

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Brubaker for Engineer						Registration Number, if PAC					
Full Name of Candidate B Alan Brubaker											
Street Address 1474 Blair Drive						Office Sought Summit Co Engineer			District Countywide		
City Akron						State O H		Zip Code 44312			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 2018		
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 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	\$	58,928.71
2. Total monetary contributions (From Form No. 31-A)	\$	16,375.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	75,303.71
5. Total monetary expenditures (From Form No. 31-B)	\$	7,665.81
6. Balance on hand (line 4 less line 5)	\$	67,637.90
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-G)	\$	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	\$	

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JUL 31 AM 9:40
#22317 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

Jennifer H (Bheam) Tultz, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



7/26/18

Date

Contribution pages 2-13

Expenditure pages 14-16

Other pages 17-35

Total pages 35

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer							
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-E (3/1/18)					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 16,375.00	
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	
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 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)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer							
Full Name of Contributor TOTAL CONTRIBUTIONS FROM 31-G			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							1,625.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor Arcadis US Inc, PAC			Registration Number, if PAC C00388983				
Street Address 630 Plaza Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	1,000.00
City Highlands Ranch		State C O	Zip Code 80129	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen A Comunale			Registration Number, if PAC				
Street Address 2900 Newpark Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	250.00
City Barberton		State O H	Zip Code 44203	Form(Cash,Check,etc) Check			
Full Name of Contributor Vince D'Angelo			Registration Number, if PAC				
Street Address 4004 Hedgewood Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City Medina		State O H	Zip Code 44256	Form(Cash,Check,etc) Check			
Full Name of Contributor Mannick & Smith Group PAC			Registration Number, if PAC C00497313				
Street Address 1800 Indian Wood Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	500.00
City Maumee		State O H	Zip Code 43537	Form(Cash,Check,etc) Check			
Full Name of Contributor Benjamin Zera			Registration Number, if PAC				
Street Address 13274 Danbury Court #205		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	150.00
City North Royalton		State O H	Zip Code 44133	Form(Cash,Check,etc) Check			
Full Name of Contributor Rhonda Chapman			Registration Number, if PAC				
Street Address 9809 Wooster Pike		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	300.00
City Seville		State O H	Zip Code 44273	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,925.00

