

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Laborers' Local Union #894 PAC Fund, LA236</b>						Registration Number, if PAC <b>LA236</b>									
Full Name of Candidate															
Street Address <b>720 Wolf Ledges Parkway</b>						Office Sought			District						
City <b>Akron</b>						State <b>OH</b>		Zip Code <b>44311</b>							
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year					
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual					
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			1	M	1	0	D	8	1	Y	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 for 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	\$	\$7,397.31
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,925.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,322.31
5. Total monetary expenditures (From Form No. 31-B)	\$	\$300.00
6. Balance on hand (line 4 minus line 5)	\$	\$9,022.31
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)	\$	
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.	\$	

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SUMMIT COUNTY  
BOARD OF ELECTIONS

2016 DEC 12 AM 11:37

BOARD OF ELECTIONS  
AKRON, OHIO

RCS # 0402

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.

**William E. Orr - Treasurer** **12/12/2016**  
 \_\_\_\_\_  
 Print Name and Title (Treasurer and Deputy Treasurer only)- Signature Date

Contribution pages <u>7</u>	Expenditure pages <u>1</u>	Other pages <u>2</u>	Total pages <u>10</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>LUKE ZIVKOVICH</b>					Registration Number, if PAC		
Street Address <b>1354 PELTON RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AUSTINBURG</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44010</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>JAMES SIBLEY JR</b>					Registration Number, if PAC		
Street Address <b>807 STONER ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44320</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>CHRISTOPHER DEBARR</b>					Registration Number, if PAC		
Street Address <b>325 W. LONG LAKE BLVD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44319</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>CHARLES BROWN</b>					Registration Number, if PAC		
Street Address <b>1077 VALDES AVE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44320</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>NIKOLA NEDOVIC</b>					Registration Number, if PAC		
Street Address <b>7956 PAMELA DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>NORTH ROYALTON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44133</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>ROBERT VALENTINE</b>					Registration Number, if PAC		
Street Address <b>3336 W. 63RD STREET</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>CLEVELAND</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44102</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>CHRISTOPHER CHADBOURNE</b>					Registration Number, if PAC		
Street Address <b>357 FRANKLIN AVE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>BARBERTON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>CODY UMBRIGHT</b>					Registration Number, if PAC		
Street Address <b>2060 RANDOLPH RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>MOGADORE</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44260</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>75.00</b>	

\* Required for contributions 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 appear. R.C. 3517.10(B)(4)

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>						
Full Name of Contributor <b>SAMUEL HOPKINS</b>				Registration Number, if PAC		
Street Address <b>806 CURTIS AVE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>CUYAHOGA FALLS</b>	State <b>O H</b>	Zip Code <b>44221</b>	M <b>1 0</b>	D <b>2 8</b>	Y <b>1 6</b>	Amount <b>75.00</b>
Full Name of Contributor <b>MICHAEL RINGLER</b>						
Street Address <b>8823 HIGH-MILL AVE.</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>CANAL FULTON</b>		State <b>O H</b>	Zip Code <b>44614</b>	M <b>1 0</b>	D <b>2 9</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>75.00</b>						
Full Name of Contributor <b>DAVID GIPSON</b>						
Street Address <b>97 25TH STREET NW</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>BARBERTON</b>		State <b>O H</b>	Zip Code <b>44203</b>	M <b>1 0</b>	D <b>2 9</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>75.00</b>						
Full Name of Contributor <b>GEORGE HAWTHORN</b>						
Street Address <b>8630 AKRON AVE NW</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>CANAL FULTON</b>		State <b>O H</b>	Zip Code <b>44614</b>	M <b>1 0</b>	D <b>3 1</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>25.00</b>						
Full Name of Contributor <b>KEVIN COFFEE</b>						
Street Address <b>128 W PROSPECT ST</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>WADSWORTH</b>		State <b>O H</b>	Zip Code <b>44281</b>	M <b>1 1</b>	D <b>0 1</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>25.00</b>						
Full Name of Contributor <b>JAMES ZEVENBERGEN</b>						
Street Address <b>9660 WILLIAMS RD</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>DIAMOND</b>		State <b>O H</b>	Zip Code <b>44412</b>	M <b>1 1</b>	D <b>0 2</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>25.00</b>						
Full Name of Contributor <b>EDWARD PRIDEMORE</b>						
Street Address <b>8022 ELM ST</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>GARRETSVILLE</b>		State <b>O H</b>	Zip Code <b>44231</b>	M <b>1 1</b>	D <b>0 3</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>25.00</b>						
Full Name of Contributor <b>JUSTIN KOPRIVEC</b>						
Street Address <b>9990 FRAZE RD</b>				Employer/Occupation/Labor Organization <b>Union Laborer</b>		
City <b>MARSHALVILLE</b>		State <b>O H</b>	Zip Code <b>44645</b>	M <b>1 1</b>	D <b>0 3</b>	Y <b>1 6</b>
Form (Cash, Check, etc.) <b>Cash</b>						
Amount <b>25.00</b>						

