

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE</b>						Registration Number, if PAC				
Full Name of Candidate <b>N/A</b>										
Street Address <b>PO BOX 508(MAILING)/ 4718 MONTROSE DR.(PHYSICAL)</b>					Office Sought		District			
City <b>CUYAHOGA FALLS(MAILING)/4718 MONTROSE DR. (PHYSICAL)</b>					State <b>OH</b>	Zip Code <b>44222</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 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 checked="" type="checkbox"/>	Semiannual 2017
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.

#1086  
 SUMMIT COUNTY BOARD OF ELECTIONS  
 2017 JUL 31 AM 8:38

1. Amount brought forward from last report	\$	\$2,580.51
2. Total monetary contributions (From Form No. 31-A)	\$	\$210.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,790.51
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance of fund (Sum of lines 4-5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$

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.

**CARL HAYWARD, TREASURER**  
 Print Name and Title (Treasurer and Deputy Treasurer only)

  
 Signature

07/30/2017  
 Date

Contribution pages <u>8</u>	Expenditure pages <u>0</u>	Other pages <u>1</u>	Total pages <u>9</u>
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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE</b>						Registration Number, if PAC				
Full Name of Candidate <b>N/A</b>										
Street Address <b>PO BOX 508(MAILING)/4718 MONTROSE DR. (PHYSICAL)</b>				Office Sought		District				
City <b>CUYAHOGA FALLS (MAILING)/ STOW (PHYSICAL)</b>				State <b>OH</b>		Zip Code <b>44222</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 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 checked="" type="checkbox"/>	Semiannual 2017
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	\$	\$2,580.51
2. Total monetary contributions (From Form No. 31-A)	\$	\$210.00
3. Total other income (From Form No. 31-A-2)	\$	.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,790.51
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	.

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**CARL HAYWARD, TREASURER**

**00/00/0000**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 8

Expenditure pages 0

Other pages 1

Total pages 9

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee (in Full)									
CUYAHOGA FALLS FIREFIGHTERS LOCAL 0494 PCE									
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	3	0	6	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	4	1	1	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	5	0	2	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	5	2	5	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	6	2	1	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	6	2	1	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	6	2	1	17
Full Name of Contributor							Registration Number, if PAC		
READE ALLEN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
515 DANSEL ST.			IAFF LOCAL 0494				EFT		
City		State	Zip Code		M	D	Y	Amount	
KENT		OH	44240		0	6	2	1	17

\* 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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS LOCAL 0494 PCE</b>				
Full Name of Contributor <b>PATRICK HAYDEN</b>			Registration Number, if PAC	
Street Address <b>749 RAINTREE TRL.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>KENT</b>	State <b>OH</b>	Zip Code <b>44240</b>	M   D   Y <b>03   03   17</b>	Amount <b>\$5.00</b>
Full Name of Contributor <b>PATRICK HAYDEN</b>			Registration Number, if PAC	
Street Address <b>749 RAINTREE TRL.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>KENT</b>	State <b>OH</b>	Zip Code <b>44240</b>	M   D   Y <b>04   11   17</b>	Amount <b>\$5.00</b>
Full Name of Contributor <b>PATRICK HAYDEN</b>			Registration Number, if PAC	
Street Address <b>749 RAINTREE TRL.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>KENT</b>	State <b>OH</b>	Zip Code <b>44240</b>	M   D   Y <b>05   02   17</b>	Amount <b>\$5.00</b>
Full Name of Contributor <b>PATRICK HAYDEN</b>			Registration Number, if PAC	
Street Address <b>749 RAINTREE TRL.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>KENT</b>	State <b>OH</b>	Zip Code <b>44240</b>	M   D   Y <b>05   25   17</b>	Amount <b>\$5.00</b>
Full Name of Contributor <b>PATRICK HAYDEN</b>			Registration Number, if PAC	
Street Address <b>749 RAINTREE TRL.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>KENT</b>	State <b>OH</b>	Zip Code <b>44240</b>	M   D   Y <b>06   21   17</b>	Amount <b>\$5.00</b>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS LOCAL 0494 PCE</b>				
Full Name of Contributor <b>JACK HUNT</b>			Registration Number, if PAC	
Street Address <b>1664 GULF ST. NW</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	M   D   Y <b>0 3 0 6 1 7</b>	Amount <b>\$2.00</b>
Full Name of Contributor <b>JACK HUNT</b>			Registration Number, if PAC	
Street Address <b>1664 GULF ST. NW</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	M   D   Y <b>0 4 1 1 1 7</b>	Amount <b>\$2.00</b>
Full Name of Contributor <b>JACK HUNT</b>			Registration Number, if PAC	
Street Address <b>1664 GULF ST. NW</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	M   D   Y <b>0 5 0 2 1 7</b>	Amount <b>\$2.00</b>
Full Name of Contributor <b>JACK HUNT</b>			Registration Number, if PAC	
Street Address <b>1664 GULF ST. NW</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	M   D   Y <b>0 5 2 5 1 7</b>	Amount <b>\$2.00</b>
Full Name of Contributor <b>JACK HUNT</b>			Registration Number, if PAC	
Street Address <b>1664 GULF ST. NW</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>		Form (Cash, Check, etc.) <b>EFT</b>
City <b>UNIONTOWN</b>	State <b>OH</b>	Zip Code <b>44685</b>	M   D   Y <b>0 6 2 1 1 7</b>	Amount <b>\$2.00</b>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	Zip Code	M   D   Y	Amount

