

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)		Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year	
		July		August		September					
		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	
						1	1	0	7	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	\$	3,017.11
2. Total monetary contributions (From Form No. 31-A)	\$	300.00
3. Total other income (From Form No. 31-A-2)	\$	7,500.00
4. Total funds available (From Form No. 31-A-2)	\$	10,817.11
5. Total monetary expenditures (From Form No. 31-B)	\$	8,091.77
6. Balance on hand (line 4 minus line 5)	\$	2,725.34
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	4,500.56
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	17,500.00
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 OCT 26 AM 11:37

AKRON OH

#1540 Ave

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)

Timothy N Gorbach
Signature

8/28/17

Date

Contribution pages 3

Expenditure pages 1

Other pages 2

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full GORBACH FOR COUNCIL COMMITTEE						
Full Name of Contributor Thomas Cook				Registration Number, if PAC		
Street Address 300 Ravenshollow		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Cuyahoga Falls	State OH	Zip Code 44223	M 0	D 8	Y 3	Amount 300.00
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

* Required for contributions 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 appear R.C. 3517.10(B)(4)

Statement of Other Income

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Name of Committee in Full GORBACH FOR COUNCIL COMMITTEE							
Full Name Transfer from form 31-C			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
			0	8	24	17	5,000.00
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name Transfer from form 31-C			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
			0	9	29	17	2,500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
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
08/10/2017	502	Cuyahoga Falls Athletic Department		Ad	190.00
08/28/2017	504	Triad	1701 Front Street Cuyahoga Falls, OH 44221	mailers	5,018.77
09/25/2017	505	Dix Communications		insert	880.00
09/25/2017	506	USPS	3345 State Road Cuyahoga Falls, OH 44223	postage	98.00
09/27/2017	507	Triad	1701 Front Street Cuyahoga Falls, OH 44221	mailers	1,781.00
09/28/2017	508	Woodridge Booster Club		Ad	75.00
10/12/2017	509	USPS	3345 State Road Cuyahoga Falls, OH 44223	postage	49.00
				TOTAL	<u>8,091.77</u>

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee GORBACH FOR COUNCIL COMMITTEE												
From Whom Received Tim Gorbach								Prior Amount 10,000.00		Amt. Incurred this Period 7,500.00		
Address 3014 Northampton Road										Outstanding Balance 17,500.00		
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	\$
		0	7	1	4	1	7	5000				
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
					0	9	2	9	2500			
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 \$ 10,000.00
- 2 Total received this period \$ 7,500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 17,500.00 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				
GORBACH FOR COUNCIL COMMITTEE				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Committee to Elect Don Walters				
Street Address		Description of Item or Service		M D Y Fair Market Value
3395 Pendleton Street		Postage and mailhouse fees		0 9 0 5 1 7 759.90
City		State Zip Code		Received at Fundraising Event?
Cuyahoga Falls		O H 44221		YES () NO (X)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Committee to Elect Don Walters				
Street Address		Description of Item or Service		M D Y Fair Market Value
3395 Pendleton Street		Autodial phone calls		0 9 1 1 1 7 312.50
City		State Zip Code		Received at Fundraising Event?
Cuyahoga Falls		O H 44221		YES () NO (X)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Committee to Elect Don Walters				
Street Address		Description of Item or Service		M D Y Fair Market Value
3395 Pendleton Street		Outdoor advertising		0 9 1 8 1 7 2,597.08
City		State Zip Code		Received at Fundraising Event?
Cuyahoga Falls		O H 44221		YES () NO (X)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Committee to Elect Don Walters				
Street Address		Description of Item or Service		M D Y Fair Market Value
3395 Pendleton Street		Yard signs		1 0 0 9 1 7 753.33
City		State Zip Code		Received at Fundraising Event?
Cuyahoga Falls		O H 44221		YES () NO (X)
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Committee to Elect Don Walters				
Street Address		Description of Item or Service		M D Y Fair Market Value
3395 Pendleton Street		Postage		1 0 1 1 1 7 77.75
City		State Zip Code		Received at Fundraising Event?
Cuyahoga Falls		O H 44221		YES () NO (X)
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 ()

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