#### **Ohio Campaign Finance Report**

Prescribed by Secretary of State 3/05

Full Name of Committee				Registration Nun	nber, if PAC
Brubaker for Engi	neer				
Full Name of Candidate				,	
Alan Brubaker					
Street Address			Office Sought		District
1474 Blair Drive			Summit	Co Engineer	Countywide
City				State Zip Cod	de
Akron				O H 443	312
					X Annual Year
Type of Report	Pre-Primary	Post-Primary	Pre-General	Post-General	2017
(place X to the left of report	July	August	September		Semiannual
type)	Monthly	Monthly	Monthly	Termination	
Amended Report?	_	ctronically filed?		. M	D Y
U Yes ☑ N	4o	」Yes ☑ No	Date of Election	1 1 0	8 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	\$ 75,773.71
T. THERMAN OF ORDER ANTING MORE REPORT.	A STATE OF THE PARTY OF THE PAR
2. Total industary contributions (From Form No. 31-A)	\$ 250.00
3. Total other income (From Form No. 31-A-2)	\$
4: Total funds available (sum of lines 1, 2, 3)	\$ 76,023.71
S. (Total industrial) expensitives (Figure 1999) (1999-No. 34-75) LIAITY	\$ 17,095.00
6. Balance on har Bridge Appeller OF ELECTIONS	\$
7. Value of in-kind contributions received (From Form-No. 31-J-1)	\$
Value of in-kind contributions made (From Form No. 31-3-2)	\$
9. Outstanding leass owed by committee (From Form No. 31-C)	\$ 1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K).	\$ 15,000.00
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	\$

THE INFORMATION CONTAINED IN THE	S REPORT IS MADE UNDER TI	HE PENALTY OF ELECTION FALSIFICAT	ION. WHOEVER						
COMMITS ELECTION FALSIFICATION IS	OMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTENDEGREEA								
Jennifer H (Bheam) Tultz,	Treasurer	and 12	1/10/2018						
Print Name and Title (Treasurer and Deputy Treas	surer only) Signatu	ire	Date						
Contribution	Expenditure //	Other / O	Total 📿						
pages	pages 5	pages 4-0	pages						



### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Brubaker for Engineer			In the	.r 3.r	L con .		
Full Name of Contributor			Kegistra	nion Num	ber, if PA	L.	
Martin Hilovsky	ln : 15					F (C-1 Cl )	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
3036 Hillside Trail		la: o i	1 14	1 6	1 2	4	
City	State	Zip Code	M	D	Y	Amount	
Stow	ОН	44224	0 7			250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ic .	
Street Address	Employer/Occu	Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occu	pation/Labor Organization®				Form (Cash, Check, etc.)	
City	State	Zīp Code	М	D	Y	Amount	
J-1.,	1		1	1	16		
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	ber, if PA	C					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	·	· · · · · · · · · · · · · · · · · · ·	Registra	ntion Nur	ber, if PA	iC .	
Street Address	Employer/Occu	pation/Labor Organization®				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	·		Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	iber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	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)]

Page Total \$ 250.00

# **Statement of Expenditures**

Prescribed by Secretary of State 2/01

			··	
Name of Committee in Full	<u> </u>			
Brubaker for Engineer			I M I D I V	Amount
To Whom Paid Friends of Jeff Fusco			M D Y 0 9 1 6 1 7	Amount 250.00
Address	Purpose			
2117 Forest Oak Drive		er contribution		
City	State	Zip Code	Check Number	
Akron	OH	44312	1327	
To Whom Paid			M D Y	Amount
Summit County Democratic Party	In		0 9 1 6 1 7	1,500.00
Address	Purpose	for duction combilett	ion	
438 Grant St		fundraiser contribut	1011 Check Number	
City	State H	Zip Code 44311	1328	
Akron To Whom Paid	() []	1 14311	M D Y	Amount
Summit County Deputies FOP Lodge 1	30		101617	
Address	Purpose		IT OLT OLT /	110,00
520 South Main St, Ste 2417		ser contribution		
City	State	Zip Code	Check Number	
Akron	ОТН	44311	1329	
To Whom Paid			M D Y	Amount
Committee to Elect Don Walters			1 2 2 2 1 7	15,000.00
Address	Purpose			
3395 Pendleton St	Loan			
City	State	Zip Code	Check Number	
Cuyahoga Falls	ОН	44221	1302	
To Whom Paid			M D Y	Amount
Summit County Democratic Party			1 2 0 7 1 7	200.00
Address	Purpose			
438 Grant St		ser contribution	Charle Manufacture	
City	State	Zip Code	Check Number	
Akron	OH	44311	1331	Amount
To Whom Paid			M D Y	Amount
A 11	I Dumoes			
Address	Purpose			
City	State	Zip Code	Check Number	
Cay	State			
To Whom Paid	17		M D Y	Amount
\$ V PT DOWNER II WITH			9 16 9	
Address	Purpose			
City	State	Zip Code	Check Number	
	1%			
To Whom Paid		· .	M D Y	Amount
			0 1 2	
Address	Purpose			
City	State	Zip Code	Check Number	
	10			