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE</b>										
Full Name of Contributor <b>STEPHEN LYONS</b>							Registration Number, if PAC			
Street Address <b>1643 GOSHEN DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>	M <b>6</b>	Y <b>1</b>	Amount <b>\$1.50</b>
Full Name of Contributor <b>STEPHEN LYONS</b>							Registration Number, if PAC			
Street Address <b>1643 GOSHEN DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	M <b>1</b>	Y <b>1</b>	Amount <b>\$1.50</b>
Full Name of Contributor <b>STEPHEN LYONS</b>							Registration Number, if PAC			
Street Address <b>1643 GOSHEN DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	M <b>2</b>	Y <b>1</b>	Amount <b>\$1.50</b>
Full Name of Contributor <b>STEPHEN LYONS</b>							Registration Number, if PAC			
Street Address <b>1643 GOSHEN DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>0</b>	D <b>5</b>	Y <b>2</b>	M <b>5</b>	Y <b>1</b>	Amount <b>\$1.50</b>
Full Name of Contributor <b>STEPHEN LYONS</b>							Registration Number, if PAC			
Street Address <b>1643 GOSHEN DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>			
City <b>HUDSON</b>		State <b>OH</b>	Zip Code <b>44236</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	M <b>1</b>	Y <b>1</b>	Amount <b>\$1.50</b>
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	M	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	M	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	M	Y	Amount

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE</b>											
Full Name of Contributor <b>CHRIS MARTIN</b>						Registration Number, if PAC					
Street Address <b>220 BROOK VIEW DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>6</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>CHRIS MARTIN</b>						Registration Number, if PAC					
Street Address <b>220 BROOK VIEW DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Y <b>1</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>CHRIS MARTIN</b>						Registration Number, if PAC					
Street Address <b>220 BROOK VIEW DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>CHRIS MARTIN</b>						Registration Number, if PAC					
Street Address <b>220 BROOK VIEW DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		M <b>0</b>	D <b>5</b>	Y <b>2</b>	Y <b>5</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>CHRIS MARTIN</b>						Registration Number, if PAC					
Street Address <b>220 BROOK VIEW DR.</b>			Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>				Form (Cash, Check, etc.) <b>EFT</b>				
City <b>CUYAHOGA FALLS</b>		State <b>OH</b>	Zip Code <b>44223</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$10.00</b>
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	Y	Y	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	Y	Y	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	Y	Y	Y	Amount

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE</b>							
Full Name of Contributor <b>TIMOTHY MIER</b>					Registration Number, if PAC		
Street Address <b>1253 ALLARD DR</b>		Employer/Occupation/Labor Organization <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$2.00</b>	
Full Name of Contributor <b>TIMOTHY MIER</b>					Registration Number, if PAC		
Street Address <b>1253 ALLARD DR</b>		Employer/Occupation/Labor Organization <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>\$2.00</b>	
Full Name of Contributor <b>TIMOTHY MIER</b>					Registration Number, if PAC		
Street Address <b>1253 ALLARD DR</b>		Employer/Occupation/Labor Organization <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>\$2.00</b>	
Full Name of Contributor <b>TIMOTHY MIER</b>					Registration Number, if PAC		
Street Address <b>1253 ALLARD DR</b>		Employer/Occupation/Labor Organization <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>5</b>	Y <b>2</b>	Amount <b>\$2.00</b>	
Full Name of Contributor <b>TIMOTHY MIER</b>					Registration Number, if PAC		
Street Address <b>1253 ALLARD DR</b>		Employer/Occupation/Labor Organization <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>\$2.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]



# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE</b>						
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address <b>582 WESTMINSTER CIR.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44319</b>	M <b>0</b>	D <b>3</b>	Y <b>0617</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address <b>582 WESTMINSTER CIR.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>4</b>	Y <b>1117</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address <b>582 WESTMINSTER CIR.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>5</b>	Y <b>0217</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address <b>582 WESTMINSTER CIR.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>5</b>	Y <b>2517</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address <b>582 WESTMINSTER CIR.</b>		Employer/Occupation/Labor Organization* <b>IAFF LOCAL 0494</b>			Form (Cash, Check, etc.) <b>EFT</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>6</b>	Y <b>2117</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>KEVIN ROARTY</b>					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full										
CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE										
Full Name of Contributor							Registration Number, if PAC			
DONALD SMERK										
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2065 WHITE OAK DR.			IAFF LOCAL 0494				EFT			
City		State	Zip Code	M	D	Y	Amount			
STOW		OH	44224	0	3	0	6	1	7	\$1.50
Full Name of Contributor							Registration Number, if PAC			
DONALD SMERK										
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2065 WHITE OAK DR.			IAFF LOCAL 0494				EFT			
City		State	Zip Code	M	D	Y	Amount			
STOW		OH	44224	0	4	1	1	1	7	\$1.50
Full Name of Contributor							Registration Number, if PAC			
DONALD SMERK										
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2065 WHITE OAK DR.			IAFF LOCAL 0494				EFT			
City		State	Zip Code	M	D	Y	Amount			
STOW		OH	44224	0	5	0	2	1	7	\$1.50
Full Name of Contributor							Registration Number, if PAC			
DONALD SMERK										
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2065 WHITE OAK DR.			IAFF LOCAL 0494				EFT			
City		State	Zip Code	M	D	Y	Amount			
STOW		OH	44224	0	5	2	5	1	7	\$1.50
Full Name of Contributor							Registration Number, if PAC			
DONALD SMERK										
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2065 WHITE OAK DR.			IAFF LOCAL 0494				EFT			
City		State	Zip Code	M	D	Y	Amount			
STOW		OH	44224	0	6	2	1	1	7	\$1.50
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			
		OH								
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			
		OH								
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			
		OH								

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