

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)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		X 2017		
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 1 1	D 0 8	Y 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	\$ 66,548.55
2. Total monetary contributions (From Form No. 31-A)	\$ 14,900.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 81,448.55
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,674.84
6. Balance on hand (line 4 minus line 5)	\$ 75,773.71
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,000.00
10. Outstanding debts owed by committee (From Form No. 31-I)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
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	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 JUL 17 11:10:05

#1072 OCT

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

J. Bheam
Signature

7/16/2017
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 2-13

Expenditure pages 14-17

Other pages 18-30

Total pages 30

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 (5/18/17)					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 14,400.00	
Full Name of Contributor Paul Scala					Registration Number, if PAC		
Street Address 4591 Shaw Rd Ext		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bath	State O H	Zip Code 44210	M 0 2	D 0 1	Y 1 7	Amount 500.00	
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	

* 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 Brubaker for Engineer							
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-G				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							1,650.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor William Zavarello							
Street Address 313 S High St				Employer/Occupation/Labor Organization*			Amount
City Akron		State O H	Zip Code 44308	M 0 4	D 1 8	Y 1 7	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Howard Wenger							
Street Address 26 N Cochran St				Employer/Occupation/Labor Organization*			Amount
City Dalton		State O H	Zip Code 44618	M 0 4	D 1 7	Y 1 7	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor James Milligan							
Street Address 82 Red Grouse Ct				Employer/Occupation/Labor Organization*			Amount
City Boardman		State O H	Zip Code 44511	M 0 4	D 2 2	Y 1 7	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Perry Bourn							
Street Address 17 W Streetsboro St				Employer/Occupation/Labor Organization*			Amount
City Hudson		State O H	Zip Code 44236	M 0 4	D 1 8	Y 1 7	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Bleile							
Street Address 18 S Norwalk Rd W				Employer/Occupation/Labor Organization*			Amount
City Norwalk		State O H	Zip Code 44857	M 0 4	D 1 7	Y 1 7	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor John Galik							
Street Address 701 Harvard Ave				Employer/Occupation/Labor Organization*			Amount
City Newburgh Heights		State O H	Zip Code 44105	M 0 4	D 1 8	Y 1 7	100.00
				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 \$ 2,550.00

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 Willard Congrove				Registration Number, if PAC			
Street Address 4783 Blake Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	5
				1	7		50.00
City Seville		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44273	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Thomarios						Registration Number, if PAC	
Street Address One Canal Square Plaza #1500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	2
				1	7		100.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44308	Form(Cash,Check,etc) Check			
Full Name of Contributor Rhonda Chapman						Registration Number, if PAC	
Street Address 9809 Wooster Pike		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	8
				1	7		200.00
City Seville		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44273	Form(Cash,Check,etc) Check			
Full Name of Contributor Cheryl Schweickart						Registration Number, if PAC	
Street Address 4547 Hudson Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	7
				1	7		100.00
City Stow		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44224	Form(Cash,Check,etc) Check			
Full Name of Contributor Mannik & Smith Group Inc PAC, Richard Bertz						Registration Number, if PAC C00497313	
Street Address 1800 Indian Wood Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	4
				1	7		500.00
City Maumee		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43537	Form(Cash,Check,etc) Check			
Full Name of Contributor Russell Gayheart						Registration Number, if PAC	
Street Address 317 Castle Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	0
				1	7		150.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44313	Form(Cash,Check,etc) Check			
Full Name of Contributor Doug Hedrick						Registration Number, if PAC	
Street Address 8053 Pershing Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	3	0
				1	7		100.00
City Beckville		State <input type="radio"/> O <input type="radio"/> H	Zip Code 4441	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 \$ 1,200.00

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 Environmental Design Group PAC				Registration Number, if PAC Local			
Street Address 450 Grant St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	250.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44311	Form(Cash,Check,etc) Check			
Full Name of Contributor Benjamin Zera							
Street Address 13274 Danbury Ct #205				M	D	Y	Amount
				0	5	0	150.00
City North Royalton		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44133	Form(Cash,Check,etc) Check			
Full Name of Contributor William Scala							
Street Address 700 Home Ave				M	D	Y	Amount
				0	4	2	500.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44310	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Reed							
Street Address 2590 Myersville Rd				M	D	Y	Amount
				0	4	2	100.00
City Uniontown		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	Form(Cash,Check,etc) Check			
Full Name of Contributor Irene Miller							
Street Address 2756 Floraway Drive				M	D	Y	Amount
				0	5	0	100.00
City Norton		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Vincent D'Angelo							
Street Address 4004 Hedgewood Drive				M	D	Y	Amount
				0	5	0	250.00
City Medina		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44256	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph Bertolini							
Street Address 2070 Wright Rd				M	D	Y	Amount
				0	4	2	100.00
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44320	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,450.00

