

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Laborers' Local Union #894 PAC Fund, #LA236						Registration Number, if PAC LA236		
Full Name of Candidate								
Street Address 720 Wolf Ledges Parkway					Office Sought		District	
City Akron					State OH		Zip Code 44311	
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 type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2016			
	<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		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 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	\$	\$9,022.31
2. Total monetary contributions (From Form No. 31-A)	\$	\$475.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,497.31
5. Total monetary expenditures (From Form No. 31-B)	\$	\$250.00
6. Balance on hand (line 4 minus line 5)	\$	\$9,247.31
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

2017 JAN 25 PM 2:49

BOARD OF ELECTIONS
AKRON, OHIO

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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
Print Name and Title (Treasurer and Deputy Treasurer only)

William E. Orr
Signature

01/20/2017
Date

Contribution pages 2

Expenditure pages 1

Other pages 2

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Laborers' Local Union #894 PAC Fund, #LA236						
Full Name of Contributor KENNETH WORTHY				Registration Number, if PAC		
Street Address 1002 BELLVUE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44320	M 1	D 2	Y 1	Amount 25.00
Full Name of Contributor ERIC TROXELL				Registration Number, if PAC		
Street Address 1223 CHESTNUT DR		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City STOW	State O H	Zip Code 44224	M 1	D 2	Y 1	Amount 25.00
Full Name of Contributor TIMOTHY ALBAUGH				Registration Number, if PAC		
Street Address 733 W. NIMISILA RD		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City NEW FRANKLIN	State O H	Zip Code 44319	M 1	D 2	Y 1	Amount 25.00
Full Name of Contributor ANDREW EDMONSON				Registration Number, if PAC		
Street Address 4696 WOODFORD ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City MANTUA	State O H	Zip Code 44255	M 1	D 2	Y 1	Amount 25.00
Full Name of Contributor PATRICK KINSELL				Registration Number, if PAC		
Street Address 4354 ELMHURST DR		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City STOW	State O H	Zip Code 44224	M 1	D 2	Y 3	Amount 25.00
Full Name of Contributor TOMMY WOODALL				Registration Number, if PAC		
Street Address 568 INMAN ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44306	M 1	D 2	Y 3	Amount 25.00
Full Name of Contributor MATTHEW COWANS				Registration Number, if PAC		
Street Address 447 BREWER AVE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44305	M 1	D 2	Y 4	Amount 25.00
Full Name of Contributor DANIEL BURKE				Registration Number, if PAC		
Street Address 100 GARDEN ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City CRESTEN	State O H	Zip Code 44217	M 1	D 2	Y 4	Amount 25.00

* 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 Laborers' Local Union #894 PAC Fund, #LA236						
Full Name of Contributor GREGORY SPIDELL				Registration Number, if PAC		
Street Address 1563 PENELOPE DR		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44320	M 1	D 2	Y 1 6	Amount 75.00
Full Name of Contributor PAUL KANTORIK				Registration Number, if PAC		
Street Address 8063 WADSWORTH RD		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City WADSWORTH	State O H	Zip Code 44281	M 1	D 2	Y 1 6	Amount 25.00
Full Name of Contributor CHRISTOPHER NEIDERT				Registration Number, if PAC		
Street Address 7373 ORCHARDVIEW DR. SE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City E. CANTON	State O H	Zip Code 44730	M 1	D 2	Y 1 6	Amount 25.00
Full Name of Contributor MICHAEL SMITH				Registration Number, if PAC		
Street Address 245 STEVENS ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City RAVENNA	State O H	Zip Code 44266	M 1	D 2	Y 1 9 1 6	Amount 25.00
Full Name of Contributor TROY JONES				Registration Number, if PAC		
Street Address 1469 ALPHADA, APT F2		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44310	M 1	D 2	Y 1 9 1 6	Amount 25.00
Full Name of Contributor KENNETH THOMAS				Registration Number, if PAC		
Street Address 1222 EDISON ST NW		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City HARTVILLE	State O H	Zip Code 44632	M 1	D 2	Y 2 7 1 6	Amount 25.00
Full Name of Contributor THOMAS HILL				Registration Number, if PAC		
Street Address 484 HAMMEL ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44306	M 1	D 2	Y 2 9 1 6	Amount 75.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M	D	Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Laborers' Local Union #894 PAC Fund, LA236							
To Whom Paid Summit County Democratic Party				M	D	Y	Amount \$250.00
Address 438 Grant Street				Purpose Contribution			
City Akron		State OH	Zip Code 44311	Check Number 2065			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount