



| | | | | |
|--|--|----------------------------------|-------------|--|
| Committee Name Laborers' Local 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) 05/08/2018 |

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

Amended Report

No
 Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

| | |
|---|----------|
| 1. Amount brought forward from last report | 2,073.31 |
| 2. Total monetary contributions (From Forms 31-A and 31-E) | 2,950.00 |
| 3. Total other income (From Form 31-A-2) | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | 5,023.31 |
| 5. Total monetary expenditures (From Forms 31-B and 31-F) | 5,275.00 |
| 6. Balance on hand (line 4 minus line 5) | -251.69 |
| 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 APR 25 PM 3:40

#2077 Ac
 BOARD OF ELECTIONS
 AKRON, OHIO

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

04/23/2018

Date (MM/DD/YYYY)

Contribution Pages
11

Expenditure Pages
2

Other Pages
9

Total Pages
22



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | |
|--|-------------|---------------------------------|----------------------|
| Full Name of Committee Laborers' Local Union #894 PAC Fund, #LA236 | | | |
| To Whom Paid Elect Ilene Shapiro | | Date (MM/DD/YYYY) 02/15/2018 | Amount 1000.00 |
| Street Address 1188 Shadyside Lane | | Purpose Contribution | |
| City Tallmadge | State OH | Zip Code 44278 | Check Number 2098 |
| To Whom Paid Friends of Kenny Yuko | | Date (MM/DD/YYYY) 02/15/2018 | Amount 500.00 |
| Street Address 479 Pierson Drive | | Purpose Contribution | |
| City Richmond | State OH | Zip Code 44143 | Check Number 2099 |
| To Whom Paid Brubaker for Engineer | | Date (MM/DD/YYYY) 02/15/2018 | Amount 250.00 |
| Street Address 1474 Blair Drive | | Purpose Contribution | |
| City Akron | State OH | Zip Code 44312 | Check Number 2100 |
| To Whom Paid Committee to Elect Tim Crawford | | Date (MM/DD/YYYY) 02/15/2018 | Amount 250.00 |
| Street Address 4109 S. Cleve-Mass. Rd | | Purpose Contribution | |
| City Norton | State OH | Zip Code 44203 | Check Number 2101 |
| To Whom Paid Mike Kerrigan Committee | | Date (MM/DD/YYYY) 02/15/2018 | Amount 500.00 |
| Street Address 3759 Heron Creek Drive | | Purpose Contribution | |
| City Rootstown | State OH | Zip Code 44272 | Check Number 2102 |

Page Total \$ 2500.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | | |
|--|-------------|---------------------------------|----------------------|--|
| Full Name of Committee Laborers' Local Union #894 PAC Fund, #LA236 | | | | |
| To Whom Paid Vote Judge Michael Committee | | Date (MM/DD/YYYY) 03/16/2018 | Amount 175.00 | |
| Street Address 720 Wolf Ledges Parkway, Suite 207 | | Purpose Contribution | | |
| City Akron | State OH | Zip Code 44311 | Check Number 2103 | |
| To Whom Paid Friends of Randi Clites | | Date (MM/DD/YYYY) 03/16/2018 | Amount 100.00 | |
| Street Address 5411 Fairhill Dr. | | Purpose Contribution | | |
| City Ravenna | State OH | Zip Code 44266 | Check Number 2104 | |
| To Whom Paid Re-Elect State Representative Emilia Sykes | | Date (MM/DD/YYYY) 04/12/2018 | Amount 2500.00 | |
| Street Address 109 N. Howard St. Unit A | | Purpose Contribution | | |
| City Akron | State OH | Zip Code 44308 | Check Number 2105 | |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount | |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount | |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |

Page Total \$ 2775.00

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 JAMES SIBLEY JR | | | | Registration Number, if PAC | | |
| Street Address 807 STONER ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 1 | Y 0 2 1 8 | Amount 25.00 |
| Full Name of Contributor RON PIPPIN | | | | Registration Number, if PAC | | |
| Street Address 768 CRABAPPLE CT. | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City WOOSTER | State O H | Zip Code 44691 | M 0 | D 1 | Y 0 2 1 8 | Amount 25.00 |
| Full Name of Contributor BRYANT LEON | | | | Registration Number, if PAC | | |
| Street Address 316 HORTON AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44312 | M 0 | D 1 | Y 0 3 1 8 | Amount 25.00 |
| Full Name of Contributor WALTER MAYS | | | | Registration Number, if PAC | | |
| Street Address 352 MADISON AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 1 | Y 0 3 1 8 | Amount 25.00 |
| Full Name of Contributor JOHN SIMKO | | | | Registration Number, if PAC | | |
| Street Address 9168 GETTSBURG DR. | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City TWINSBURG | State O H | Zip Code 44087 | M 0 | D 1 | Y 0 3 1 8 | Amount 25.00 |
| Full Name of Contributor JEREMY MCCORMICK | | | | Registration Number, if PAC | | |
| Street Address 3829 GRUPE AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44319 | M 0 | D 1 | Y 0 5 1 8 | Amount 25.00 |
| Full Name of Contributor WILLIAM DUNKLER | | | | Registration Number, if PAC | | |
| Street Address 2077 S. HAMETOWN | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City COPLY | State O H | Zip Code 44321 | M 0 | D 1 | Y 0 5 1 8 | Amount 25.00 |
| Full Name of Contributor TREY HORNING | | | | Registration Number, if PAC | | |
| Street Address 6445 LORETTA ST. NE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City HARTVILLE | State O H | Zip Code 44632 | M 0 | D 1 | Y 0 5 1 8 | 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 MONTY THOMPSON | | | | Registration Number, if PAC | | |
| Street Address 2483 6TH STREET | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CUYAHOGA FALLS | State O H | Zip Code 44221 | M 0 | D 1 | Y 0 5 1 8 | Amount 25.00 |
| Full Name of Contributor JAY KNEPP | | | | Registration Number, if PAC | | |
| Street Address 5108 STATE RT. 59, LOT N7 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City RAVENNA | State O H | Zip Code 44266 | M 0 | D 1 | Y 0 8 1 7 | Amount 25.00 |
| Full Name of Contributor IVAN THOMPSON | | | | Registration Number, if PAC | | |
| Street Address 1207 HERMAN AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44307 | M 0 | D 1 | Y 1 6 1 8 | Amount 25.00 |
| Full Name of Contributor KRISTOPHER SOLES | | | | Registration Number, if PAC | | |
| Street Address 340 N MESSNER | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44319 | M 0 | D 1 | Y 1 6 1 8 | Amount 25.00 |
| Full Name of Contributor LAMAR LESTER | | | | Registration Number, if PAC | | |
| Street Address 2577 ROMIG RD, APT 10 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 4 | Y 1 9 1 8 | Amount 25.00 |
| Full Name of Contributor JOSHUA NEMETH | | | | Registration Number, if PAC | | |
| Street Address 1307 ADA AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44301 | M 0 | D 1 | Y 1 9 1 8 | Amount 25.00 |
| Full Name of Contributor BRIAN SAMPSEL JR | | | | Registration Number, if PAC | | |
| Street Address 1862 WINDSOR ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CUYAHOGA FALLS | State O H | Zip Code 44221 | M 0 | D 1 | Y 2 2 1 8 | Amount 25.00 |
| Full Name of Contributor DAVID SWIGER | | | | Registration Number, if PAC | | |
| Street Address 72 KLINE AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City MOGADORE | State O H | Zip Code 44260 | M 0 | D 1 | Y 2 2 1 8 | 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 GEORGE RENNARD III | | | | Registration Number, if PAC | | |
| Street Address 81751 TIPPECANOE RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City TIPPICANOE | State O H | Zip Code 44699 | M 0 | D 1 | Y 2 3 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor RONALD SMITH JR | | | | Registration Number, if PAC | | |
| Street Address 2459 TYRO ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44305 | M 0 | D 1 | Y 2 5 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor JEREMY NICKLIN | | | | Registration Number, if PAC | | |
| Street Address 3403 NORTH AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CLEVELAND | State O H | Zip Code 44134 | M 0 | D 1 | Y 2 6 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor JAMELLE JONES | | | | Registration Number, if PAC | | |
| Street Address 2595 ROMIG RD, APT 40 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 1 | Y 2 6 1 8 | Amount 75.00 ✓ |
| Full Name of Contributor ROBERT VALENTINE JR | | | | Registration Number, if PAC | | |
| Street Address 3336 WEST 63RD STREET | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CLEVELAND | State O H | Zip Code 44102 | M 0 | D 1 | Y 2 9 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor AAMIR SPAULDING | | | | Registration Number, if PAC | | |
| Street Address 1137 MARCY STREET | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44301 | M 0 | D 1 | Y 3 0 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor JEFFREY ORR | | | | Registration Number, if PAC | | |
| Street Address 817 1/2 E. FRONT STREET | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City DOVER | State O H | Zip Code 44622 | M 0 | D 1 | Y 3 1 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor JAY SUMMERFIELD | | | | Registration Number, if PAC | | |
| Street Address 2159 COUNTY RD 37 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City JEROMESVILLE | State O H | Zip Code 44840 | M 0 | D 1 | Y 3 1 1 8 | Amount 25.00 ✓ |