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 David Buynak							Registration Number, if PAC
Street Address 11769 Beckenham Rd				0	4	2	250.00
City North Royalton		State OH	Zip Code 44133				Form(Cash,Check,etc) Check
Full Name of Contributor Thomas Kramer							Registration Number, if PAC
Street Address 15 Dalfaber Lane				0	4	2	150.00
City Springboro		State OH	Zip Code 45066				Form(Cash,Check,etc) Check
Full Name of Contributor Thomas Likavec							Registration Number, if PAC
Street Address 8490 Troutman Rd				0	4	2	100.00
City Orwell		State OH	Zip Code 44076				Form(Cash,Check,etc) Check
Full Name of Contributor Arcadis Inc PAC							Registration Number, if PAC CP1193
Street Address 630 Plaza Drive Ste 100				0	5	0	1,000.00
City Highlands Ranch		State CO	Zip Code 80129				Form(Cash,Check,etc) Check
Full Name of Contributor Donald Obermeier							Registration Number, if PAC
Street Address 5636 Trvstin Tree Drive				0	5	1	150.00
City Medina		State OH	Zip Code 44256				Form(Cash,Check,etc) Check
Full Name of Contributor Laborers International Union of North America							Registration Number, if PAC LA236
Street Address 720 Wolf Ledges Pkway				0	5	1	250.00
City Akron		State OH	Zip Code 44311				Form(Cash,Check,etc) Check
Full Name of Contributor MSCPAC							Registration Number, if PAC C00309468
Street Address PO Box 594				0	5	1	500.00
City Youngstown		State OH	Zip Code 44501				Form(Cash,Check,etc) Check

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Total contributions this event

Total expenditures this event

Page Total \$ 2,400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Brubaker for Engineer			
Full Name of Contributor John R Morris III		Registration Number, if PAC	
Street Address 1222 Ledgewood Drive	Employer/Occupation/Labor Organization*	M D Y 0 5 1 1 1 7	Amount 1,000.00
City Akron	State Zip Code <input type="radio"/> O <input type="radio"/> H 44333	Form(Cash,Check,etc) Check	
Full Name of Contributor George Maki II		Registration Number, if PAC	
Street Address 945 Skinner Ave	Employer/Occupation/Labor Organization*	M D Y 0 5 0 8 1 7	Amount 250.00
City Painesville	State Zip Code <input type="radio"/> O <input type="radio"/> H 44077	Form(Cash,Check,etc) Check	
Full Name of Contributor Glen Stephens		Registration Number, if PAC	
Street Address 133 N Summit St	Employer/Occupation/Labor Organization*	M D Y 0 5 0 2 1 7	Amount 100.00
City Akron	State Zip Code <input type="radio"/> O <input type="radio"/> H 44304	Form(Cash,Check,etc) Check	
Full Name of Contributor Dennis Gonano		Registration Number, if PAC	
Street Address 148 Poolside Ln	Employer/Occupation/Labor Organization*	M D Y 0 5 1 8 1 7	Amount 250.00
City Dover	State Zip Code <input type="radio"/> O <input type="radio"/> H 44622	Form(Cash,Check,etc) Check	
Full Name of Contributor David Rinehart		Registration Number, if PAC	
Street Address 162 Hilltop Rd	Employer/Occupation/Labor Organization*	M D Y 0 5 1 8 1 7	Amount 250.00
City Ontario	State Zip Code <input type="radio"/> O <input type="radio"/> H 44906	Form(Cash,Check,etc) Check	
Full Name of Contributor Zachary Deems		Registration Number, if PAC	
Street Address 360 Aspen Dr	Employer/Occupation/Labor Organization*	M D Y 0 5 1 8 1 7	Amount 100.00
City Dover	State Zip Code <input type="radio"/> O <input type="radio"/> H 44622	Form(Cash,Check,etc) Check	
Full Name of Contributor Arthur Rometo		Registration Number, if PAC	
Street Address 6003 Frank Ave NW	Employer/Occupation/Labor Organization*	M D Y 0 5 1 8 1 7	Amount 100.00
City North Canton	State Zip Code <input type="radio"/> O <input type="radio"/> H 44720	Form(Cash,Check,etc) Check	

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Total contributions this event