Event Date	3/1/18
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor		Registration Number, if PAC					
James Milligan							
Street Address	82 Red Grouse Court	Employer/Occupation/Labor Organization*		0	2	0	50.00
City	Boardman	State	Zip Code	0	6	1	
		O H	44511				
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
James Garrison							
Street Address	5290 Locust Hill Lane	Employer/Occupation/Labor Organization*		0	2	0	250.00
City	Dublin	State	Zip Code	0	6	1	
		O H	43017				
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
Mark Bernhardt							
Street Address	2063 W Lane Ave	Employer/Occupation/Labor Organization*		0	2	0	250.00
City	Columbus	State	Zip Code	0	6	1	
		O H	43221				
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
Robert Bleile							
Street Address	18 S Norwalk Road W	Employer/Occupation/Labor Organization*		0	2	0	100.00
City	Norwalk	State	Zip Code	0	6	1	
		O H	44857				
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
Mo Darwish							
Street Address	3673 Sanctuary Drive	Employer/Occupation/Labor Organization*		0	2	0	150.00
City	Akron	State	Zip Code	0	6	1	
		O H	44333				
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
Environmental Design Group PAC		Local					
Street Address	450 Grant St	Employer/Occupation/Labor Organization*		0	2	1	200.00
City	Akron	State	Zip Code	0	2	1	
		O H	44311		2	1	
		Form(Cash,Check,etc)		Check			
Full Name of Contributor		Registration Number, if PAC					
Thomas Likavec							
Street Address	8490 Troutman Rd	Employer/Occupation/Labor Organization*		0	2	1	100.00
City	Orwell	State	Zip Code	0	2	1	
		O H	44076		2	1	
		Form(Cash,Check,etc)		Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,100.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Eric Czetli							
Street Address 1679 23rd Street				0	2	1	100.00
City Cuyahoga Falls		State OH	Zip Code 44223	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Fantozzi							
Street Address 548 Bobwhite Trail				0	2	1	250.00
City Akron		State OH	Zip Code 44319	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rod Sommer							
Street Address 2373 Adirondack Trail				0	2	1	250.00
City Dayton		State OH	Zip Code 45409	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Sam Petros							
Street Address 10474 Broadview Rd				0	2	1	250.00
City Broadview Heights		State OH	Zip Code 44147	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Perry Bourn							
Street Address 17 W Streetsboro St				0	2	1	100.00
City Hudson		State OH	Zip Code 44236	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph Bertolini							
Street Address 2070 Wright Rd				0	2	1	250.00
City Akron		State OH	Zip Code 44320	2	1	8	
				Form(Cash,Check,etc) Check			
Full Name of Contributor John Galik							
Street Address 711 Harvard Ave				0	2	1	200.00
City Newburgh Heights		State OH	Zip Code 44105	2	1	8	
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Paul Thomarios				Registration Number, if PAC			
Street Address 1 Canal Square Plaza Suite 1500	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44308	0	2	18	150.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Cheryl Schweickart				Registration Number, if PAC			
Street Address 4547 Hudson Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Stow	State OH	Zip Code 44224	0	2	18	100.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor William Zavarello				Registration Number, if PAC			
Street Address 313 S High St	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44308	0	2	18	250.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rich Wasosky				Registration Number, if PAC			
Street Address 553 McNeil Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Sagamore Hills	State OH	Zip Code 44067	0	2	18	100.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Donald Lepley				Registration Number, if PAC			
Street Address 7488 Holzhauer Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Sagamore Hills	State OH	Zip Code 44067	0	2	18	100.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Hamit				Registration Number, if PAC			
Street Address 2245 University Dr SE	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Massillon	State OH	Zip Code 44545	0	2	18	200.00	
				Form(Cash,Check,etc) Check			
Full Name of Contributor John Morris				Registration Number, if PAC			
Street Address 1222 Ledgewood Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City Akron	State OH	Zip Code 44333	0	2	18	1,000.00	
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,900.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Elect Ilene Shapiro Committee, Christine Higham				Registration Number, if PAC			
Street Address 295 Wyant Rd	City Akron	State OH	Zip Code 44313	0	2	2	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor George Maki				Registration Number, if PAC			
Street Address 945 Skinner Ave	City Painseville	State OH	Zip Code 44077	0	2	2	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Martin Hilovsky				Registration Number, if PAC			
Street Address 3096 Hillside Trail	City Stow	State OH	Zip Code 44224	0	2	2	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Daniel Castrigano				Registration Number, if PAC			
Street Address 27628 Marquette Blvd	City North Olmsted	State OH	Zip Code 44070	0	2	2	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rick Capone				Registration Number, if PAC			
Street Address 4551 Hunting Valley Lane	City Brecksville	State OH	Zip Code 44141	0	2	2	1,000.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor James Switzer				Registration Number, if PAC			
Street Address 891 Elmore Ave	City Akron	State OH	Zip Code 44302	0	2	2	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Committee to Elect Ginnetti, Linda Ginnetti				Registration Number, if PAC			
Street Address 937 Garfield St	City Struthers	State OH	Zip Code 44471	0	3	0	100.00
				Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.
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Total contributions this event

Total expenditures this event

Page Total \$ 2,150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Brubaker for Engineer							
Full Name of Contributor Richard Reed			Registration Number, if PAC				
Street Address 2590 Myersville Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Uniontown		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44685	0	3	0	100.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor Laborers International Union of North America Local 894							
Street Address 720 Wolf Ledges Pkwy			Registration Number, if PAC LA236				
City Akron		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44311	M	D	Y	Amount
				0	3	0	250.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor David Rinehart							
Street Address 162 Hilltop Rd			Registration Number, if PAC				
City Ontario		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44906	M	D	Y	Amount
				0	3	0	150.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor Carol Sours							
Street Address 1235 Fixler Rd			Registration Number, if PAC				
City Wadsworth		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44281	M	D	Y	Amount
				0	3	0	100.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor Iain Crouch							
Street Address 2303 E Wallings Rd			Registration Number, if PAC				
City Broadview Heights		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44147	M	D	Y	Amount
				0	3	0	200.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor Michael Woodring							
Street Address 5267 Stonehurst Dr			Registration Number, if PAC				
City Brunswick		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44212	M	D	Y	Amount
				0	3	0	100.00
			Form(Cash,Check,etc) Check				
Full Name of Contributor John Schmidt							
Street Address 1460 Curtis Ave			Registration Number, if PAC				
City Cuyahoga Falls		State <input type="radio"/> O <input type="radio"/> H	Zip Code 44221	M	D	Y	Amount
				0	3	0	100.00
			Form(Cash,Check,etc) Check				