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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 | | | | Registration Number, if PAC | | | | | |
| AUSTIN CASTO | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 326 ANDREW CT. | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| LONDON | O H | 43140 | 0 | 2 | 0 | 1 | 1 | 8 | 75.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| SCOTT SALYER | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 1536 EAST AVE | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| AKRON | O H | 44314 | 0 | 2 | 0 | 2 | 1 | 8 | 25.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| MARQUISE TABLER | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 2910 TREESIDE ST. NW, APT F | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| CANTON | O H | 44709 | 0 | 2 | 0 | 2 | 1 | 8 | 25.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| ROY RUTAN | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 628 SEN | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| AKRON | O H | 44319 | 0 | 2 | 0 | 2 | 1 | 8 | 75.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| ANTHONY CRAWFORD-CADE | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 425 LORA AVE | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| YOUNGSTOWN | O H | 44504 | 0 | 2 | 0 | 6 | 1 | 8 | 25.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| MAXWELL WOODS | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 101 GALE ST. | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| AKRON | O H | 44302 | 0 | 2 | 0 | 7 | 1 | 8 | 25.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| JACK ZAGER | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 2555 PELTON AVE | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| AKRON | O H | 44314 | 0 | 2 | 1 | 2 | 1 | 8 | 75.00 ✓ |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | | |
| EMMANUEL BROWN | | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | | |
| 974 DELIA AVE | | Union Laborer | | | Cash | | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| AKRON | O H | 44320 | 0 | 2 | 1 | 2 | 1 | 8 | 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 2011

