



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

<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	<b>Short Form Report</b> (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	1580.01
2. Total monetary contributions (From Forms 31-A and 31-E)	462.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	2042.01
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	2042.01
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

2019 JAN -7 AM 8:56

SUMMIT COUNTY  
BOARD OF ELECTIONS  
AKRON OHIO 44311

DF # 259C

**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

01/06/2019  
Date (MM/DD/YYYY)

Contribution Pages  
24

Expenditure Pages  
0

Other Pages  
1

Total Pages  
25



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> 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)]



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<b>Full Name of Committee</b> 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) 07/02/2018	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) 08/07/2018	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) 09/05/2018	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) 10/11/2018	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) 11/26/2018	Amount 10.00

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Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
<b>Full Name of Contributor</b> Reade Allen			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 515 Dansel St.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> Kent	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 12/06/2018	<b>Amount</b> 10.00
<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> 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> 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> 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> 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> OH	<b>Zip Code</b>	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

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

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<b>Full Name of Contributor</b> PATRICK HAYDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 749 RAINTREE TRL.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> KENT	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 07/02/2018	<b>Amount</b> 5.00
<b>Full Name of Contributor</b> PATRICK HAYDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 749 RAINTREE TRL.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> KENT	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 08/07/2018	<b>Amount</b> 5.00
<b>Full Name of Contributor</b> PATRICK HAYDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 749 RAINTREE TRL.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> KENT	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 09/05/2018	<b>Amount</b> 5.00
<b>Full Name of Contributor</b> PATRICK HAYDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 749 RAINTREE TRL.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> KENT	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 10/11/2018	<b>Amount</b> 5.00
<b>Full Name of Contributor</b> PATRICK HAYDEN			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 749 RAINTREE TRL.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> KENT	<b>State</b> OH	<b>Zip Code</b> 44240	<b>Date (MM/DD/YYYY)</b> 11/26/2018	<b>Amount</b> 5.00

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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) 12/06/2018	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

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Form 31-A

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

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<b>Full Name of Committee</b> 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 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) 08/07/2018	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 UNIONTOWN	State OH	Zip Code 44685	Date (MM/DD/YYYY) 09/05/2018	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 UNIONTOWN	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/11/2018	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 UNIONTOWN	State OH	Zip Code 44685	Date (MM/DD/YYYY) 11/26/2018	Amount 2.00

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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) 12/06/2018	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

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**Statement of Contributions Received**

Form 31-A

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<b>Full Name of Committee</b> 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

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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 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) 08/07/2018	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) 09/05/2018	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) 10/11/2018	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) 11/26/2018	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

<b>Full Name of Committee</b> CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
<b>Full Name of Contributor</b> STEPHEN LYONS			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1643 GOSHEN DR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> HUDSON	<b>State</b> OH	<b>Zip Code</b> 44236	<b>Date (MM/DD/YYYY)</b> 12/06/2018	<b>Amount</b> 1.50
<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> 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> 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> 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> 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> 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 Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> CUYAHOGA 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

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**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				Registration Number, if PAC	
CHRIS MARTIN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
220 BROOKVIEW DR.		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
CUYAHOGA FALLS	OH	44223	07/02/2018	10.00	
Full Name of Contributor				Registration Number, if PAC	
CHRIS MARTIN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
220 BROOKVIEW DR.		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
CUYAHOGA FALLS	OH	44223	08/07/2018	10.00	
Full Name of Contributor				Registration Number, if PAC	
CHRIS MARTIN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
220 BROOKVIEW DR.		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
CUYAHOGA FALLS	OH	44223	09/05/2018	10.00	
Full Name of Contributor				Registration Number, if PAC	
CHRIS MARTIN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
220 BROOKVIEW DR.		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
CUYAHOGA FALLS	OH	44223	10/11/2018	10.00	
Full Name of Contributor				Registration Number, if PAC	
CHRIS MARTIN					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
220 BROOKVIEW DR.		IAFF LOCAL 494		EFT	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
CUYAHOGA FALLS	OH	44223	11/26/2018	10.00	

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> CUYAHOGA 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) 12/06/2018	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)]





**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> 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

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**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			Registration Number, if PAC	
TIMOTHY MIER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1253 ALLARD DR.		IAFF LOCAL 494		EFT
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AKRON	OH	44333	07/02/2018	2.00
Full Name of Contributor			Registration Number, if PAC	
TIMOTHY MIER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1253 ALLARD DR.		IAFF LOCAL 494		EFT
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AKRON	OH	44333	08/07/2018	2.00
Full Name of Contributor			Registration Number, if PAC	
TIMOTHY MIER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1253 ALLARD DR.		IAFF LOCAL 494		EFT
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AKRON	OH	44333	09/05/2018	2.00
Full Name of Contributor			Registration Number, if PAC	
TIMOTHY MIER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1253 ALLARD DR.		IAFF LOCAL 494		EFT
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AKRON	OH	44333	10/11/2018	2.00
Full Name of Contributor			Registration Number, if PAC	
TIMOTHY MIER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1253 ALLARD DR.		IAFF LOCAL 494		EFT
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AKRON	OH	44333	11/26/2018	2.00

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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> 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) 12/06/2018	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

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> 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

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**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> CUYAHOGA FALLS FIREFIGHTERS ASSOCIATION LOCAL 494 PCE				
<b>Full Name of Contributor</b> KEVIN ROARTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 582 WESTMINSTER CIR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Date (MM/DD/YYYY)</b> 07/02/2018	<b>Amount</b> 10.00
<b>Full Name of Contributor</b> KEVIN ROARTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 582 WESTMINSTER CIR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Date (MM/DD/YYYY)</b> 08/07/2018	<b>Amount</b> 10.00
<b>Full Name of Contributor</b> KEVIN ROARTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 582 WESTMINSTER CIR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Date (MM/DD/YYYY)</b> 09/05/2018	<b>Amount</b> 10.00
<b>Full Name of Contributor</b> KEVIN ROARTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 582 WESTMINSTER CIR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Date (MM/DD/YYYY)</b> 10/11/2018	<b>Amount</b> 10.00
<b>Full Name of Contributor</b> KEVIN ROARTY			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 582 WESTMINSTER CIR.		<b>Employer/Occupation/Labor Organization*</b> IAFF LOCAL 494		<b>Form (Cash, Check, etc.)</b> EFT
<b>City</b> AKRON	<b>State</b> OH	<b>Zip Code</b> 44319	<b>Date (MM/DD/YYYY)</b> 11/26/2018	<b>Amount</b> 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

<b>Full Name of Committee</b> 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) 12/06/2018	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

<b>Full Name of Committee</b> 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

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**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> 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 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) 08/07/2018	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) 09/05/2018	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) 10/11/2018	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) 11/26/2018	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

<b>Full Name of Committee</b> 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) 12/06/2018	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)]