31-	E,
R.C.	3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	10/16/11	_
Page 2	<u> </u>	

Page Total \$

Full Name of Contributor			Registration Number, if PAC
GARY L. CURRY			Me D Y Amount
eet Address 2424 GRANADA CT. N		oation/Labor Organization*	1 0 1 6 1 1 \$1,000.00
y GALLOWAY	Sta te OH	Zip Code 43119	Form (Cash, Check, etc.) CHECK
II Name of Contributor			Registration Number, if PAC
eet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
y	State OH	Zip Code	Form (Cash, Check, etc.)
Il Name of Contributor			Registration Number, if PAC
reet Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
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ull Name of Contributor			Registration Number, if PAC
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full Name of Contributor			Registration Number, if PAC
treet Address	Employer/Occu	ipation/Labor Organization*	M D Y Amount
Sity	Sta _t te OH	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$1 he individual's business, if any, rather than employer abor organization of which the employees are memb	should be listed. If two or mo	ore employees contribute via p	butor is self-employed, the occupation and the name ayroll deduction and exceed the aggregate of \$100,
If in the boxes below only on the last page for this evant ansfer the Total contributions for this event to form the date column	vent. No. 31-A. Under Full Name c	of Contributor state "Contribut	ions from form No. 31-E" and list the date of the ev
otal contributions this event		Total expenditures this	s event.
\$1,235.00		\$123.34	\$1,000.