

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT WILLIAM A CURRIN					Registration Number, if PAC		
Full Name of Candidate WILLIAM A CURRIN							
Street Address 7543 STOW RD				Office Sought MAYOR		District HUDSON	
City HUDSON				State		Zip Code 44236	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election		1	M	1	0
				D	8	1	Y
						1	1

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	S	\$1,021.66
2. Total monetary contributions (From Form No. 31-A)	S	\$3,715.00
3. Total other income (From Form No. 31-A-2)	S	\$5,000.00
4. Total funds available (sum of lines 1, 2, 3)	S	\$9,736.66
5. Total monetary expenditures (From Form No. 31-B)	S	\$9,518.02
6. Balance on hand (line 4 minus line 5)	S	\$218.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	S	
8. Value of in-kind contributions made (From Form No. 31-J-2)	S	
9. Outstanding loans owed by committee (From Form No. 31-C)	S	\$8,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	S	
11. Outstanding loans owed to committee (From Form No. 31-K)	S	
12. Value of independent expenditures made (From Form No. 31-U)	S	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	S	

SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 2011 DEC 14 PM 2:20

3946

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

ROBERT P DREW

Robert P Drew Treas 12/14/2011

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 2

Other pages 2

Total pages 4/10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
COMMITTEE TO ELECT WILLIAM A. CURRIN									
James Ahern									
7666 Hudson Park Dr.							Check		
Hudson		OH	44236	11	19	11	100.00		
Jan N. Ahern									
7666 Hudson Park Dr.							Check		
Hudson		OH	44236	11	19	11	100.00		
Michael J. Coburn									
2511 Cedarwood Ct.							Check		
Hudson		OH	44236	11	08	11	50.00		
Mark G. Depew									
2610 E. Streetsboro Rd.							Check		
Hudson		OH	44236	11	06	11	100.00		
Brenda K. Depew									
2610 E. Streetsboro Rd.							Check		
Hudson		OH	44236	11	06	11	100.00		
Anthony C. May									
1460 Hunting Hollow Dr.							Check		
Hudson		OH	44236	11	05	11	100.00		
Glenda May									
1460 Hunting Hollow Dr.							Check		
Hudson		OH	44236	11	05	11	100.00		
Christopher May									
1460 Hunting Hollow Dr.							Check		
Hudson		OH	44236	11	05	11	50.00		

* 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

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount		
COMMITTEE TO ELECT WILLIAM A. CURRIN									
Richard K. Warfield									
7153 Darrow Road							Check		
Hudson		OH	44236	11	09	11	50.00		
Full Name of Contributor									
Paul J. Vagi							Registration Number, if PAC		
2396 Glenn Echo Dr.							Check		
Hudson		OH	44236	10	22	11	100.00		
Full Name of Contributor									
Committee to Re-Elect Dan Williams							Registration Number, if PAC		
66 E. Streetsboro St.							Check		
Hudson		OH	44236	11	17	11	100.00		
Full Name of Contributor									
Michael T. Weddle							Registration Number, if PAC		
1806 Arndale Rd.							Check		
Stow		OH	44224	10	27	11	25.00		
Full Name of Contributor									
Peter H. Eels							Registration Number, if PAC		
7431 Lacosta Dr.							Check		
Hudson		OH	44236	10	26	11	100.00		
Full Name of Contributor									
Caroline E. Mueller							Registration Number, if PAC		
7312 Dillman Dr.							Check		
Hudson		OH	44236	10	25	11	100.00		
Full Name of Contributor									
James G. Lang							Registration Number, if PAC		
56 Library Street							Check		
Hudson		OH	44236	10	27	11	100.00		
Full Name of Contributor									
Robert P. Drew							Registration Number, if PAC		
P.O. Box 2256							Check		
Hudson		OH	44236	11	01	11	100.00		