| | | | | | | | |
|---|------------------------------|--|---------------|---------------|---|--------------------------|--|
| Name of Committee in Full Laborers' Local Union #894 PAC Fund, #LA236 | | | | | | | |
| Full Name of Contributor ADAM CRAWFORD | | | | | Registration Number, if PAC | | |
| Street Address 3952 ELEANOR ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City MOGADORE | State O H | Zip Code 44260 | M 0 | D 2 | Y 1 | Amount 25.00 ✓ | |
| Full Name of Contributor ROBERT CLARK | | | | | Registration Number, if PAC | | |
| Street Address 1886 WEST DR | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City HINCKLEY | State O H | Zip Code 44233 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |
| Full Name of Contributor CLAY HAWLEY | | | | | Registration Number, if PAC | | |
| Street Address 584 INDUSTRY RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City ATWATER | State O H | Zip Code 44201 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |
| Full Name of Contributor BENJAMIN EGGERT | | | | | Registration Number, if PAC | | |
| Street Address 20177 ROYALTON RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City STRONGSVILLE | State O H | Zip Code 44149 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |
| Full Name of Contributor RENALDO TYSON | | | | | Registration Number, if PAC | | |
| Street Address 812 RAYMOND ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44307 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |
| Full Name of Contributor FRANCISKO ALANIS HERNANDEZ | | | | | Registration Number, if PAC | | |
| Street Address 2749 BARLOW RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City HUDSON | State O H | Zip Code 44236 | M 0 | D 2 | Y 2 | Amount 75.00 ✓ | |
| Full Name of Contributor KEVIN MAJESTIC | | | | | Registration Number, if PAC | | |
| Street Address 55 FIR HILL ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44304 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |
| Full Name of Contributor BRYAN BUONOCORE | | | | | Registration Number, if PAC | | |
| Street Address 2826 FORESTVIEW | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City CANTON | State O H | Zip Code 44721 | M 0 | D 2 | Y 2 | Amount 25.00 ✓ | |

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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 | | | | | Registration Number, if PAC | | | | |
| BRETT PROVO | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 1964 WOODLEY BLVD | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| AKRON | O H | 44319 | 0 | 3 | 0 | 1 | 1 | 8 | 75.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| DONTEZ WILLIAMS | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 708 LONGVIEWS | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| AKRON | O H | 44306 | 0 | 3 | 0 | 1 | 1 | 8 | 25.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| JORGE SANCHEZ | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| P.O. BOX 336 | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| HUNTSBURG | O H | 44046 | 0 | 3 | 0 | 2 | 1 | 8 | 25.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| BRIAN SYPHERD | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 6367 MANCHESTER RD | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| CLINTON | O H | 44216 | 0 | 3 | 0 | 2 | 1 | 8 | 25.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| BRANDON CARRUTHERS | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 42527 STATE RT 18, APT 3 | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| WELLINGTON | O H | 44090 | 0 | 3 | 0 | 5 | 1 | 8 | 25.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| KYLE SEALS | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 2863 PICKLE RD | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| AKRON | O H | 44312 | 0 | 3 | 0 | 5 | 1 | 8 | 75.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| JONATHAN BOLTON | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 3091 LAUREL RD | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| BRUNSWICK | O H | 44212 | 0 | 3 | 0 | 5 | 1 | 8 | 25.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| ADAM BOSS | | | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| 768 FLORIDA AVE | | | Union Laborer | | | | Cash | | |
| City | State | Zip Code | M | D | Y | Amount <input checked="" type="checkbox"/> | | | |
| AKRON | O H | 44314 | 0 | 3 | 0 | 5 | 1 | 8 | 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 DONALD WILLIAMS | | | | Registration Number, if PAC | | |
| Street Address 184 BARNS DR. | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City TALLMADGE | State O H | Zip Code 44278 | M 0 | D 3 | Y 0 5 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor FRANK NEMETS SR. | | | | Registration Number, if PAC | | |
| Street Address 1305 WILBUR AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44301 | M 0 | D 3 | Y 0 5 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor STEFAN KOVACEVICH | | | | Registration Number, if PAC | | |
| Street Address 1035 HEMLOCK HILLS DR., APT D | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44313 | M 0 | D 3 | Y 0 7 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor ERIC DUALE | | | | Registration Number, if PAC | | |
| Street Address 1855 MEADOW DR | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City HINCKLEY | State O H | Zip Code 44233 | M 0 | D 3 | Y 0 7 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor MIKE MCCLELLAND | | | | Registration Number, if PAC | | |
| Street Address 205 HEARTWOOD DR | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City MOGADORE | State O H | Zip Code 44260 | M 0 | D 3 | Y 0 8 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor ANTHONY KOVAC | | | | Registration Number, if PAC | | |
| Street Address 9599 WHIPPOORWILL | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City DIAMOND | State O H | Zip Code 44412 | M 0 | D 3 | Y 0 8 1 8 | Amount 75.00 ✓ |
| Full Name of Contributor DONALD DENBOW | | | | Registration Number, if PAC | | |
| Street Address 1112 CO. RD. 1175 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City ASHLAND | State O H | Zip Code 44805 | M 0 | D 3 | Y 0 9 1 8 | Amount 75.00 ✓ |
| Full Name of Contributor RAY DYER | | | | Registration Number, if PAC | | |
| Street Address 23223 HARTLEY RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City ALLIANCE | State O H | Zip Code 44601 | M 0 | D 3 | Y 1 2 1 8 | Amount 25.00 ✓ |