Total expenditures this event

Page Total \$ 2,050.00

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 Alice Wasosky		Registration Number, if PAC					
Street Address 563 McNeil Dr	Employer/Occupation/Labor Organization*			0	5	18	100.00
City Sagamore Hills	State O H	Zip Code 44067	Form(Cash,Check,etc) Check				
Full Name of Contributor Elect Ilene Shapiro		Registration Number, if PAC					
Street Address 295 Wyant Rd	Employer/Occupation/Labor Organization*			0	4	25	100.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check				
Full Name of Contributor Daniel Castrigano		Registration Number, if PAC					
Street Address 27628 Marquette Blvd	Employer/Occupation/Labor Organization*			0	5	10	100.00
City North Olmsted	State O H	Zip Code 44070	Form(Cash,Check,etc) Check				
Full Name of Contributor Shyam Rajadhyaksha		Registration Number, if PAC					
Street Address 6121 Huntley Rd	Employer/Occupation/Labor Organization*			0	4	19	250.00
City Columbus	State O H	Zip Code 43229	Form(Cash,Check,etc) Check				
Full Name of Contributor David Horner		Registration Number, if PAC					
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*			0	5	18	100.00
City Akron	State O H	Zip Code 44303	Form(Cash,Check,etc) Check				
Full Name of Contributor Paula Prentice		Registration Number, if PAC					
Street Address 4235 Aldawood Hills Dr	Employer/Occupation/Labor Organization*			0	5	18	100.00
City Akron	State O H	Zip Code 44319	Form(Cash,Check,etc) Check				
Full Name of Contributor Scott Vura		Registration Number, if PAC					
Street Address 8610 Camelot Drive	Employer/Occupation/Labor Organization*			0	5	18	100.00
City Chesterland	State O H	Zip Code 44026	Form(Cash,Check,etc) Check				

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Total contributions this event

Total expenditures this event

Page Total \$ 850.00

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 Roger Sours		Registration Number, if PAC					
Street Address 1235 Fisher Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Wadsworth	State O H	Zip Code 44281	0	5	18	17	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Margaret Scott		Registration Number, if PAC					
Street Address 3776 Fairway Park Dr #101	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Copley	State O H	Zip Code 44321	0	5	18	17	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Clyde Hadden		Registration Number, if PAC					
Street Address 8151 Mentor Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Mentor	State O H	Zip Code 44060	0	5	18	17	500.00
				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*		M	D	Y	Amount	
City Columbus	State O H	Zip Code 43214	0	5	16	17	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey Warfield		Registration Number, if PAC					
Street Address 12720 Pearl Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Chardon	State O H	Zip Code 44024	0	5	18	17	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Allen Biehl		Registration Number, if PAC					
Street Address 5968 Churchill Way	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Medina	State O H	Zip Code 44256	0	5	14	17	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor A Rick Capone		Registration Number, if PAC					
Street Address 4551 Hunting Valley Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Brecksville	State O H	Zip Code 44147	0	5	10	17	500.00
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 2,100.00

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 Dennis Thomas		Registration Number, if PAC					
Street Address 4417 Ossian Hall Lane		Employer/Occupation/Labor Organization*		0	4	2 4 1 7	125.00
City Annandale		State V A	Zip Code 22003	Form(Cash,Check,etc) Check			
Full Name of Contributor Craig Richards		Registration Number, if PAC					
Street Address 1 Merrywood Lane		Employer/Occupation/Labor Organization*		0	4	2 0 1 7	125.00
City Vienna		State W V	Zip Code 26105	Form(Cash,Check,etc) Check			
Full Name of Contributor Deborah Lohmeier		Registration Number, if PAC					
Street Address 506 Crystal Bay Cir		Employer/Occupation/Labor Organization*		0	5	0 4 1 7	125.00
City Suffolk		State V A	Zip Code 23435	Form(Cash,Check,etc) Check			
Full Name of Contributor Rooney Holbert		Registration Number, if PAC					
Street Address 2935 Elizabeth Pike		Employer/Occupation/Labor Organization*		0	4	2 0 1 7	125.00
City Mineral Wells		State W V	Zip Code 26150	Form(Cash,Check,etc) Check			
Full Name of Contributor Citizens for Schmidt		Registration Number, if PAC					
Street Address 1460 Curtis Ave		Employer/Occupation/Labor Organization*		0	5	1 8 1 7	200.00
City Cuyahoga Falls		State O H	Zip Code 44221	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Fantozzi		Registration Number, if PAC					
Street Address 548 Bobwhite Trail		Employer/Occupation/Labor Organization*		0	5	1 5 1 7	100.00
City Akron		State O H	Zip Code 44319	Form(Cash,Check,etc) Check			
Full Name of Contributor Local 219		Registration Number, if PAC PCE7695					
Street Address 644 E Tallmadge Ave		Employer/Occupation/Labor Organization*		0	4	2 6 1 7	150.00
City Akron		State O H	Zip Code 44310	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 950.00

