

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Brubaker for Engineer</b>						Registration Number, if PAC					
Full Name of Candidate <b>Alan Brubaker</b>											
Street Address <b>1474 Blair Drive</b>						Office Sought <b>Summit Co Engineer</b>			District <b>Countywide</b>		
City <b>Akron</b>						State <b>O H</b>		Zip Code <b>44312</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly			August Monthly		September Monthly		Termination		Semiannual	
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
						<b>1 1 0 8 1 6</b>					

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	\$	72,466.96
2. Total monetary contributions (From Form No. 31-A)	\$	250.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	72,716.96
5. Total monetary expenditures (From Form No. 31-B)	\$	2,037.19
6. Balance on hand (line 4 minus line 5)	\$	70,679.77
7. Value of in-kind contributions received (From Form No. 31-D)	\$	
8. Value of in-kind contributions made (From Form No. 31-E)	\$	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 AKRON, OHIO  
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 BOARD OF ELECTIONS

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** \_\_\_\_\_ *JHBheam* \_\_\_\_\_ **4/17/16** \_\_\_\_\_  
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

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Expenditure pages 3-4

Other pages 5-9

Total pages 9

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Brubaker for Engineer</b>							
Full Name of Contributor <b>Lawrence B Levey</b>					Registration Number, if PAC		
Street Address <b>1585 Frederick Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44320</b>		M <b>0</b>	D <b>2</b>	Y <b>616</b>
							Amount <b>150.00</b>
Full Name of Contributor <b>IBEW PAC Voluntary Fund</b>					Registration Number, if PAC <b>C00027342</b>		
Street Address <b>900 Seventh Street NW</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20001</b>		M <b>0</b>	D <b>2</b>	Y <b>616</b>
							Amount <b>100.00</b>
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Brubaker for Engineer</b>									
To Whom Paid <b>TOTAL EXPENDITURES FROM 31-F</b>						M	D	Y	Amount <b>1,789.66</b>
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid <b>B Alan Brubaker</b>						M	D	Y	Amount <b>70.00</b>
Address <b>1474 Blair Drive</b>		Purpose <b>Reimbursement for ethics statement filing fee</b>							
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44312</b>	Check Number <b>1198</b>						
To Whom Paid <b>B Alan Brubaker</b>						M	D	Y	Amount <b>26.53</b>
Address <b>1474 Blair Drive</b>		Purpose <b>Reimbursement for printer ink</b>							
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44312</b>	Check Number <b>1199</b>						
To Whom Paid <b>FirstMerit Bank</b>						M	D	Y	Amount <b>3.00</b>
Address <b>295 FirstMerit Circle</b>		Purpose <b>Check image enclosure fee</b>							
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44307</b>	Check Number <b>EFT</b>						
To Whom Paid <b>FOP Akron Lodge #7</b>						M	D	Y	Amount <b>145.00</b>
Address <b>680 E Market St #105</b>		Purpose <b>Sponsorship &amp; tickets to fundraiser</b>							
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44304</b>	Check Number <b>1175</b>						
To Whom Paid <b>FirstMerit Bank</b>						M	D	Y	Amount <b>3.00</b>
Address <b>295 FirstMerit Circle</b>		Purpose <b>Check image enclosure fee</b>							
City <b>Akron</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44307</b>	Check Number <b>EFT</b>						
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						

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Brubaker for Engineer</b>							
To Whom Paid <b>B Alan Brubaker</b>				M	D	Y	Amount
				0	2	2	1,789.66
Address <b>1474 Blair Drive</b>		Purpose <b>Reimbursement for fundraiser food, beverage, supplies &amp; postage</b>					
City <b>Akron</b>		State <b>O H</b>	Zip Code <b>44312</b>	Check Number <b>1200</b>			
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			
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			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Loans Received

Prescribed by Secretary of State 3/05

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

- Total prior amount \$ 3,000.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 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 <b>Brubaker for Engineer</b>									
To Whom Made <b>Committee to Elect Don Walters</b>						Prior Amount <b>0.00</b>		Amt. Loaned this Period <b>2,500.00</b>	
Address <b>3395 Pendleton Street</b>								Outstanding Balance <b>2,500.00</b>	
City <b>Cuyahoga Falls</b>			State <b>OH</b>	Zip Code <b>44221</b>		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made			M	D	Y	M	D	Y	\$
			0	9	0	5	1	3	
									<b>0.00</b>
To Whom Made <b>Committee to Elect Don Walters</b>						Prior Amount <b>0.00</b>		Amt. Loaned this Period <b>2,500.00</b>	
Address <b>3395 Pendleton Street</b>								Outstanding Balance <b>2,500.00</b>	
City <b>Cuyahoga Falls</b>			State <b>OH</b>	Zip Code <b>44221</b>		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made			M	D	Y	M	D	Y	\$
			0	9	1	6	1	3	
									<b>0.00</b>
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	\$

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)