



Committee Name CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE		Office Sought N/A		District
Street Address PO BOX 508 / 2865 FORT ISLAND DR.		City CUYAHOGA FALLS/FAIRLAWN	State OH	Zip 44222
Candidate Name OR PAC Registration Number N/A		Treasurer Name CARL HAYWARD		Election Date (MM/DD/YYYY) N/A

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
2018

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	1580.01
2. Total monetary contributions (From Forms 31-A and 31-E)	252
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	1832.01
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-C-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**

2018 JUL 31 PM 1:02

STATE OF OHIO
SARAH L. HANCOCK
SECRETARY OF STATE

42415

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

Carl Hayward
Signature of Treasurer or Deputy Treasurer

07/31/2018
Date (MM/DD/YYYY)

Contribution Pages 16	Expenditure Pages 0	Other Pages 2	Total Pages 18
--------------------------	------------------------	------------------	-------------------



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 01/31/2018	Amount \$10.00
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 03/28/2018	Amount \$10.00
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 04/06/2018	Amount \$10.00
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 05/04/2018	Amount \$10.00
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 06/18/2018	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 CUAYHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor READE ALLEN			Registration Number, if PAC	
Street Address 515 DANSEL ST.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.)
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 07/02/2018	Amount \$10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A
ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 01/31/2018	Amount \$5.00
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 03/28/2018	Amount \$5.00
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 04/06/2018	Amount \$5.00
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 05/04/2018	Amount \$5.00
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 06/18/2018	Amount \$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 Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor PATRICK HAYDEN			Registration Number, if PAC	
Street Address 749 RAINTREE TRL		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City KENT	State OH	Zip Code 44240	Date (MM/DD/YYYY) 07/02/2018	Amount \$5.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 GULF ST. NW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City 1664 GULF ST. NW	State OH	Zip Code 44685	Date (MM/DD/YYYY) 01/31/2018	Amount \$2.00
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 GULF ST. NW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City 1664 GULF ST. NW	State OH	Zip Code 44685	Date (MM/DD/YYYY) 03/28/2018	Amount \$2.00
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 GULF ST. NW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City 1664 GULF ST. NW	State OH	Zip Code 44685	Date (MM/DD/YYYY) 04/06/2018	Amount \$2.00
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 GULF ST. NW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City 1664 GULF ST. NW	State OH	Zip Code 44685	Date (MM/DD/YYYY) 05/04/2018	Amount \$2.00
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 GULF ST. NW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City 1664 GULF ST. NW	State OH	Zip Code 44685	Date (MM/DD/YYYY) 06/18/2018	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 494 PCE				
Full Name of Contributor JACK HUNT			Registration Number, if PAC	
Street Address 1664 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) 07/02/2018	Amount \$2.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 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) 01/31/2018	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) 03/28/2018	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) 04/06/2018	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) 05/04/2018	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) 06/18/2018	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 494 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) 07/02/2018	Amount \$1.50
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAOHGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW 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) 01/31/2018	Amount \$10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW 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) 03/28/2018	Amount \$10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW 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) 04/06/2018	Amount \$10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW 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) 05/04/2018	Amount \$10.00
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW 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) 06/18/2018	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 494 PCE				
Full Name of Contributor CHRIS MARTIN			Registration Number, if PAC	
Street Address 220 BROOKVIEW		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City CUYAHOGA FALLS	State OH	Zip Code 44223	Date (MM/DD/YYYY) 07/02/2018	Amount \$10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 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) 01/31/2018	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) 03/28/2018	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) 04/06/2018	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) 05/04/2018	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) 06/18/2018	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 494 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) 07/02/2018	Amount \$2.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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

Form 31-A
ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 01/31/2018	Amount \$10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 03/28/2018	Amount \$10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 04/06/2018	Amount \$10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 05/04/2018	Amount \$10.00
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 06/18/2018	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 494 PCE				
Full Name of Contributor KEVIN ROARTY			Registration Number, if PAC	
Street Address 582 WESTMINSTER CIR.		Employer/Occupation/Labor Organization* IAFF LOCAL 494		Form (Cash, Check, etc.) EFT
City AKRON	State OH	Zip Code 44319	Date (MM/DD/YYYY) 07/02/2018	Amount \$10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]

Page Total \$10.00



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 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) 01/31/2018	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) 03/28/2018	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) 04/06/2018	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) 05/04/2018	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) 06/18/2018	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 494 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) 07/02/2018	Amount \$1.50
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]