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 Jobs America PAC		Registration Number, if PAC C00554055	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*	M D Y 0 6 0 9 1 7	Amount 500.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor IBEW Voluntary Fund		Registration Number, if PAC	
Street Address 900 Seventh St NW	Employer/Occupation/Labor Organization*	M D Y 0 5 1 9 1 7	Amount 100.00
City Washington	State Zip Code D C 20001	Form(Cash,Check,etc) Check	
Full Name of Contributor Lawrence B Levey		Registration Number, if PAC	
Street Address 1585 Frederick Blvd	Employer/Occupation/Labor Organization*	M D Y 0 6 2 8 1 7	Amount 250.00
City Akron	State Zip Code O H 44320	Form(Cash,Check,etc) Check	
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)	
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)	
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)	
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)	

* 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)]

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

14,400.00

Total expenditures this event

1,945.79

Page Total \$ 850.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer									
Full Name of Contributor Lawrence W Fulton									
Street Address 12380 Raymond Drive			M	D	Y	Amount			
			0	4	1	8	1	7	250.00
City Chardon		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44024		Form (Cash, Check, etc) Check				
Full Name of Contributor Lawrence W Fulton									
Street Address 12380 Raymond Drive			M	D	Y	Amount			
			0	6	2	2	1	7	150.00
City Chardon		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44024		Form (Cash, Check, etc) Check				
Full Name of Contributor Patrick Dobbins									
Street Address 1233 Chestnut Blvd			M	D	Y	Amount			
			0	5	1	7	1	7	100.00
City Cuyahoga Falls		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44223		Form (Cash, Check, etc) Check				
Full Name of Contributor Robert Hochevar									
Street Address 322 Corunna Ave			M	D	Y	Amount			
			0	5	0	9	1	7	75.00
City Fairlawn		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44333		Form (Cash, Check, etc) Check				
Full Name of Contributor Heidi Swindell									
Street Address 931 Franklin			M	D	Y	Amount			
			0	5	1	8	1	7	50.00
City Kent		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44240		Form (Cash, Check, etc) Check				
Full Name of Contributor Laura Schlosser									
Street Address 1038 Carol Ln			M	D	Y	Amount			
			0	5	0	5	1	7	25.00
City Tallmadge		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44278		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.

J. Bhearn (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 \$ 650.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor Steven Brunot						
Street Address 3131 Huntington Rd			M	D	Y	Amount
			0	5	1	100.00
City Shaker Heights			State O H		Zip Code 44120	Form (Cash, Check, etc) Check
Full Name of Contributor David Koontz						
Street Address 2784 Greenridge Rd			M	D	Y	Amount
			0	5	1	100.00
City Norton			State O H		Zip Code 44203	Form (Cash, Check, etc) Check
Full Name of Contributor Laurie Connell						
Street Address 7331 Shadyview Ave NW			M	D	Y	Amount
			0	5	1	50.00
City Massillon			State O H		Zip Code 44646	Form (Cash, Check, etc) Check
Full Name of Contributor John Cavileer						
Street Address 1499 Jefferson Ave			M	D	Y	Amount
			0	5	1	100.00
City Akron			State O H		Zip Code 44313	Form (Cash, Check, etc) Check
Full Name of Contributor Denise Longstreth						
Street Address 604 Ingalls Rd			M	D	Y	Amount
			0	6	1	150.00
City Akron			State O H		Zip Code 44312	Form (Cash, Check, etc) Check
Full Name of Contributor Joseph Paradise						
Street Address 3551 Oak Rd			M	D	Y	Amount
			0	5	1	500.00
City Stow			State O H		Zip Code 44224	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."