### **Statement of Loans Received**

Prescribed by Secretary of State3/05

r												
									Prior An	nount		Amt. Incurred this Period
								- 1		1.0	00.00	0.00
												Outstanding Balance
2												1,000.00
	Zip Coo	le	Lo	ans Recei	ved This	Period		$\neg$		- CO-CO-CO-CO-	Paym	ents This Period
				Date			Amount			Dat		Amount
M	D	Y	M	D	Y	s			М	D	Y	S
0 8	2 0	1 2		1 8	1 0	1		0		1 3 7		
			М	D	Y	T			М	D	Y	
			M	D	Y	T			М	D	Y	
7-						_		╗	Рпог Ап	nount		Amt. Incurred this Period
							-10 11= -			П		Outstanding Balance
State	Zip Coo	ie .	Lo	ans Recei Date	ved This	Period	Amount		Payments This Period Date Amount			
М	D	Y	М	D	Y	s		0	M	D	Y	\$
			М	D	Y				М	D	Y	
			М	D	Y	T		Ť	М	D	Y	
				1		_			Prior An	nount		Amt. Incurred this Period
_	10.000									Ŧ	77	Outstanding Balance
State	Zip Coo	le	Lo		ived This	s Period	Amount			Da	-	ents This Period Amount
М	D	Y	М	Date	Y	s	Anount	0	М	D	Y	5
			М	D	Y				М	D	Y	
Employer/Occupation/Labor Organization*					Y	+			M	D	Y	
	O H M O 8	State Zip Coo  O H 4402  M D 0 8 2 0  State Zip Coo  M D	State   Zip Code	State   Zip Code   Lo   M	State   Zip Code   Loans Received   Add   Date	State   Zip Code   Loans Received This Date   Dat	State   Zip Code   Loans Received This Period   Date	State	State   Zip Code	State   Zip Code	State   Zip Code	State   Zip Code

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space	Transfer total of all loans received this peri-	od to the Statement of Other Income (Form No. 31-A-2
Transfer total of all payments made in this period to the Statement of Exp	nditures (Form No. 31-B), Transfer Total C	outstanding Balance to the cover page (Form No. 30-A)

1	Total prior amount \$	1,000.00		
2	Total received this period \$	0	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	1,000	0.00	(To Form No. 30-A)

<sup>\*</sup> 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 ormore 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)



## **Statement of Loans Made**

Prescribed by Secretary of State 2/01

Full Name of Committee										
Brubaker for Engineer										
To Whom Made					Prior An	nount	0.00	Amt. Loaned this Period		
Committee to Elect Don	Walters				e-spec		0.00	15,000.00		
Address								Outstanding Balance		
3395 Pendleton Street			let a t	- 1				15,000.00		
City	100 m	State					ments Re	ceived This Period		
Cuyahoga Falls		OH			ļ.,,	Date		Amount		
	Date Loan was originally Made		D	Y	М	D	Y	0.00		
		1 2	2 2	1 7			Y	0.00		
					М	D	'			
					M	D	Y			
					IVI.	l	i i			
T- When Made	~ ~			18 18	Prior An	nount		Amt. Loaned this Period		
To Whom Made					CHOL VII	Juit		I but Loaned tills I clied		
Address								Outstanding Balance		
Address								Outstanding Datate		
City		State	Zip Code	1000		470				
eny		- Citate	- COUC			Pay Date	ments Ro	eceived This Period Amount		
The state of the s	Date Loan was originally Made	М	D	Y	М	D	Y	s		
	Date room the originary tirede	1	i i	17		15	1			
					М	D	Y			
					l ï	l i	l Y			
					М	D	Y			
					1	1	1			
To Whom Made			- 000		Prior An	nount		Amt. Loaned this Period		
								İ		
Address								Outstanding Balance		
City	- AFE	State	Zip Code	116		Pav	ments Re	eceived This Period		
		- 1			ı	Date		Amount		
ASSOCIATION OF THE PROPERTY OF THE PARTY OF	Date Loan was originally Made	М	D	Y	М	D	Y	5		
			Jane 1		М	D	Y			
								33		
					М	D	Y			
11 21 12 22 22 22	320		5508 27					-750		
If a loan is forgiven, write "Forgiven" in the "Or	utstanding Balance" space. Transfer total of all loa	ins made	this period	i to the S	tatement	of Expen	ditures (F	orm No. 31-B).		
Transfer total of all payments received in this pe	eriod to the Statement of Other Income (Form No.	31-A-2]	). Transfer	rotal Ou	tstanding	Ralance	to the co	ver page.		
Total Loans this Period \$	15,000.00 (also record on Form 31-B	1)								
Total Outstanding Balance \$	0.00 (also record on cover	page)								
Total Payments Received this Period \$	0.00 (also recorde	d on For	ms 31-A-2	)						