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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 DANIEL COCHRAN | | | | Registration Number, if PAC | | |
| Street Address 10787 AUBURN RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CHARDON | State O H | Zip Code 44024 | M 0 | D 3 | Y 1 2 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor SAMUEL CRAWFORD III | | | | Registration Number, if PAC | | |
| Street Address 122 LINWAY AVE NW | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City MASSILLON | State O H | Zip Code 44646 | M 0 | D 3 | Y 1 4 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor CODY FAIRBEE | | | | Registration Number, if PAC | | |
| Street Address 9136 HAMPSHIRE RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City GARRETTSVILLE | State O H | Zip Code 44231 | M 0 | D 3 | Y 1 3 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor SERGIO MYRICKS | | | | Registration Number, if PAC | | |
| Street Address 186 ALBERTI COURT | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44310 | M 0 | D 3 | Y 1 5 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor MICHAEL GALVIN | | | | Registration Number, if PAC | | |
| Street Address 488 WEST SUNSET DR. | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City RITTMAN | State O H | Zip Code 44270 | M 0 | D 3 | Y 1 6 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor TRACESHUN SIBLEY | | | | Registration Number, if PAC | | |
| Street Address 1095 GREEN WOOD AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 3 | Y 2 0 1 8 | Amount 25.00 ✓ |
| Full Name of Contributor JEFFREY BUTZER | | | | Registration Number, if PAC | | |
| Street Address 18391 WILLIAM DR | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City DOYLESTOWN | State O H | Zip Code 44230 | M 0 | D 3 | Y 2 3 1 8 | Amount 75.00 ✓ |
| Full Name of Contributor JOHN POPICK | | | | Registration Number, if PAC | | |
| Street Address 6795 WILLIAM TELL AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City N. CANTON | State O H | Zip Code 44720 | M 0 | D 3 | Y 2 4 1 8 | Amount 25.00 ✓ |

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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 RON MCGLYNN | | | | Registration Number, if PAC | | | |
| Street Address 51 CHERRY AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City NILES | State O H | Zip Code 44446 | M 0 | D 3 | Y 2 | Amount 75.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor JOSEPH PHILLIPS | | | | Registration Number, if PAC | | | |
| Street Address 9836 ERIE AVE SW | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City BEACH CITY | State O H | Zip Code 44606 | M 0 | D 3 | Y 2 | Amount 25.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor JUSTIN DUZYK | | | | Registration Number, if PAC | | | |
| Street Address 525 ROBINWOOD LN, UNIT A | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City COPLEY | State O H | Zip Code 44321 | M 0 | D 4 | Y 0 | Amount 25.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor KENNETH WORTHY | | | | Registration Number, if PAC | | | |
| Street Address 1002 BELLEVUE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 4 | Y 0 | Amount 25.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor ALEX LAVENSKY | | | | Registration Number, if PAC | | | |
| Street Address 2695 SANITARIUM RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44312 | M 0 | D 4 | Y 0 | Amount 25.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor JEROME WRIGHT | | | | Registration Number, if PAC | | | |
| Street Address 1762 HEMLOCK ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44301 | M 0 | D 4 | Y 0 | Amount 75.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor MIKE LAVENSKY | | | | Registration Number, if PAC | | | |
| Street Address 502 BALDWIN | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City AKRON | State O H | Zip Code 44312 | M 0 | D 4 | Y 0 | Amount 25.00 | <input checked="" type="checkbox"/> |
| Full Name of Contributor KEVIN DONATO | | | | Registration Number, if PAC | | | |
| Street Address 4376 W. 47TH STRET | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | | |
| City CLEVELAND | State O H | Zip Code 44114 | M 0 | D 4 | Y 0 | Amount 25.00 | <input checked="" type="checkbox"/> |