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer							
To Whom Paid TOTAL EXPENDITURES FROM 31-F (5/18/17)				M	D	Y	Amount 1,945.79
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid Summit County Board of Elections				M	D	Y	Amount 5.00
Address 470 Grant St		Purpose Commission fee					
City Akron	State O H	Zip Code 44311	Check Number 1214				
To Whom Paid Summit County Democratic Party				M	D	Y	Amount 150.00
Address 438 Grant St		Purpose Fundraiser contribution					
City Akron	State O H	Zip Code 44311	Check Number 1252				
To Whom Paid First Merit Bank				M	D	Y	Amount 3.00
Address 295 FirstMerit Circle		Purpose Check image enclosure fee					
City Akron	State O H	Zip Code 44307	Check Number EFT				
To Whom Paid Summit County Democratic Party				M	D	Y	Amount 1,000.00
Address 438 Grant St		Purpose Donation					
City Akron	State O H	Zip Code 44311	Check Number 1253				
To Whom Paid First Merit Bank				M	D	Y	Amount 3.00
Address 295 FirstMerit Circle		Purpose Check image enclosure fee					
City Akron	State O H	Zip Code 44307	Check Number EFT				
To Whom Paid Great Trail Council BSA				M	D	Y	Amount 85.00
Address 1601 S Main St		Purpose Fundraiser contribution					
City Akron	State O H	Zip Code 44310	Check Number 1254				
To Whom Paid Magic City Democrats				M	D	Y	Amount 10.00
Address 225 Stanley Ave		Purpose 2017 membership dues					
City Barberton	State O H	Zip Code 44203	Check Number 1255				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Brubaker for Engineer													
To Whom Paid							M	D	Y	Amount			
Silver League Softball							0	2	1	3	1	7	400.00
Address				Purpose									
2086 Beechtree Drive				Sponsor									
City		State		Zip Code		Check Number							
Uniontown		OH		44685		1256							
To Whom Paid							M	D	Y	Amount			
B Alan Brubaker							0	2	2	1	1	7	81.42
Address				Purpose									
1474 Blair Drive				Reimbursement for employee funeral flowers & ink									
City		State		Zip Code		Check Number							
Akron		OH		44312		1206							
To Whom Paid							M	D	Y	Amount			
FOP Akron Lodge 7							0	3	2	7	1	7	145.00
Address				Purpose									
680 E Market St #105				Fundraiser contribution									
City		State		Zip Code		Check Number							
Akron		OH		44304		1257							
To Whom Paid							M	D	Y	Amount			
Jill Adams							0	5	0	4	1	7	65.00
Address				Purpose									
175 S Main St				Employee recognition ceremony									
City		State		Zip Code		Check Number							
Akron		OH		44308		1207							
To Whom Paid							M	D	Y	Amount			
Citizens for Schmidt							0	5	1	0	1	7	100.00
Address				Purpose									
1460 Curtis Ave				Fundraiser contribution									
City		State		Zip Code		Check Number							
Cuyahoga Falls		OH		44221		1215							
To Whom Paid							M	D	Y	Amount			
Huntington National Bank							0	5	1	7	1	7	57.85
Address				Purpose									
PO Box 1558				Check order charge									
City		State		Zip Code		Check Number							
Columbus		OH		43216		EFT							
To Whom Paid							M	D	Y	Amount			
Huntington National Bank							0	5	1	7	1	7	23.78
Address				Purpose									
PO Box 1558				Check order charge									
City		State		Zip Code		Check Number							
Columbus		OH		43216		EFT							
To Whom Paid							M	D	Y	Amount			
Committee to Elect Don Walters							0	6	0	1	1	7	100.00
Address				Purpose									
3395 Pendleton St				Fundraiser contribution									
City		State		Zip Code		Check Number							
Cuyahoga Falls		OH		44221		1326							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer								
To Whom Paid Summit County Democratic Party				M	D	Y	Amount	
				0	6	08	17	1,500.00
Address 438 Grant St		Purpose FDR dinner fundraiser						
City Akron		State OH	Zip Code 44311	Check Number 1208				
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				
To Whom Paid				M	D	Y	Amount	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Brubaker for Engineer												
To Whom Paid B Alan Brubaker						M	D	Y	Amount			
						0	5	2	5	1	7	1,945.79
Address 1474 Blair Drive				Purpose Reimbursement for food, beverage & postage for fundraiser, HOH tickets, filing fee								
City Akron		State O H		Zip Code 44312		Check Number 1301						
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 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							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		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				
Registration Number, if PAC					M	D	Y		M	D	Y	
								0				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		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				
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 \$ 1,000.00
- 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 \$ 1,000.00 (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 FORGIVEN		
City Cuyahoga Falls				State OH		Zip Code 44221		Payments Received This Period Date Amount		
Date Loan was originally Made				M	D	Y	M	D	Y	\$
				0	9	0	5	1	3	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 FORGIVEN		
City Cuyahoga Falls				State OH		Zip Code 44221		Payments Received This Period Date Amount		
Date Loan was originally Made				M	D	Y	M	D	Y	\$
				0	9	1	6	1	3	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		
						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 \$ 0.00 (also record on cover page)

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