



LATE

Committee Name CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE		Office Sought MAYOR OF CUYAHOGA FALLS		District
Street Address POBOX 508(MAILING)/2865 FORT ISLAND DR.		City CUYAHOGA FALLS/FAIRLAWN	State OH	Zip 44222
Candidate Name OR PAC Registration Number DONALD WALTERS		Treasurer Name CARL HAYWARD		Election Date (MM/DD/YYYY) 11/7/2017

Type of Report (choose one):
 Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Year
2017

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
---	--	---

1. Amount brought forward from last report	2790.51
2. Total monetary contributions (From Forms 31-A and 31-E)	210
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	3000.51
5. Total monetary expenditures (From Forms 31-B and 31-F)	1462.50
6. Balance on hand (line 4 minus line 5)	1538.01
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2017 DEC 22 PM 1:49
#1834

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

C. Hayward
Signature of Treasurer or Deputy Treasurer

12/22/2017
Date (MM/DD/YYYY)

Contribution Pages 8	Expenditure Pages 1	Other Pages 4	Total Pages 13
-------------------------	------------------------	------------------	-------------------



**Contributions from a Corporation or Labor Organization
Supporting or Opposing a Ballot Issue**

Form 30-B-1
ORC 3599.03

Name of Corporation or Labor Organization CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Street Address PO BOX 508		City CUYAHOGA FALLS		State OH
				Zip 44222
Type of Report:				Year
<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Pre-Special	<input type="checkbox"/> Annual	<input type="text"/>
<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Post-Special	<input type="checkbox"/> Semiannual	Year <input type="text" value="2017"/>
				Election Date (MM/DD/YYYY) <input type="text" value="11/07/2017"/>

Contribution Information

Receiving Committee DONALD WALTERS				Date (MM/DD/YYYY) 10/16/2018	
Street Address 450 PORTAGE TRAIL, UNIT 1		City CUYAHOGA FALLS		State OH	Zip 44221
				Amount 1462.50	
Ballot Issue Description/Ballot Issue Number RE-ELECTION FOR MAYOR			Cash/Check/Item/Service ENDORSEMENT ADD IN NEWSPAPER		
Receiving Committee				Date (MM/DD/YYYY)	
Street Address		City		State	Zip
				Amount	
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service		
Receiving Committee				Date (MM/DD/YYYY)	
Street Address		City		State	Zip
				Amount	
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service		
Receiving Committee				Date (MM/DD/YYYY)	
Street Address		City		State	Zip
				Amount	
Ballot Issue Description/Ballot Issue Number			Cash/Check/Item/Service		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.


Signature of Authorized Representative

Date (MM/DD/YYYY)

Print Name and Title



Statement of Contributions Received

Form 31-2

ORC 3517.10

Full Name of Contributor					Registration Number, if PAC				
CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION 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 494			EFT			
City		State	Zip Code		Date (MM/DD/YYYY)		Amount		
KENT		OH	44240		05/23/2017		10.00		
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 494			EFT			
City		State	Zip Code		Date (MM/DD/YYYY)		Amount		
KENT		OH	44240		09/05/2017		10.00		
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 494			EFT			
City		State	Zip Code		Date (MM/DD/YYYY)		Amount		
KENT		OH	44240		10/06/2017		10.00		
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 494			EFT			
City		State	Zip Code		Date (MM/DD/YYYY)		Amount		
KENT		OH	44240		11/21/2017		10.00		
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 494			EFT			
City		State	Zip Code		Date (MM/DD/YYYY)		Amount		
KENT		OH	44240		12/12/2017		10.00		

*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 employers 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

Form 31-A

R.C. 3517.10

Full Name of Contributor					Registration Number, if PAC
PATRICK HAYDEN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
749 RAIN TREE TRL		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (M/M/DD/YYYY)	Amount	
KENT	OH	44240	06/23/20'7	5.00	
PATRICK HAYDEN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
749 RAIN TREE TRL		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (M/M/DD/YYYY)	Amount	
KENT	OH	44240	09/05/20'7	5.00	
PATRICK HAYDEN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
749 RAIN TREE TRL		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (M/M/DD/YYYY)	Amount	
KENT	OH	44240	10/06/20'7	5.00	
PATRICK HAYDEN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
749 RAIN TREE TRL		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (M/M/DD/YYYY)	Amount	
KENT	OH	44240	1' /21/20'7	5.00	
PATRICK HAYDEN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
749 RAIN TREE TRL		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (M/M/DD/YYYY)	Amount	
KENT	OH	44240	12/12/20'7	5.00	

