31-A R.C. 3517.10

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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	7.00					Market and the second s	•
Name of Committee in Full							
Cotner For Council			B.C	dor N	or it n	7	
Full Name of Contributor			Registra	tion Numb	per, if PA	C	
Joan Curnutte		***************************************			g.	F(G1, G11, -t-)	
Street Address	Employer/Occupa	n*			Form (Cash, Check, etc.)		
6739 Bartlett	retired				check		
City	State	Zip Code	M	D	. 1	Amount	_
Reynoldsburg	O H	43068	$0 \mid 4$		0 9	100.0	U
Full Name of Contributor			Registra	tion Numb	per, if PA	С	
Richard Harris					avoneser -		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1100 Bedlington	City of F	City of Reynoldsburg				check	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0 4	1 0	0 9	<i>7</i> 5.0	0
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	tion Num	CONTRACTOR OF THE PARTY OF THE		-
i un ivante of Contributor					,		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	ookinikeenoj
Super , radio ou							
City	State	Zip Code	М	D	Y	Amount	
Chy	Jane	- r ~ · · ·					
Full Name of Contributor			Registra	ation Num	ber. if PA	.C	e constant
run waine of Collinguior			Rogisur				
Street Address	Employo-/Occ	nation/Labor Organization	np*	***************************************		Form (Cash, Check, etc.)	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Tim (Cash, Check, Co.)	
	6	Tin Code	1 34	D	Y	Amount	
City	State	Zip Code	M	ע	ı ı	Amount	
				بالم			Sama
Full Name of Contributor			Registra	ation Num	iber, if PA	AC .	
							-
Street Address	Employer/Occup	on*			Form (Cash, Check, etc.)		
					4		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	iber, if PA	AC	
			200				
Street Address	on*			Form (Cash, Check, etc.)	el d'allen er		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ration Nun	iber, if Pa	AC	ZINGERANA.
an range of Controller							
Street Address	Employer/Occur	pation/Labor Organization	on*		***************************************	Form (Cash, Check, etc.)	memterio
Bacce Address	Employer/Occupation/Eavor Organization						
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	l wi		1	2 1110 1111	
			Daniet	ration Nun	phor :fp	<b>I</b>	SC/ANNERS IN
Full Name of Contributor			Kegist	tation Nur	noer, it P.	AC	
				Mark the Mark that the Control of th			**********
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				THE RESERVE OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN COLUMN		*******

\* 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 appear. [R.C. 3517.10(B)(4)]

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Page	Total	\$	175.00
		٠.	170.00