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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>MICHAEL WILLIAMS</b>					Registration Number, if PAC		
Street Address <b>939 CHALKER ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44310</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>ALEC RAMIREZ</b>					Registration Number, if PAC		
Street Address <b>2354 15TH STREET SW</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44314</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>RONALD MARTIN JR</b>					Registration Number, if PAC		
Street Address <b>2978 GALE DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44312</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>KARL STEGER</b>					Registration Number, if PAC		
Street Address <b>3147 ROBIN DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>RAVENNA</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44266</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JEFFREY COLVIN</b>					Registration Number, if PAC		
Street Address <b>1554 DIAGONAL RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44320</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>DUSTIN DUDSAK</b>					Registration Number, if PAC		
Street Address <b>302 MEDINA ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>LODI</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44254</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>TODD BITTNER</b>					Registration Number, if PAC		
Street Address <b>3208 CREEKSIDE DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>NORTON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44203</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>BERNARD CAMPBELL</b>					Registration Number, if PAC		
Street Address <b>10264 MARRION PLACE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44311</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>DANIEL CARTER</b>					Registration Number, if PAC		
Street Address <b>714 OAKWOOD AVE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>SHEFFIELD LAKE</b>	State <b>O   H</b>	Zip Code <b>44056</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>	<b>9   1   6</b>
Full Name of Contributor <b>DAMON OLLISON</b>					Registration Number, if PAC		
Street Address <b>1867 SOUTH CLEVE/MASSILLON</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>COPLEY</b>	State <b>O   H</b>	Zip Code <b>44321</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>0   1   6</b>
Full Name of Contributor <b>ADAM CRAWFORD</b>					Registration Number, if PAC		
Street Address <b>3952 ELEANOR ST.</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>MOGADORE</b>	State <b>O   H</b>	Zip Code <b>44260</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>1   1   6</b>
Full Name of Contributor <b>ROBERT LAUCK</b>					Registration Number, if PAC		
Street Address <b>2116 BEACH DR.</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44312</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>1   1   6</b>
Full Name of Contributor <b>JEFF MANSFIELD</b>					Registration Number, if PAC		
Street Address <b>854 KEENEY ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44310</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>75.00</b>	<b>1   1   6</b>
Full Name of Contributor <b>MICHAEL BELKNAP</b>					Registration Number, if PAC		
Street Address <b>1389 NORVIEW DR.</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>CLINTON</b>	State <b>O   H</b>	Zip Code <b>44216</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>4   1   6</b>
Full Name of Contributor <b>MARK SLATES</b>					Registration Number, if PAC		
Street Address <b>3215 GREER PARK ST NW</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>MASSILLON</b>	State <b>O   H</b>	Zip Code <b>44646</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>4   1   6</b>
Full Name of Contributor <b>DAVID ELLISON</b>					Registration Number, if PAC		
Street Address <b>2204 21ST STREET SW</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44314</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>25.00</b>	<b>4   1   6</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>LAMAR LESTER</b>					Registration Number, if PAC		
Street Address <b>998 PACKARD DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O H</b>	Zip Code <b>44320</b>	M <b>1 1</b>	D <b>1 5</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JOSEPH THACKER</b>					Registration Number, if PAC		
Street Address <b>1641 HAGEY DR</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>BARBERTON</b>	State <b>O H</b>	Zip Code <b>44203</b>	M <b>1 1</b>	D <b>1 5</b>	Y <b>1 6</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>TOM ROBERSON III</b>					Registration Number, if PAC		
Street Address <b>6017 WEAVER RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>NEW FRANKLIN</b>	State <b>O H</b>	Zip Code <b>44216</b>	M <b>1 1</b>	D <b>1 6</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>DANNY DUFALA</b>					Registration Number, if PAC		
Street Address <b>640 FREDERICK BLVD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O H</b>	Zip Code <b>44320</b>	M <b>1 1</b>	D <b>1 6</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>LARRY JACOBS</b>					Registration Number, if PAC		
Street Address <b>2400 SUNNYBROOK RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>MOGADORE</b>	State <b>O H</b>	Zip Code <b>44260</b>	M <b>1 1</b>	D <b>1 7</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>KENNETH BROOKS</b>					Registration Number, if PAC		
Street Address <b>1604 HAMPTON ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O H</b>	Zip Code <b>44305</b>	M <b>1 1</b>	D <b>1 8</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>BRIAN SYPHERD</b>					Registration Number, if PAC		
Street Address <b>6367 MANCHESTER RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>CLINTON</b>	State <b>O H</b>	Zip Code <b>44216</b>	M <b>1 1</b>	D <b>1 8</b>	Y <b>1 6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>CHESTER PUETT</b>					Registration Number, if PAC		
Street Address <b>616 SUMATRA AVE</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O H</b>	Zip Code <b>44305</b>	M <b>1 1</b>	D <b>1 8</b>	Y <b>1 6</b>	Amount <b>75.00</b>	

