	Employer/Occupation/Labor Organization*			0	2	18	250.00
City Canton	State O H	Zip Code 44705	Form(Cash,Check,etc) Check				
Full Name of Contributor Perry Bourn				Registration Number, if PAC			
Street Address 17 W Streetsboro St	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Hudson	State O H	Zip Code 44236	Form(Cash,Check,etc) Check				
Full Name of Contributor Paul Thomarios				Registration Number, if PAC			
Street Address 1 Canal Square Plaza, Suite 1500	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Akron	State O H	Zip Code 44308	Form(Cash,Check,etc) Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,700.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor William Zavarello		Registration Number, if PAC					
Street Address 313 S High St	Employer/Occupation/Labor Organization*						
City Akron	State O H	Zip Code 44308	0	2	18	16	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rhonda Chapman		Registration Number, if PAC					
Street Address 9809 Wooster Pike	Employer/Occupation/Labor Organization*						
City Seville	State O H	Zip Code 44273	0	2	18	16	200.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Mannik & Smith Group Inc PAC		Registration Number, if PAC					
Street Address 1800 Indian Wood Circle	Employer/Occupation/Labor Organization*						
City Maume	State O H	Zip Code 43537	0	2	18	16	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor David Neumeyer		Registration Number, if PAC					
Street Address 2806 S Cleveland Massillon Rd	Employer/Occupation/Labor Organization*						
City Norton	State O H	Zip Code 44203	0	2	18	16	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Arcadis US, Inc PAC		Registration Number, if PAC					
Street Address 630 Plaza Drive, Suite 100	Employer/Occupation/Labor Organization*						
City Highlands Ranch	State C O	Zip Code 80129	0	2	18	16	1,000.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Welty Building		Registration Number, if PAC					
Street Address 3421 Ridgewood Road, Suite 200	Employer/Occupation/Labor Organization*						
City Fairlawn	State O H	Zip Code 44333	0	2	18	16	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Committee to Elect Patrick Ginnetti		Registration Number, if PAC					
Street Address P.O. Box 936	Employer/Occupation/Labor Organization*						
City Youngstown	State O H	Zip Code 44501	0	2	18	16	100.00
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 2,300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor Gregory Modic			Registration Number, if PAC			
Street Address 17198 Gold Rush Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	100.00
City Strongsville	State O H	Zip Code 44136	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Likavec			Registration Number, if PAC			
Street Address 8490 Troutman Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	50.00
City Orwell	State O H	Zip Code 44076	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Kramer			Registration Number, if PAC			
Street Address 15 Dalfaber Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	150.00
City Springboro	State O H	Zip Code 45066	Form(Cash,Check,etc) Check			
Full Name of Contributor William Scala			Registration Number, if PAC			
Street Address 700 Home Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	250.00
City Akron	State O H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffery Warfield			Registration Number, if PAC			
Street Address 12720 Pearl Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	250.00
City Chardon	State O H	Zip Code 44024	Form(Cash,Check,etc) Check			
Full Name of Contributor Cheryl Schweickart			Registration Number, if PAC			
Street Address 4547 Hudson Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	100.00
City Stow	State O H	Zip Code 44224	Form(Cash,Check,etc) Check			
Full Name of Contributor Environmental Design Group PAC			Registration Number, if PAC Local			
Street Address 450 Grant St	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	2	18	200.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,100.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Shyam Rajadhyaksha				Registration Number, if PAC			
Street Address 6121 Huntley Rd	Employer/Occupation/Labor Organization*						
City Columbus	State O H	Zip Code 43229	0	2	1	8	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Minello				Registration Number, if PAC			
Street Address 4900 Ridgebury Blvd	Employer/Occupation/Labor Organization*						
City Lyndhurst	State O H	Zip Code 44124	0	2	1	8	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Lee Hooper				Registration Number, if PAC			
Street Address 3232 Rumson Rd	Employer/Occupation/Labor Organization*						
City Cleveland Heights	State O H	Zip Code 44118	0	2	1	8	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Ted Howard				Registration Number, if PAC			
Street Address 6570 Van Buren Rd	Employer/Occupation/Labor Organization*						
City Clinton	State O H	Zip Code 44216	0	2	1	8	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Miller				Registration Number, if PAC			
Street Address 2756 Floraway Drive	Employer/Occupation/Labor Organization*						
City Norton	State O H	Zip Code 44203	0	2	1	8	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor James Milligan				Registration Number, if PAC			
Street Address 82 Red Grouse Court	Employer/Occupation/Labor Organization*						
City Boardman	State O H	Zip Code 44511	0	2	1	8	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Bolte				Registration Number, if PAC			
Street Address 522 Village Drive	Employer/Occupation/Labor Organization*						
City Columbus	State O H	Zip Code 43214	0	2	1	8	250.00
				Form(Cash,Check,etc) Check			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Brubaker for Engineer						
Full Name of Contributor			Registration Number, if PAC			
E Scott Sondles						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4862 Waterstone Way			0	2	18	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Carmel	I	46033	Check			
Full Name of Contributor			Registration Number, if PAC			
Stephen Comunale						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2900 Newpark Drive			0	2	18	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Barberton	O	44203	Check			
Full Name of Contributor			Registration Number, if PAC			
Dave Wiles						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7615 Sarah Lee			0	2	18	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Concord Township	O	44077	Check			
Full Name of Contributor			Registration Number, if PAC			
Clyde Hadden						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8151 Mentor Ave			0	2	18	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Mentor	O	44060	Check			
Full Name of Contributor			Registration Number, if PAC			
George Maki						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
945 Skinner Ave			0	2	18	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Painesville	O	44077	Check			
Full Name of Contributor			Registration Number, if PAC			
Rich Wasosky						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
553 McNeil Drive			0	2	18	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Sagamore Hills	O	44067	Check			
Full Name of Contributor			Registration Number, if PAC			
David Horner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
554 Weber Ave			0	2	18	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	O	44303	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,500.00