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full										
COMMITTEE TO ELECT WILLIAM A. CURRIN										
Full Name of Contributor							Registration Number, if PAC			
James S. Antes										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
933 Farnham Way							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	21	11
Full Name of Contributor							Registration Number, if PAC			
Brian Bishop										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2357 Hudson Aurora Rd.							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	21	11
Full Name of Contributor							Registration Number, if PAC			
Mary Desaussure										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7582 Sugarbush Trail							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	23	11
Full Name of Contributor							Registration Number, if PAC			
Robert I. Douglass										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
48 Aurora St.							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	21	11
Full Name of Contributor							Registration Number, if PAC			
Bruce W. Hubach										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
228 E. Streetsboro St.							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	21	11
Full Name of Contributor							Registration Number, if PAC			
Patricia A. Engelman										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6408 Paderborne Dr.							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	26	11
Full Name of Contributor							Registration Number, if PAC			
Steven E. Engelman										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6408 Paderborne Dr.							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	26	11
Full Name of Contributor							Registration Number, if PAC			
Andrew R. Duff										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
34 Church Street							Check			
City				State		Zip Code		M	D	Y
Hudson				OH		44236		10	21	11

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Statement of Contributions Received

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Name of Committee in Full									
COMMITTEE TO ELECT WILLIAM A. CURRIN									
Full Name of Contributor							Registration Number, if PAC		
Ray King									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
139 Hudson St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Betsy King									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
139 Hudson St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
David King									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7238 Valley View Rd.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Nadine M. Hurschman									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
169 E. Streetsboro St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	25.00	
Full Name of Contributor							Registration Number, if PAC		
William G. Kinney									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
243 E. Streetsboro St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Sarina F. Kinney									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
243 E. Streetsboro St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Dale H. Lyons									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
31 Nathan Ct.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	24	11	50.00	
Full Name of Contributor							Registration Number, if PAC		
Robert W. Marshall									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
36 Baldwin St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	50.00	

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Statement of Contributions Received

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Name of Committee in Full							
COMMITTEE TO ELECT WILLIAM A. CURRIN							
Full Name of Contributor					Registration Number, if PAC		
Robert K. Matty							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2194 Edgeview						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 21 11 50.00
Full Name of Contributor					Registration Number, if PAC		
James P. McKay							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
111 Old Orchard Dr.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 21 11 50.00
Full Name of Contributor					Registration Number, if PAC		
Ronald L. McGrainor							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7537 Huntington Dr.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 23 11 15.00
Full Name of Contributor					Registration Number, if PAC		
Bradford E. Nelson							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
P.O. Box 794						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 25 11 100.00
Full Name of Contributor					Registration Number, if PAC		
John P. Oberlin							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
204 Aurora St.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 21 11 100.00
Full Name of Contributor					Registration Number, if PAC		
Gail Royster							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
37 Manor Dr.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 24 11 25.00
Full Name of Contributor					Registration Number, if PAC		
Paul B. Ryerson							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
223 Hartford Dr.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 21 11 50.00
Full Name of Contributor					Registration Number, if PAC		
William J. Witt							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
166 Hudson St.						Check	
City			State		Zip Code		M D Y Amount
Hudson			OH		44236		10 21 11 50.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
COMMITTEE TO ELECT WILLIAM A. CURRIN									
Full Name of Contributor							Registration Number, if PAC		
Gail B. Tobin									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
351 Aurora St.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	50.00	
Full Name of Contributor							Registration Number, if PAC		
Peter McDonald									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
345 Boston Mills Rd.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Tracy A. Thomas									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
148 Blackberry Dr.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	21	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Patricia S. Eldredge									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
17 Laurel Lake Drive							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		11	13	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Drew Forhan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7572 Mannheim Ct.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	26	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Nancy Forhan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7572 Mannheim Ct.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	26	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Anne Forhan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7572 Mannheim Ct.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	26	11	100.00	
Full Name of Contributor							Registration Number, if PAC		
Drew C. Forhan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7572 Mannheim Ct.							Check		
City		State	Zip Code		M	D	Y	Amount	
Hudson		OH	44236		10	26	11	100.00	

