



|   |  |   |             |  |
|---|--|---|-------------|--|
| Committee Name<br>Citizens for Hudson Fire and EMS  |  | Office Sought<br>n/a  |             | District   |
| Street Address<br>1928 Middleton Rd   |  | City<br>Hudson  | State<br>OH | Zip<br>44236   |
| Candidate Name OR PAC Registration Number<br>n/a  |  | Treasurer Name<br>William Currin  |             | Election Date (MM/DD/YYYY)<br>05/08/2018   |
| <b>Type of Report (choose one):</b><br><input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General |  |   |             |  |
| <b>Statewide Candidates Only:</b><br><input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly   |  |   |             | Year<br><div style="border: 1px solid black; width: 40px; height: 20px;"></div>  |
| <b>Amended Report</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |  | <b>Termination</b><br><input type="checkbox"/> Check this box if the committee wishes to terminate with this report |             | <b>Short Form Report (R.C. 3517.10(H))</b><br><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                    | 0       |
| 2. Total monetary contributions (From Forms 31-A and 31-E)    | 2805.00 |
| 3. Total other income (From Form 31-A-2)                      | 0       |
| 4. Total funds available (sum of lines 1, 2, 3)               | 2805.00 |
| 5. Total monetary expenditures (From Forms 31-B and 31-F)     | 2105.50 |
| 6. Balance on hand (line 4 minus line 5)                      | 699.50  |
| 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       |

2018 APR 23 AM 10:31  
 SUMMIT COUNTY BOARD OF ELECTIONS  
 AKRON, OHIO  
 #2069 AVR

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

  
 Signature of Treasurer or Deputy Treasurer

4/23/2018  
 Date (MM/DD/YYYY)

|                    |                   |             |             |
|--------------------|-------------------|-------------|-------------|
| Contribution Pages | Expenditure Pages | Other Pages | Total Pages |
|--------------------|-------------------|-------------|-------------|



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

|   |                    |  |   |                                 |
|---|--------------------|--|---|---------------------------------|
| <b>Full Name of Committee</b><br>Citizens for Hudson Fire and EMS |                    |  |   |                                 |
| <b>Full Name of Contributor</b><br>SEE ATTACHED                   |                    |  | <b>Registration Number, if PAC</b><br>n/a |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |
| <b>Full Name of Contributor</b>                                   |                    |  | <b>Registration Number, if PAC</b>        |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |
| <b>Full Name of Contributor</b>                                   |                    |  | <b>Registration Number, if PAC</b>        |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |
| <b>Full Name of Contributor</b>                                   |                    |  | <b>Registration Number, if PAC</b>        |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |
| <b>Full Name of Contributor</b>                                   |                    |  | <b>Registration Number, if PAC</b>        |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |
| <b>Full Name of Contributor</b>                                   |                    |  | <b>Registration Number, if PAC</b>        |                                 |
| <b>Street Address</b>   |                    | <b>Employer/Occupation/Labor Organization*</b> |   | <b>Form (Cash, Check, etc.)</b> |
| <b>City</b>   | <b>State</b><br>OH | <b>Zip Code</b>                                | <b>Date (MM/DD/YYYY)</b>                  | <b>Amount</b>                   |

\*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 Expenditures**

Form 31-B

R.C. 3517.10

|                                  |       |                   |              |
|----------------------------------|-------|-------------------|--------------|
| <b>Full Name of Committee</b>    |       |                   |              |
| Citizens for Hudson Fire and EMS |       |                   |              |
| To Whom Paid                     |       | Date (MM/DD/YYYY) | Amount       |
| SEE ATTACHED                     |       |                   |              |
| Street Address                   |       | Purpose           |              |
| City                             | State | Zip Code          | Check Number |
|                                  | OH    |                   |              |
| To Whom Paid                     |       | Date (MM/DD/YYYY) | Amount       |
|                                  |       |                   |              |
| Street Address                   |       | Purpose           |              |
| City                             | State | Zip Code          | Check Number |
|                                  | OH    |                   |              |
| To Whom Paid                     |       | Date (MM/DD/YYYY) | Amount       |
|                                  |       |                   |              |
| Street Address                   |       | Purpose           |              |
| City                             | State | Zip Code          | Check Number |
|                                  | OH    |                   |              |
| To Whom Paid                     |       | Date (MM/DD/YYYY) | Amount       |
|                                  |       |                   |              |
| Street Address                   |       | Purpose           |              |
| City                             | State | Zip Code          | Check Number |
|                                  | OH    |                   |              |
| To Whom Paid                     |       | Date (MM/DD/YYYY) | Amount       |
|                                  |       |                   |              |
| Street Address                   |       | Purpose           |              |
| City                             | State | Zip Code          | Check Number |
|                                  | OH    |                   |              |

Page Total \$ \_\_\_\_\_

| <u>CHFE</u>     | <u>date</u> | <u>amount</u> | <u>from / to</u> | <u>address</u>                        | <u>purpose</u> | <u>ck #</u>  |
|-----------------|-------------|---------------|------------------|---------------------------------------|----------------|--------------|
| <u>Expenses</u> |             |               |                  |                                       |                |              |
|                 | 4/1/2018    | \$423.00      | Hudson Hub Times | 1050 W. Main St., Kent, OH 44240      | stickers       | pd 4/3 7210  |
|                 | 4/4/2018    | \$1,377.50    | Kimpton Printing | 400 E. Highland Rd Macedonia OH 44056 | signs          | pd 4/9 7211  |
|                 | 4/5/2018    | \$130.00      | Printer's Devil  | 77 Maple Dr Hudson OH 44236           | post cards     | pd 4/9 7212  |
|                 | 4/6/2018    | \$175.00      | Printer's Devil  | 77 Maple Dr Hudson OH 44236           | fact sheet     | pd 4/22 7213 |
| sub             | 4/22/2018   | \$2,105.50    |                  |                                       |                |              |
| <u>Balance</u>  | 4/22/2018   | \$699.50      |                  |                                       |                |              |