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Total contributions this event

Total expenditures this event

Page Total \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Clyde Hadden				Registration Number, if PAC			
Street Address 8151 Mentor Ave	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Mentor	State OH	Zip Code 44060	8	Form(Cash,Check,etc) Check			250.00
Full Name of Contributor Dave Wiles				Registration Number, if PAC			
Street Address 7615 Sarah Lee	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Concord Township	State OH	Zip Code 44077	8	Form(Cash,Check,etc) Check			200.00
Full Name of Contributor Shyam Rajadhyaksha				Registration Number, if PAC			
Street Address 6121 Huntley RD	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Columbus	State OH	Zip Code 43229	8	Form(Cash,Check,etc) Check			250.00
Full Name of Contributor David Horner				Registration Number, if PAC			
Street Address 554 Weber Ave	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Akron	State OH	Zip Code 44303	8	Form(Cash,Check,etc) Check			100.00
Full Name of Contributor William Scala				Registration Number, if PAC			
Street Address 2229 E Streetsboro Rd	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Hudson	State OH	Zip Code 44236	8	Form(Cash,Check,etc) Check			1,000.00
Full Name of Contributor MSC PAC				Registration Number, if PAC C00309468			
Street Address 333 E Federal St	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Youngstown	State OH	Zip Code 44503	8	Form(Cash,Check,etc) Check			500.00
Full Name of Contributor David Krock				Registration Number, if PAC			
Street Address 6663 Hampshire Rd	Employer/Occupation/Labor Organization*		0	3	0	5	1
City Clinton	State OH	Zip Code 44216	8	Form(Cash,Check,etc) Check			100.00

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Total expenditures this event

Page Total \$ 2,400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor Scott Vura				Registration Number, if PAC			
Street Address 8610 Camelot Drive	Employer/Occupation/Labor Organization*						150.00
City Chesterland	State OH	Zip Code 44026	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Joan Zbin				Registration Number, if PAC			
Street Address 1456 Parkhaven Row	Employer/Occupation/Labor Organization*						500.00
City Lakewood	State OH	Zip Code 44107	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Local 219 P.C.E. 7695				Registration Number, if PAC			
Street Address 644 E Tallmadge Ave	Employer/Occupation/Labor Organization*						150.00
City Akron	State OH	Zip Code 44310	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor J Thomas O'Dear				Registration Number, if PAC			
Street Address 5873 Fernlane Drive	Employer/Occupation/Labor Organization*						25.00
City Akron	State OH	Zip Code 44319	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Larry McCoy				Registration Number, if PAC			
Street Address 211 Van Buren	Employer/Occupation/Labor Organization*						25.00
City Cuyahoga Falls	State OH	Zip Code 44223	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Stanley Katanic				Registration Number, if PAC			
Street Address 164 Brixton Way	Employer/Occupation/Labor Organization*						100.00
City Wadsworth	State OH	Zip Code 44281	0	3	05	18	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis Gonano				Registration Number, if PAC			
Street Address 148 Poolside Lane	Employer/Occupation/Labor Organization*						100.00
City Dover	State OH	Zip Code 44622	0	3	05	18	
				Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Brubaker for Engineer							
Full Name of Contributor		Registration Number, if PAC					
James Iudiciani Sr							
Street Address	119 W Wood St	Employer/Occupation/Labor Organization*		0	3	0	150.00
City	Lowellville	State	Zip Code	0	5	1	
		<input type="radio"/> O <input type="radio"/> H	44436				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Thomas Bevan							
Street Address	530 Meadowridge Way	Employer/Occupation/Labor Organization*		0	3	0	100.00
City	Hudson	State	Zip Code	0	5	1	
		<input type="radio"/> O <input type="radio"/> H	44236				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Joseph Kanfer							
Street Address	520 S Main St Suite 2457	Employer/Occupation/Labor Organization*		0	3	1	100.00
City	Akron	State	Zip Code	0	4	1	
		<input type="radio"/> O <input type="radio"/> H	44311				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Shelly Materials Inc, Ohio Growth PAC		Local					
Street Address	800 Maine Ave SW, Suite 800	Employer/Occupation/Labor Organization*		0	3	1	250.00
City	Washington	State	Zip Code	0	4	1	
		<input type="radio"/> D <input type="radio"/> C	20024				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Howard Wenger							
Street Address	26 N Cochran St	Employer/Occupation/Labor Organization*		0	3	3	250.00
City	Dalton	State	Zip Code	0	0	1	
		<input type="radio"/> O <input type="radio"/> H	44618				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Anthony Zumbo							
Street Address	189 Granite Dr	Employer/Occupation/Labor Organization*		0	5	0	100.00
City	Peninsula	State	Zip Code	0	2	1	
		<input type="radio"/> O <input type="radio"/> H	44264				
				Form(Cash,Check,etc)		Check	
Full Name of Contributor		Registration Number, if PAC					
Stephen Comunale							
Street Address	2900 Newpark Dr	Employer/Occupation/Labor Organization*		0	3	1	500.00
City	Barberton	State	Zip Code	0	4	1	
		<input type="radio"/> O <input type="radio"/> H	44203				
				Form(Cash,Check,etc)		44203	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
16,375.00