*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

Form 31-A

ORC 3517.10

Full Name of Contributor JACK HUNT					Registration Number, if PAC				
Street Address 1654 GULF ST. NW			Employer/Occupation/Labor Organization* IAFF LOCAL 494			Form (Cash, Check, etc.) EFT			
City UNIONTOWN		State OH	Zip Code 44685	Date (MM/DD/YYYY) 05/23/2017		Amount 2.00			
Full Name of Contributor JACK HUNT					Registration Number, if PAC				
Street Address 1654 GULF ST. NW			Employer/Occupation/Labor Organization* IAFF LOCAL 494			Form (Cash, Check, etc.) EFT			
City UNIONTOWN		State OH	Zip Code 44685	Date (MM/DD/YYYY) 09/03/2017		Amount 2.00			
Full Name of Contributor JACK HUNT					Registration Number, if PAC				
Street Address 1654 GULF ST. NW			Employer/Occupation/Labor Organization* IAFF LOCAL 494			Form (Cash, Check, etc.) EFT			
City UNIONTOWN		State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/06/2017		Amount 2.00			
Full Name of Contributor JACK HUNT					Registration Number, if PAC				
Street Address 1654 GULF ST. NW			Employer/Occupation/Labor Organization* IAFF LOCAL 494			Form (Cash, Check, etc.) EFT			
City UNIONTOWN		State OH	Zip Code 44685	Date (MM/DD/YYYY) 11/21/2017		Amount 2.00			
Full Name of Contributor JACK HUNT					Registration Number, if PAC				
Street Address 1654 GULF ST. NW			Employer/Occupation/Labor Organization* IAFF LOCAL 494			Form (Cash, Check, etc.) EFT			
City UNIONTOWN		State OH	Zip Code 44685	Date (MM/DD/YYYY) 12/12/2017		Amount 2.00			

*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 employers 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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Full Name of Contributor STEPHEN LYONS			Registration Number, if PAC	
Street Address 1643 GOSHEN DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 08/23/2017	Amount 1.50
Full Name of Contributor STEPHEN LYONS			Registration Number, if PAC	
Street Address 1643 GOSHEN DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 09/05/2017	Amount 1.50
Full Name of Contributor STEPHEN LYONS			Registration Number, if PAC	
Street Address 1643 GOSHEN DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 10/06/2017	Amount 1.50
Full Name of Contributor STEPHEN LYONS			Registration Number, if PAC	
Street Address 1643 GOSHEN DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 11/21/2017	Amount 1.50
Full Name of Contributor STEPHEN LYONS			Registration Number, if PAC	
Street Address 1643 GOSHEN DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City HUDSON	State OH	Zip Code 44236	Date (MM/DD/YYYY) 12/12/2017	Amount 1.50

*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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOK VIEW DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 08/23/2017	Amount 10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOK VIEW DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 09/05/2017	Amount 10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOK VIEW DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 10/06/2017	Amount 10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOK VIEW DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 11/21/2017	Amount 10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOK VIEW DR		Employer/Occupation/Labor Organization* IAFF LOCAL 44223		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 12/12/2017	Amount 10.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Full Name of Contributor TIMOTHY MIER			Registration Number, if PAC	
Street Address 1253 ALLARD DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44333	Date (MM/DD/YYYY) 08/23/2017	Amount 2.00
Full Name of Contributor TIMOTHY MIER			Registration Number, if PAC	
Street Address 1253 ALLARD DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44333	Date (MM/DD/YYYY) 09/05/2017	Amount 2.00
Full Name of Contributor TIMOTHY MIER			Registration Number, if PAC	
Street Address 1253 ALLARD DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44333	Date (MM/DD/YYYY) 10/06/2017	Amount 2.00
Full Name of Contributor TIMOTHY MIER			Registration Number, if PAC	
Street Address 1253 ALLARD DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44333	Date (MM/DD/YYYY) 11/21/2017	Amount 2.00
Full Name of Contributor TIMOTHY MIER			Registration Number, if PAC	
Street Address 1253 ALLARD DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44333	Date (MM/DD/YYYY) 12/12/2017	Amount 2.00

*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

Form 31-A
ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 08/23/2017	Amount 10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 09/05/2017	Amount 10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 10/06/2017	Amount 10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 11/21/2017	Amount 10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 12/12/2017	Amount 10.00

*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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 0494 PCE				
Full Name of Contributor DONALD SMERK			Registration Number, if PAC	
Street Address 2065 WHITE OAK DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 08/23/2017	Amount 1.50
Full Name of Contributor DONALD SMERK			Registration Number, if PAC	
Street Address 2065 WHITE OAK DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 09/05/2017	Amount 1.50
Full Name of Contributor DONALD SMERK			Registration Number, if PAC	
Street Address 2065 WHITE OAK DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 10/06/2017	Amount 1.50
Full Name of Contributor DONALD SMERK			Registration Number, if PAC	
Street Address 2065 WHITE OAK DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 11/21/2017	Amount 1.50
Full Name of Contributor DONALD SMERK			Registration Number, if PAC	
Street Address 2065 WHITE OAK DR		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City STOW	State OH	Zip Code 44224	Date (MM/DD/YYYY) 12/12/2017	Amount 1.50

*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)]