Page Total \$ 1,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Joseph Kanfer				Registration Number, if PAC			
Street Address One Gojo Plaza, Suite 350	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check				
Full Name of Contributor Albert Beninato				Registration Number, if PAC			
Street Address 124 Palisade Drive	Employer/Occupation/Labor Organization*			0	2	18	150.00
City Freehold	State N I	Zip Code 07728	Form(Cash,Check,etc) Check				
Full Name of Contributor Laborers International Union of N America, Local 894 PAC Fund				Registration Number, if PAC LA 236			
Street Address 720 Wolf Ledges	Employer/Occupation/Labor Organization*			0	2	18	500.00
City Akron	State O H	Zip Code 44311	Form(Cash,Check,etc) Check				
Full Name of Contributor James Lawrence				Registration Number, if PAC			
Street Address 2511 Valley View Drive	Employer/Occupation/Labor Organization*			0	2	18	100.00
City Cuyahoga Falls	State O H	Zip Code 44223	Form(Cash,Check,etc) Check				
Full Name of Contributor Charles Kessler				Registration Number, if PAC			
Street Address 402 Brentwood Blvd	Employer/Occupation/Labor Organization*			0	2	18	75.00
City Copley	State O H	Zip Code 44321	Form(Cash,Check,etc) Check				
Full Name of Contributor David Bunyak				Registration Number, if PAC			
Street Address 11769 Beckenham Rd	Employer/Occupation/Labor Organization*			0	2	18	100.00
City N Royalton	State O H	Zip Code 44133	Form(Cash,Check,etc) Check				
Full Name of Contributor David Jones				Registration Number, if PAC			
Street Address 30 W Jeffrey Place	Employer/Occupation/Labor Organization*			0	2	18	500.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check				

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Total contributions this event

