

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	Pre-General	Post-General	X	Annual Year 2018			
	July Monthly	August Monthly	September 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		

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.

#2750 @
SUMMIT COUNTY BOARD OF ELECTIONS
AKRON OHIO 44304

2019 JAN 29 PM 2:43

1. Amount brought forward from last report	\$	101.99
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	40.00
4. Total funds available (sum of lines 1, 2, 3)	\$	141.99
5. Total monetary expenditures (From Form No. 31-B)	\$	20.00
6. Balance on hand (line 4 minus line 5)	\$	121.99
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-C)	\$	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 Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

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 FIRST DEGREE

TIMOTHY N GORBACH

Timothy N Gorbach

1/25/19

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 4

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GORBACH FOR COUNCIL COMMITTEE						
Full Name Huntington Bank				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	R E		1	2	2 8	1 7
						40.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cuyahoga Falls	O H	44223				
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		
Full Name						
Address				Registration Number, if PAC		
Type*				M	D	Y
City				Form(Cash,Check,etc)		
State				Zip Code		

* 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

<u>Date</u>	<u>Check #</u>	<u>To Whom Paid</u>	<u>Address</u>	<u>Purpose</u>	<u>Amount</u>
12/15/2017	EFT	Huntington Bank		account fee	20.00

TOTAL 20.00

Statement of Loans Received

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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				Payments This Period								
					Date		Amount		Date		Amount						
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$					
071417		1	0	2	4	1	7	1000	1	1	0	3	17	3000			
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$					
102617					1	0	2	6	1	7	2000	1	2	0	4	17	1700
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$					
103017					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				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 \$ 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)