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT WILLIAM A CURRIN							
Full Name WILLIAM A CURRIN						Registration Number, if PAC	
Address 7543 STOW RD		Type* LN		M D Y 1 1 0 1 1 1		Amount \$2,000.00	
City HUDSON		State OH		Zip Code 44236		Form (Cash, Check, etc.) CHECK	
Full Name WILLIAM A CURRIN						Registration Number, if PAC	
Address 7543 STOW RD		Type* LN		M D Y 1 2 0 7 1 1		Amount \$3,000.00	
City HUDSON		State OH		Zip Code 44236		Form (Cash, Check, etc.) CHECK	
Full Name						Registration Number, if PAC	
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT WILLIAM A CURRIN												
From Whom Received WILLIAM A CURRIN								Prior Amount \$3,000.00		Amt. Incurred this Period \$5,000.00		
Address 7543 STOW RD										Outstanding Balance \$8,000.00		
City HUDSON		St ate OH	Zip Code 44236		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	9	0	7	1	1	\$2,000.00				\$0.00
Registration Number, if PAC					M	D	Y		M	D	Y	
					1	2	0	7	1	1		\$3,000.00
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		St ate	Zip Code		Loans Received This Period				Payments This Period			
		OH			Date Amount				Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		St ate	Zip Code		Loans Received This Period				Payments This Period			
		OH			Date Amount				Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$3,000.00

² Total received this period \$ \$5,000.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$8,000.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
COMMITTEE TO ELECT WILLIAM A CURRIN							
To Whom Paid				M	D	Y	Amount
MC TIGUE & MC GINNIS LLC				1	0	2	\$750.00
Address		Purpose					
545 EAST TOWN ST		LEGAL FEE					
City	State	Zip Code	Check Number				
COLUMBUS	OH	43215	110				
To Whom Paid				M	D	Y	Amount
HUDSON HUB				1	0	2	\$1,207.41
Address		Purpose					
126 N CHESTNUT ST		ADVERTISING					
City	State	Zip Code	Check Number				
RAVENNA	OH	44266	111				
To Whom Paid				M	D	Y	Amount
HUDSON HUB				1	1	0	\$327.50
Address		Purpose					
126 N CHESTNUT ST		ADVERTISING					
City	State	Zip Code	Check Number				
RAVENNA	OH	44266	112				
To Whom Paid				M	D	Y	Amount
HUDSON LIBRARY				1	1	1	\$425.00
Address		Purpose					
96 LIBRARY ST		DONATION					
City	State	Zip Code	Check Number				
HUDSON	OH	44236	113				
To Whom Paid				M	D	Y	Amount
HUDSON COMMUNITY FOUNDATION				1	1	1	\$425.00
Address		Purpose					
P O BOX 944		DONATION					
City	State	Zip Code	Check Number				
HUDSON	OH	44236	114				
To Whom Paid				M	D	Y	Amount
HUDSON HUB				1	1	0	\$367.50
Address		Purpose					
126 N CHESTNUT ST		ADVERTISING					
City	State	Zip Code	Check Number				
RAVENNA	OH	44266	115				
To Whom Paid				M	D	Y	Amount
PRINTERS DEVIL				1	2	0	\$1,480.35
Address		Purpose					
77 MAPLE DR		PRINTING					
City	State	Zip Code	Check Number				
HUDSON	OH	44236	116				
To Whom Paid				M	D	Y	Amount
DAVIS PRINTING				1	2	0	\$2,550.00
Address		Purpose					
101 EAST ROBINSON AVE		PRINTING					
City	State	Zip Code	Check Number				
BARBERTON	OH	44203	117				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT WILLIAN A CURRIN								
To Whom Paid TODAY'S OFFSET					M	D	Y	Amount \$401.82
Address 21305 FORBES RD					Purpose PRINTING			
City OAKWOOD VILLAGE		State OH	Zip Code 44146	Check Number 118				
To Whom Paid IMPACT GROUP					M	D	Y	Amount \$1,280.00
Address 581 BOSTON MILLS RD					Purpose AD AGENCY FEE			
City HUDSON		State OH	Zip Code 44236	Check Number 119				
To Whom Paid PHIL MIKITA					M	D	Y	Amount \$116.00
Address 2297 MIDDLETON RD					Purpose REIMBURSE EXPENSES			
City HUDSON		State OH	Zip Code 44236	Check Number 121				
To Whom Paid VICKI SOUKUP					M	D	Y	Amount \$187.44
Address 2705 EASRHAVEN DR					Purpose REIMBURSE POSTAGE			
City HUDSON		State OH	Zip Code 44236	Check Number 120				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				