Total expenditures this event
1,780.81

Page Total \$ **1,450.00**

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

3/1/18 event

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor Lawrence W Fulton						
Street Address 12380 Raymond Drive			M	D	Y	Amount
			0	2	1	250.00
City Chardon		State O H	Zip Code 44024		Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Hochevar						
Street Address 322 Corunna Ave			M	D	Y	Amount
			0	2	1	100.00
City Fairlawn		State O H	Zip Code 44333		Form (Cash, Check, etc) Check	
Full Name of Contributor Patrick Dobbins						
Street Address 1233 Chestnut Blvd			M	D	Y	Amount
			0	2	1	100.00
City Cuyahoga Falls		State O H	Zip Code 44223		Form (Cash, Check, etc) Check	
Full Name of Contributor Steven Brunot						
Street Address 3131 Huntington Rd			M	D	Y	Amount
			0	2	1	200.00
City Shaker Heights		State O H	Zip Code 44120		Form (Cash, Check, etc) Check	
Full Name of Contributor Laurie Connell						
Street Address 7331 Shadyview Ave NW			M	D	Y	Amount
			0	2	2	75.00
City Massillon		State O H	Zip Code 44646		Form (Cash, Check, etc) Check	
Full Name of Contributor Bob Warren						
Street Address 6716 Portage St NW			M	D	Y	Amount
			0	3	0	50.00
City N Canton		State O H	Zip Code 44720		Form (Cash, Check, etc) Check	

The above are employees of a unit or department under the direct supervision or control of Alan Brubaker, who currently holds the public office

of Summit Co Engineer. I hereby affirm that each contribution was voluntarily made.

J. (Sharon) Dicks
(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

3/1/18 event

Name of Committee in Full Brubaker for Engineer						
Full Name of Contributor John Cavileer						
Street Address 1499 Jefferson Ave			M	D	Y	Amount
			0	3	0118	100.00
City Akron		State O H	Zip Code 44313		Form (Cash, Check, etc) Check	
Full Name of Contributor Shawn Cook						
Street Address 3884 Ramsey Dr			M	D	Y	Amount
			0	3	0518	50.00
City Uniontown		State O H	Zip Code 44685		Form (Cash, Check, etc) Check	
Full Name of Contributor Heidi Swindell						
Street Address 931 Franklin Ave			M	D	Y	Amount
			0	3	0518	50.00
City Kent		State O H	Zip Code 44240		Form (Cash, Check, etc) Check	
Full Name of Contributor David Koontz						
Street Address 2784 Greenridge Rd			M	D	Y	Amount
			0	3	0518	150.00
City Norton		State O H	Zip Code 44203		Form (Cash, Check, etc) Check	
Full Name of Contributor Joe Paradise						
Street Address 3551 Oak Rd			M	D	Y	Amount
			0	3	0518	500.00
City Stow		State O H	Zip Code 44224		Form (Cash, Check, etc) Check	
Full Name of Contributor						
Street Address			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)	

The above are employees of a unit or department under the direct supervision or control of Alan Brubaker, who currently holds the public office

of Summit Co Engineer. I hereby affirm that each contribution was voluntarily made.

