



Campaign Finance | (614) 466-3111  
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Committee Name <i>Committee To Elect Mike Brillhart</i>		Office Sought <i>City of Cuyahoga Falls Ward 5 Council</i>		District
Street Address <i>7455 Haggarty Way</i>		City <i>Cuyahoga Falls</i>	State <i>OH</i>	Zip <i>44220</i>
Candidate Name OR PAC Registration Number <i>Mike Brillhart</i>		Treasurer Name <i>Mike Brillhart</i>		Election Date (MM/DD/YYYY) <i>11/07/17</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	<i>545.86</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>0</i>
3. Total other income (From Form 31-A-2)	<i>0</i>
4. Total funds available (sum of lines 1,2, and 3)	<i>545.86</i>
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>0</i>
6. Balance on hand (Line 4 minus line 5)	<i>545.86</i>
7. Value of in-kind contributions received (From Form 31-J-1)	<i>0</i>
8. Value of in-kind contributions made (From Form 31-J-2)	<i>0</i>
9. Outstanding loans owed by committee (From Form 31-C)	<i>10,595.00</i>
10. Outstanding debts owed by committee (From Form 31-N)	<i>3,713.00</i>
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS**

DATE: DEC 13 11:11:21

#1123

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

*[Signature]*  
Signature of Treasurer or Deputy Treasurer

*12-13-17*  
Date (MM/DD/YYYY)

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee To Elect Mike Brillhart</b>													
From Whom Received <b>Mike Brillhart</b>										Prior Amount <b>10,595</b> <del>7,995.00</del>		Amt. Incurred this Period <b>0</b>	
Address <b>3455 Haggerty Way</b>												Outstanding Balance <b>10,595.00</b>	
City <b>Cuyahoga Falls</b>		State <b>OH</b>		Zip Code <b>44203</b>		Loans Received This Period						Payments This Period	
						Date		Amount		Date		Amount	
M		D		Y		M		D		Y		S	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period						Payments This Period	
		<b>OH</b>				Date		Amount		Date		Amount	
M		D		Y		M		D		Y		S	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period						Payments This Period	
		<b>OH</b>				Date		Amount		Date		Amount	
M		D		Y		M		D		Y		S	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period						Payments This Period	
		<b>OH</b>				Date		Amount		Date		Amount	
M		D		Y		M		D		Y		S	
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer Occupation Labor Organization*													

\* 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 also 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 Outstanding Balance to the Cover page (Form No. 30-A).

- <sup>1</sup> Total prior amount \$ \$0.00 10,595
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$0.00 10,595 (To Form No. 30-A)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2 01

Full Name of Committee <b>Committee To Elect Mike Brillhars</b>										<b>3,713.00</b>	
To Whom Owed <b>Mike Brillhars</b>					Prior Amount <del>4,127.75</del>			Amt. Incurred this Period <b>0</b>			
Address <b>3455 Haggarty Way</b>					Item or Purpose of Debt			Outstanding Balance <del>4,127.75</del> <b>3,713.00</b>			
City <b>Cuyahoga Falls</b>		State <b>OH</b>	Zip Code <b>44222</b>		Payments This Period						
Date Debt was originally Incurred					Date			Amount		S	
					M	D	Y				
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
Date Debt was originally Incurred					Date			Amount		S	
					M	D	Y				
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose of Debt			Outstanding Balance			
City		State	Zip Code		Payments This Period						
Date Debt was originally Incurred					Date			Amount		S	
					M	D	Y				
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ ~~4,127.75~~  
**3,713.00** (also record on cover page)