Total expenditures this event

Page Total \$ 1,525.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Plumbers & Pipefitters Local 219				Registration Number, if PAC PCE 7695			
Street Address 644 E Tallmadge Ave	Employer/Occupation/Labor Organization*						
City Akron	State O H	Zip Code 44310	0	2	1	8	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Stanley Katanic				Registration Number, if PAC			
Street Address 5785 Spring Ridge Drive	Employer/Occupation/Labor Organization*						
City Wadsworth	State O H	Zip Code 44281	0	2	1	8	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rick Capone				Registration Number, if PAC			
Street Address 4551 Hunting Valley Lane	Employer/Occupation/Labor Organization*						
City Brecksville	State O H	Zip Code 44141	0	2	1	8	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor J Thomas O'Dear				Registration Number, if PAC			
Street Address 5873 Fernlane Drive	Employer/Occupation/Labor Organization*						
City Akron	State O H	Zip Code 44319	0	2	1	8	25.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Larry McCoy				Registration Number, if PAC			
Street Address 211 Van Buren	Employer/Occupation/Labor Organization*						
City Cuyahoga Falls	State O H	Zip Code 44223	0	2	1	8	30.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas McCoy				Registration Number, if PAC			
Street Address 657 Lurie Ave	Employer/Occupation/Labor Organization*						
City Akron	State O H	Zip Code 44306	0	2	1	8	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor David Rinehart				Registration Number, if PAC			
Street Address 162 Hilltop Rd	Employer/Occupation/Labor Organization*						
City Ontario	State O H	Zip Code 44906	0	2	1	8	250.00
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,055.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor Roger & Carol Sours			Registration Number, if PAC			
Street Address 1235 Fixler Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 100.00
City Wadsworth	State O H	Zip Code 44281	Form(Cash,Check,etc) Check			
Full Name of Contributor Pierre O'Hare			Registration Number, if PAC			
Street Address 1009 Zodiac Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor John Galik			Registration Number, if PAC			
Street Address 711 Harvard Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 100.00
City Newburgh Heights	State O H	Zip Code 44105	Form(Cash,Check,etc) Check			
Full Name of Contributor Aaron Fayish			Registration Number, if PAC			
Street Address 463 McCombs Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 150.00
City Venetia	State P A	Zip Code 15367	Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Hamit			Registration Number, if PAC			
Street Address 2245 University Dr SE	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 100.00
City Massillon	State O H	Zip Code 44545	Form(Cash,Check,etc) Check			
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-G			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16	Amount 900.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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Total contributions this event
11,780.00

Total expenditures this event

Page Total \$ 1,450.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor John Cavileer						
Street Address 1499 Jefferson Ave			M	D	Y	Amount
			0	2	1	100.00
City Akron			State O H		Zip Code 44313	Form (Cash, Check, etc) Check
Full Name of Contributor Thomas Melito						
Street Address 3068 Kent Rd #402			M	D	Y	Amount
			0	2	1	50.00
City Stow			State O H		Zip Code 44224	Form (Cash, Check, etc) Check
Full Name of Contributor Steven Brunot						
Street Address 3131 Huntington Rd			M	D	Y	Amount
			0	2	1	100.00
City Shaker Heights			State O H		Zip Code 44120	Form (Cash, Check, etc) Check
Full Name of Contributor Bob Warren						
Street Address 6716 Portage St NW			M	D	Y	Amount
			0	2	1	50.00
City North Canton			State O H		Zip Code 44720	Form (Cash, Check, etc) Check
Full Name of Contributor Marie Newlove						
Street Address 3395 Bristol Lane			M	D	Y	Amount
			0	2	1	50.00
City Cuyahoga Falls			State O H		Zip Code 44223	Form (Cash, Check, etc) Check
Full Name of Contributor Larry Fulton						
Street Address 12380 Raymond Drive			M	D	Y	Amount
			0	2	1	250.00
City Chardon			State O H		Zip Code 44024	Form (Cash, Check, etc) Check

