

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 H	Zip Code 44223			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination				
Monthly		Monthly		Monthly							
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	D 1	Y 0	Y 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(1) for details.

1. Amount brought forward from last report	\$ 2,725.34
2. Total monetary contributions (from Form No. 31-A)	\$
3. Total other income (from Form No. 31-A-2)	\$ 9,700.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,425.34
5. Total monetary expenditures (from Form No. 31-B)	\$ 12,323.35
6. Balance on hand (line 4 minus line 5)	\$ 101.99
7. Value of in-kind contributions received (from Form No. 31-F)	\$ 740.35
8. Value of in-kind contributions made (from Form No. 31-F-2)	\$ 3,120.62
9. Outstanding loans owed by committee (from Form No. 31-G)	\$ 27,200.00
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 Initiatives only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 13 PM 1:13
 SUMMIT COUNTY BOARD OF ELECTIONS
 #1640

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

Timothy N Gorbach
Signature

12/11/17

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages <u>2</u>

Expenditure pages <u>2</u>

Other pages <u>2</u>

Total pages <u>6</u>

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GORBACH FOR COUNCIL COMMITTEE						Registration Number, if PAC					
Full Name Transfer from form 31-C						Registration Number, if PAC					
Address		Type*		M	D	Y	Amount				
				1	0	2	4	1	7	1,000.00	
City		State	Zip Code	Form(Cash,Check,etc)							
Full Name Transfer from form 31-C						Registration Number, if PAC					
Full Name Transfer from form 31-C						Registration Number, if PAC					
Address		Type*		M	D	Y	Amount				
				1	0	2	6	1	7	2,000.00	
City		State	Zip Code	Form(Cash,Check,etc)							
Full Name Transfer from form 31-C						Registration Number, if PAC					
Full Name Transfer from form 31-C						Registration Number, if PAC					
Address		Type*		M	D	Y	Amount				
				1	0	3	0	1	7	2,000.00	
City		State	Zip Code	Form(Cash,Check,etc)							
Full Name Transfer from form 31-C						Registration Number, if PAC					
Full Name Transfer from form 31-C						Registration Number, if PAC					
Address		Type*		M	D	Y	Amount				
				1	1	0	3	1	7	3,000.00	
City		State	Zip Code	Form(Cash,Check,etc)							
Full Name Transfer from form 31-C						Registration Number, if PAC					
Full Name Transfer from form 31-C						Registration Number, if PAC					
Address		Type*		M	D	Y	Amount				
				1	2	0	4	1	7	1,700.00	
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)			

* 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
10/23/2017	511	United States Post Office		postage	49.00
10/24/2017	512	United States Post Office		postage	147.00
10/26/2017	514	Don Walters Committee	3395 Pendleton Street Cuyahoga Falls, OH 44221	donation	2000.00
10/27/2017	510	Dix Communications	1050 West Main Street Kent, OH 44240	insert	880.00
10/27/2017	515	Labels and Letters	1533 Commerce Drive Stow, OH 44224	mailing	382.07
10/31/2017	513	United States Post Office		postage	2,466.06
11/01/2017	517	Don Walters Committee	3395 Pendleton Street Cuyahoga Falls, OH 44221	donation	1,000.00
11/03/2017	516	United States Post Office		postage	98.00
11/07/2017	518	United States Post Office		postage	3,121.22
11/15/2017	EFT	Huntington Bank		account fee	20.00
12/07/2017	519	Triad	1701 Front Street Cuyahoga Falls, OH 44221	digital ads	2,160.00
				TOTAL	12,323.35

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 17,500.00		Amt. Incurred this Period 9,700.00					
Address 3014 Northampton Road									Outstanding Balance 27,200.00					
City Cuyahoga Falls		State OH	Zip Code 44223		Loans Received This Period Date			Payments This Period Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$		
		0	7	1	1	4	1	7	1	0	3	1	7	3000
Registration Number, if PAC					M	D	Y		M	D	Y			
					1	0	2	6	1	7		1700		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y			
					1	0	3	0	1	7		2000		
From Whom Received							Prior Amount		Amt. Incurred this Period					
Address									Outstanding Balance					
City		State	Zip Code		Loans Received This Period Date			Payments This Period 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 Date			Payments This Period 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 \$ 17,500.00
- 2 Total received this period \$ 9,700.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 27,200.00 (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 Committee to Elect Don Walters		Employer, Occupation, Labor Organization *	
Street Address 3395 Pendleton Street		Description of Item or Service Postage	
City Cuyahoga Falls		Received at Fundraising Event? YES <input type="radio"/> NO <input checked="" type="radio"/>	
Full Name of Contributor Committee to Elect Don Walters		Employer, Occupation, Labor Organization *	
Street Address 3395 Pendleton Street		Description of Item or Service Print ad	
City Cuyahoga Falls		Received at Fundraising Event? YES <input type="radio"/> NO <input checked="" type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event? YES <input type="radio"/> NO <input type="radio"/>	

* 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)]