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Page Total \$ 300.00

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>RENALDO TYSON</b>					Registration Number, if PAC		
Street Address <b>812 RAYMOND ST.</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>AKRON</b>			State <b>O H</b>	Zip Code <b>44307</b>	M <b>1</b>	D <b>1</b>	Y <b>1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>ISAAC KNIGHT</b>					Registration Number, if PAC		
Street Address <b>2117 15TH STREET</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>CUYAHOGA FALLS</b>			State <b>O H</b>	Zip Code <b>44223</b>	M <b>1</b>	D <b>2</b>	Y <b>2 1 6</b>
							Amount <b>75.00</b>
Full Name of Contributor <b>DEAN BRINEGAR</b>					Registration Number, if PAC		
Street Address <b>1286 SPRINGS RD</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>GRANTSVILLE</b>			State <b>M D</b>	Zip Code <b>21526</b>	M <b>1</b>	D <b>2</b>	Y <b>2 1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>JOSEPH MEADOWS</b>					Registration Number, if PAC		
Street Address <b>1213 ERICSON AVE</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>AKRON</b>			State <b>O H</b>	Zip Code <b>44306</b>	M <b>1</b>	D <b>2</b>	Y <b>8 1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>BENJAMIN JONES</b>					Registration Number, if PAC		
Street Address <b>793 BEACHWOOD DR</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>TALLMADGE</b>			State <b>O H</b>	Zip Code <b>44278</b>	M <b>1</b>	D <b>2</b>	Y <b>0 1 1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>JIMMIE COLLINS</b>					Registration Number, if PAC		
Street Address <b>583 N. MAIN ST.</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>AKRON</b>			State <b>O H</b>	Zip Code <b>44310</b>	M <b>1</b>	D <b>2</b>	Y <b>0 7 1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>DELMECO WARE</b>					Registration Number, if PAC		
Street Address <b>1624 LAWTON ST.</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>AKRON</b>			State <b>O H</b>	Zip Code <b>44320</b>	M <b>1</b>	D <b>2</b>	Y <b>0 8 1 6</b>
							Amount <b>25.00</b>
Full Name of Contributor <b>DANIEL MCCRACKEN</b>					Registration Number, if PAC		
Street Address <b>6913 LAKE DR. SW</b>			Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>NAVARRE</b>			State <b>O H</b>	Zip Code <b>44662</b>	M <b>1</b>	D <b>2</b>	Y <b>0 9 1 6</b>
							Amount <b>75.00</b>

\* Required for contributions 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 appear R.C. 3517.10(B)(4)

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, #LA236</b>							
Full Name of Contributor <b>ANTHONY GRADISHER</b>					Registration Number, if PAC		
Street Address <b>255 NAOMI ST</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>AKRON</b>	State <b>O</b>	Zip Code <b>H 44319</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JAMES BOVARD</b>					Registration Number, if PAC		
Street Address <b>3057 HARRIET RD</b>		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>SILVER LAKE</b>	State <b>O</b>	Zip Code <b>H 44224</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization <b>Union Laborer</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions 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 appear. R.C. 3517.10(B)(4)

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Laborers' Local Union #894 PAC Fund, LA236</b>											
To Whom Paid <b>Kathleen Clyde Committee</b>					M	D	Y	Amount			
					1	0	2	4	1	6	\$300.00
Address <b>2016 S. Meridian St., Suite A</b>				Purpose <b>Contribution</b>							
City <b>Ravenna</b>		State <b>OH</b>		Zip Code <b>44266</b>		Check Number <b>2064</b>					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State <b>OH</b>		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			