



Committee Name Laborers' Local Union #894 PAC Fund, #LA236		Office Sought		District
Street Address 720 Wolf Ledges Parkway		City Akron	State OH	Zip 44311
Candidate Name OR PAC Registration Number		Treasurer Name William E. Orr		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
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.

Year
2017

1. Amount brought forward from last report	1,673.31
2. Total monetary contributions (From Forms 31-A and 31-E)	400.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (Sum of lines 1, 2, & 3)	2,073.31
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	2,073.31
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2018 JAN 29 PM 12:04

H 1954

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

William E. Orr

Signature of Treasurer or Deputy Treasurer

01/29/2018

Date (MM/DD/YYYY)

Contribution Pages
2

Expenditure Pages
0

Other Pages
1

Total Pages
3

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 TODD MCCUNE				Registration Number, if PAC		
Street Address 1019 31ST NE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City CANTON	State O H	Zip Code 44714	M 1	D 2	Y 1 2 1 7	Amount 75.00
Full Name of Contributor MICHAEL WILLIAMS				Registration Number, if PAC		
Street Address 939 CHALKER ST		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 2 1 7	Amount 25.00
Full Name of Contributor MARIO WARD				Registration Number, if PAC		
Street Address 43 ELINOR AVE, APT 3		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44305	M 1	D 2	Y 1 3 1 7	Amount 25.00
Full Name of Contributor TYLER LOUGHRIE				Registration Number, if PAC		
Street Address 3011 W HAMETOWN RD		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City NORTON	State O H	Zip Code 44203	M 1	D 2	Y 1 3 1 7	Amount 25.00
Full Name of Contributor CHRISTOPHER CHADBOURNE				Registration Number, if PAC		
Street Address 357 FRANKLIN AVE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City BARBERTON	State O H	Zip Code 44203	M 1	D 2	Y 1 4 1 7	Amount 25.00
Full Name of Contributor THOMAS CETNAROWSKI				Registration Number, if PAC		
Street Address 568 FILLMORE AVE		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City AKRON	State O H	Zip Code 44314	M 1	D 2	Y 1 5 1 7	Amount 25.00
Full Name of Contributor KURT MURRAY				Registration Number, if PAC		
Street Address 86 OLD STATE RD S.		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City NORWALK	State O H	Zip Code 44857	M 1	D 2	Y 1 5 1 7	Amount 25.00
Full Name of Contributor ROSS HANNA				Registration Number, if PAC		
Street Address 17599 WHITNEY RD, BLDG 4, #330		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City STRONGSVILLE	State O H	Zip Code 44136	M 1	D 2	Y 1 6 1 7	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 201

Name of Committee in Full Laborers' Local Union #894 PAC Fund, #LA236						
Full Name of Contributor KRISTEN MARTINEZ				Registration Number, if PAC		
Street Address 720 S. MAIN ST.		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City ORRVILLE	State O H	Zip Code 44667	M 1	D 2	Y 1 6 1 7	Amount 25.00
Full Name of Contributor LAWRENCE GOODMAN				Registration Number, if PAC		
Street Address 4400 HILLTOP DR		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City BARBERTON	State O H	Zip Code 44203	M 1	D 2	Y 2 7 1 7	Amount 25.00
Full Name of Contributor PATRICK KINSELL				Registration Number, if PAC		
Street Address 646 NEWTON ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City TALLMADGE	State O H	Zip Code 44278	M 1	D 2	Y 2 7 1 7	Amount 25.00
Full Name of Contributor DUSTIN DUDSAK				Registration Number, if PAC		
Street Address 302 MEDINA ST		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City LODI	State O H	Zip Code 44254	M 1	D 2	Y 2 8 1 7	Amount 25.00
Full Name of Contributor COLE SPANGLER				Registration Number, if PAC		
Street Address 1128 CONCORD ST NW		Employer/Occupation/Labor Organization Union Laborer			Form (Cash, Check, etc.) Cash	
City MASSILLON	State O H	Zip Code 44646	M 1	D 2	Y 2 9 1 7	Amount 25.00
Full Name of Contributor THORNTON MILLER JR				Registration Number, if PAC		
Street Address 13240 DUQUETTE AVE		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 9 1 7	Amount 25.00
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
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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