The above are employees of a unit or department under the direct supervision or control of Alan Brubaker, who currently holds the public office

of Summit Co Engineer. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 600.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Brubaker for Engineer							
Full Name of Contributor							
Patrick Dobbins							
Street Address			M	D	Y	Amount	
1233 Chestnut Blvd			0	2	18	16	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Cuyahoga Falls	O H	44223	Check				
Full Name of Contributor							
Heidi Swindell							
Street Address			M	D	Y	Amount	
931 Franklin Ave			0	2	18	16	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Kent	O H	44240	Check				
Full Name of Contributor							
David Kelly							
Street Address			M	D	Y	Amount	
343 Hickory St			0	2	18	16	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44303	Check				
Full Name of Contributor							
Kurt Koerber							
Street Address			M	D	Y	Amount	
4590 Walena Drive			0	2	18	16	50.00
City	State	Zip Code	Form (Cash, Check, etc)				
Medina	O H	44256	Check				
Full Name of Contributor							
Denise Longstreth							
Street Address			M	D	Y	Amount	
604 Ingalls Rd			0	2	18	16	100.00
City	State	Zip Code	Form (Cash, Check, etc)				
Akron	O H	44312	Check				
Full Name of Contributor							
Street Address			M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc)				

The above are employees of a unit or department under the direct supervision or control of Alan Brubaker, who currently holds the public office

of Summit Co Engineer. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 300.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer												
To Whom Paid FirstMerit Bank						M	D	Y	Amount			
						0	1	2	9	1	6	3.00
Address 295 FirstMerit Circle			Purpose Check image enclosure fee									
City Akron		State O	H	Zip Code 44307		Check Number ET						
To Whom Paid Silver League Softball						M	D	Y	Amount			
						0	2	0	4	1	6	400.00
Address 2086 Beechtree Drive			Purpose Sponsor/advertisement									
City Uniontown		State O	H	Zip Code 44685		Check Number 1173						
To Whom Paid Great Trail Council BSA						M	D	Y	Amount			
						0	2	0	4	1	6	85.00
Address 1601 S Main Street			Purpose Eagle Scout dinner donation/fundraiser									
City Akron		State O	H	Zip Code 44301		Check Number 1174						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer			
Full Name of Contributor Jerome Frantz	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 3575 Knollwood Dr	Description of Item or Service Entertainment (Music)	M D Y 0 2 1 8 1 6	Fair Market Value 300.00
City Beavercreek	State Zip Code OH 45432	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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 appear. [R.C. 3517.10(B)(4)]

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Brubaker for Engineer												
From Whom Received Lawrence W Fulton							Prior Amount 1,000.00		Amt. Incurred this Period 0.00			
Address 12380 Raymond Drive									Outstanding Balance 1,000.00			
City Chardon		State OH	Zip Code 44024		Loans Received This Period			Payments This Period				
					Date	Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	8	2	0	1	2	0				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Diane A Kabbara							Prior Amount 1,000.00		Amt. Incurred this Period 0.00			
Address 6615 Knightsbridge Ave NW									Outstanding Balance 1,000.00			
City Canton		State OH	Zip Code 44718		Loans Received This Period			Payments This Period				
					Date	Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	9	0	7	1	2	0				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Joseph Paradise							Prior Amount 1,000.00		Amt. Incurred this Period 0.00			
Address 3284 Biltz Rd									Outstanding Balance 1,000.00			
City Kent		State OH	Zip Code 44240		Loans Received This Period			Payments This Period				
					Date	Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	9	1	8	1	2	0				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 3,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 3,000.00 (To Form No. 30-A)

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee Brubaker for Engineer									
To Whom Made Committee to Elect Don Walters					Prior Amount 0.00			Amt. Loaned this Period 2,500.00	
Address 3395 Pendleton Street								Outstanding Balance 2,500.00	
City Cuyahoga Falls			State OH	Zip Code 44221		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made					M	D	Y	\$	
					0	9	0	5	1
								0.00	
					M	D	Y		
					M	D	Y		
To Whom Made Committee to Elect Don Walters					Prior Amount 0.00			Amt. Loaned this Period 2,500.00	
Address 3395 Pendleton Street								Outstanding Balance 2,500.00	
City Cuyahoga Falls			State OH	Zip Code 44221		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made					M	D	Y	\$	
					0	9	1	6	1
								0.00	
					M	D	Y		
					M	D	Y		
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made					M	D	Y	\$	
					M	D	Y		
					M	D	Y		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ 5,000.00 (also record on Form 31-B)

Total Outstanding Balance \$ 5,000.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)