J. (Sharon) Tully
(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer									
To Whom Paid TOTAL EXPENDITURES FROM 31-F (3/1/18)						M	D	Y	Amount 1,780.81
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid Cordray for Ohio						M	D	Y	Amount 1,000.00
Address PO Box 7910		Purpose Donation							
City Columbus		O H	Zip Code 43207	Check Number 1332					
To Whom Paid Great Trail Council, BSA						M	D	Y	Amount 100.00
Address 1601 S Main St		Purpose Fundraiser dinner							
City Akron		O H	Zip Code 44309	Check Number 1333					
To Whom Paid Silver League Softball						M	D	Y	Amount 400.00
Address 2086 Beechtree Drive		Purpose Sponsor							
City Uniontown		O H	Zip Code 44685	Check Number 1334					
To Whom Paid B Alan Brubaker						M	D	Y	Amount 150.00
Address 1474 Blair Drive		Purpose Reimbursement for Harvest for Hunger donation basket							
City Akron		O H	Zip Code 44312	Check Number 1305					
To Whom Paid FOP Akron Lodge 7						M	D	Y	Amount 145.00
Address 680 E Market St #105		Purpose Donation							
City Akron		O H	Zip Code 44304	Check Number 1335					
To Whom Paid Summit County Progressive Democrats PAC						M	D	Y	Amount 250.00
Address PO Box 477		Purpose Donation							
City Bath		O H	Zip Code 44210	Check Number 1330					
To Whom Paid County of Summit						M	D	Y	Amount 250.00
Address 175 S Main St		Purpose Donation to Let's Move Summit County program							
City Akron		O H	Zip Code 44308	Check Number 1336					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Brubaker for Engineer												
To Whom Paid Jill Adams						M	D	Y	Amount			
						0	5	0	3	1	8	65.00
Address 175 S Main St				Purpose High Point Awards employee recognition ceremony								
City Akron		State O H		Zip Code 44308		Check Number 1306						
To Whom Paid Friends of Elizabeth Walters						M	D	Y	Amount			
						0	6	0	4	1	8	1,000.00
Address 1700 W Market St #103				Purpose Donation								
City Akron		State O H		Zip Code 44313		Check Number 1337						
To Whom Paid John Donofrio Campaign Committee						M	D	Y	Amount			
						0	6	0	4	1	8	1,000.00
Address 218 Woodside Lane				Purpose Donation								
City Tallmadg		State O H		Zip Code 44278		Check Number 1338						
To Whom Paid Friends of Clair Dickinson						M	D	Y	Amount			
						0	6	0	4	1	8	1,000.00
Address 554 Weber Ave				Purpose Donation								
City Akron		State O H		Zip Code 44303		Check Number 1339						
To Whom Paid Ohio Erie Canalway Coalition						M	D	Y	Amount			
						0	6	0	8	1	8	25.00
Address 47 W Exchange St				Purpose Donation								
City Akron		State O H		Zip Code 44308		Check Number 1340						
To Whom Paid Summit County Democratic Party						M	D	Y	Amount			
						0	6	2	2	1	8	500.00
Address 438 Grant St				Purpose Fundraiser dinner								
City Akron		State O H		Zip Code 44311		Check Number 1341						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Brubaker for Engineer												
To Whom Paid B Alan Brubaker						M	D	Y	Amount			
						0	3	1	4	1	8	1,780.81
Address 1474 Blair Drive				Purpose Reimbursement for food, beverage, postage & supplies for fundraiser								
City Akron		State OH		Zip Code 44312		Check Number 1304						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Brubaker for Engineer											
From Whom Received Lawrence W Fulton						Prior Amount 1,000.00			Amt. Incurred this Period 0.00		
Address 12380 Raymond Drive									Outstanding Balance 1,000.00		
City Chardon		State OH	Zip Code 44024			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	8	2	0	1	2	0			
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
								0			
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
								0			
Registration Number, if PAC						M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y

* 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 or more 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)

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

