

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee GORBACH FOR COUNCIL COMMITTEE							Registration Number, if PAC			
Full Name of Candidate TIMOTHY N GORBACH										
Street Address 3014 Northampton Road						Office Sought COUNCIL-AT-LARGE			District C.F.	
City CUYAHOGA FALLS						State O	H	Zip Code 44223		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary									Annual Year
	July Monthly		August Monthly		September 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 0	D 9	Y 1 2 1 7

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	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 10,015.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 10,015.00
5. Total monetary contributions received (From Form No. 31-J-1)	\$ 6,997.89
6. Balance on hand (From Form No. 31-J-1)	\$ 3,017.11
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,373.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 10,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
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 AUG 31 AM 10:43

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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.
TIMOTHY N GORBACH

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

8/28/17
Date

Contribution pages 3

Expenditure pages 1

Other pages 1

Total pages 5

Statement of Other Income

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Name of Committee in Full GORBACH FOR COUNCIL COMMITTEE						Registration Number, if PAC		
Full Name Transfer from form 31-C						Amount 10,000.00		
Address		Type*	M		D	Y	Form(Cash,Check,etc)	
			0		7	1	17	
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name Huntington Bank (check printing refund)						Registration Number, if PAC		
Address 2503 State Road						Amount 15.00		
		R	E	M		D	Y	Form(Cash,Check,etc)
				0		7	1	17
City Cuyahoga Falls		State O	Zip Code H 44223		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address						Amount		
		Type*	M		D	Y	Form(Cash,Check,etc)	
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address						Amount		
		Type*	M		D	Y	Form(Cash,Check,etc)	
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address						Amount		
		Type*	M		D	Y	Form(Cash,Check,etc)	
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address						Amount		
		Type*	M		D	Y	Form(Cash,Check,etc)	
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address						Amount		
		Type*	M		D	Y	Form(Cash,Check,etc)	
City		State	Zip Code		Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Name of Committee in Full
Gorbach for Council Committee

Date	Check #	To Whom Paid	Address	Purpose	Amount
07/26/2017	EFT	Huntington Bank	2503 State Road Cuyahoga Falls, Ohio 44223	checks	15.12
07/31/2017	501	Don Walters Committee	3395 Pendleton St Cuyahoga Falls, OH 44221	donation	3,500.00
08/02/2017	EFT	Ohio Ethics Commission	30 West Spring Street L3 Columbus, Ohio 43215	Ethics report	35.00
08/16/2017	503	Triad	1701 Front Street Cuyahoga Falls, OH 44221	signs	3,447.77

TOTAL 6,997.89

Statement of Loans Received

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Full Name of Committee GORBACH FOR COUNCIL COMMITTEE												
From Whom Received Tim Gorbach								Prior Amount 0.00		Amt. Incurred this Period 10,000.00		
Address 3014 Northampton Road										Outstanding Balance 10,000.00		
City Cuyahoga Falls		State OH	Zip Code 44223		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	\$
071417												
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	\$
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	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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 \$ 0.00
- 2 Total received this period \$ 10,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 10,000.00 (To Form No. 30-A)

In-Kind Contributions Received

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Name of Committee in Full				
GORBACH FOR COUNCIL COMMITTEE				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Don Walters Committee				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
3395 Pendleton Street	Literature production & printing	0	7	0 7 1 7 1,373.00
City	State	Zip Code	Received at Fundraising Event?	
Cuyahoga Falls	O H	44221	YES <input type="radio"/> NO <input checked="" type="radio"/>	
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?	
			YES 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?	
			YES 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?	
			YES 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?	
			YES 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?	
			YES 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?	
			YES 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?	
			YES NO	

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]