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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 GERALD OWENS | | | | Registration Number, if PAC | | |
| Street Address 540 BACON AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44320 | M 0 | D 4 | Y 0 4 | Amount 25.00 ✓ |
| Full Name of Contributor JACOB MCCONNELL | | | | Registration Number, if PAC | | |
| Street Address 11885 POLEMAN CIR | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CANAL FULTON | State O H | Zip Code 44614 | M 0 | D 4 | Y 0 6 | Amount 25.00 ✓ |
| Full Name of Contributor DASHAWN STAFFORD | | | | Registration Number, if PAC | | |
| Street Address 949 VERNON ODEON BLVD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44307 | M 0 | D 4 | Y 0 6 | Amount 25.00 ✓ |
| Full Name of Contributor TYLER JONES | | | | Registration Number, if PAC | | |
| Street Address 526 S. COLUMBINE AVE | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | State O H | Zip Code 44312 | M 0 | D 4 | Y 0 9 | Amount 75.00 ✓ |
| Full Name of Contributor KELLY CONNER | | | | Registration Number, if PAC | | |
| Street Address 2758 STATE ROUTE 43 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City MOGADORE | State O H | Zip Code 44260 | M 0 | D 4 | Y 1 2 | Amount 75.00 ✓ |
| Full Name of Contributor JAMES TEMPLETON | | | | Registration Number, if PAC | | |
| Street Address 5153 MAYFAIR RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City N. CANTON | State O H | Zip Code 44720 | M 0 | D 4 | Y 1 3 | Amount 75.00 ✓ |
| Full Name of Contributor LOGAN PALCHEFF | | | | Registration Number, if PAC | | |
| Street Address 2518 ENCLAVE ST NW | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City UNIONTOWN | State O H | Zip Code 44685 | M 0 | D 4 | Y 1 3 | Amount 75.00 ✓ |
| Full Name of Contributor ANTHONY RICHARDS | | | | Registration Number, if PAC | | |
| Street Address 5820 US 20, #120 | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City WAKEMAN | State O H | Zip Code 44889 | M 0 | D 4 | Y 1 3 | Amount 25.00 ✓ |

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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 JOSEPH CASTNER | | | | Registration Number, if PAC | | |
| Street Address 936 MAPLE ST | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City TALLMADGE | | State O H | Zip Code 44278 | M 0 | D 4 | Y 1 3 1 8 |
| | | | | | Amount 75.00 | |
| Full Name of Contributor DAVID BLAND | | | | Registration Number, if PAC | | |
| Street Address 1608 PILGRIM ST. | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City AKRON | | State O H | Zip Code 44305 | M 0 | D 4 | Y 1 6 1 8 |
| | | | | | Amount 25.00 | |
| Full Name of Contributor JOSE LOPEZ | | | | Registration Number, if PAC | | |
| Street Address 1618 QUEBEC RD | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City CINCINNATI | | State O H | Zip Code 45205 | M 0 | D 4 | Y 1 8 1 8 |
| | | | | | Amount 25.00 | |
| Full Name of Contributor BENJAMIN MERWIN | | | | Registration Number, if PAC | | |
| Street Address 4653 SUZETTE NW | | Employer/Occupation/Labor Organization Union Laborer | | | Form (Cash, Check, etc.) Cash | |
| City MASSILLON | | State O H | Zip Code 44647 | M 0 | D 4 | Y 1 8 1 8 |
| | | | | | 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 | |
| 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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