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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
	a Ta							
The Committee to Elect Andrew English Full Name of Contributor	) I I		Registrat	ion Numl	oer, if PA	C		
			regional	1013 1 (0111)	, n			
Jason Jarvis	Employer/Occur	potion/Labor Organization*				Form (Cash, Che	eck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Check		
1491 Markland St.	Guiti	7:- C-1-	M	D	Y	Amount		
City	State	Zip Code 43235				Amount	50.00	
Columbus		43233	0 9		0 9 ber, if PA		30.00	
Full Name of Contributor			Registra	HOH INUHH	bei, ii fA	C		
Amy James					e e e e e e e e e e e e e e e e e e e	E (C)- Ch-		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1490 Park Ridge Dr.				r		Check		
City	State	Zip Code	M	D	Y	Amount	E0.00	
Columbus	$O \mid H$	43235	0 9	2 8			50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
James Quinn								
Street Address	1	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
8175 Markhaven Dr.	Sales					Check		
City	State	Zip Code	М	D	Y	Amount	40000	
Columbus	OH	43235	0 9	2 7	0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Christine Hall								
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1030 S. Old Carriage Rd.	Realtor					Check		
City	State	Zip Code	М	D	Y	Amount		
Rocky Mount	NC	27804	0 9	0 2	0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Andrew Slivka				Acare a construint don its				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
904 Colony Way	Neurole	ogist				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43235	0 9	2 3	0 9	ont-	100.00	
Full Name of Contributor			Registra	tion Nur	ber, if PA	\С		
Total contributions from Form 31-E								
Street Address	Employer/Occu	pation/Labor Organization*	Service Control			Form (Cash, Ch	eck, etc.)	
City	State	Zip Code	М	D	Y	Amount	and the second s	
		8 X X X X X X X X X X X X X X X X X X X	0 9	117	0 9		880.00	
Full Name of Contributor			Registra	tion Nun	iber, if PA	\C		
Dave Weirick								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	eck, etc.)	
1170 Clubview Blvd. S.						Cash		
City	State	Zip Code	М	D	Y	Amount	mentanti est	
Columbus	I O   H	43235	0 9	3 0	0 9		25.00	
Full Name of Contributor					ber, if PA			
Victor Hipsley								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1177 Clubview Blvd. S	Govt. Policy Group, Inc.			Check				
City	State Zip Code M D Y		Amount					
	OH	1 .	1 0		0 9		100.00	
Columbus			LLLV	LLLY	1017	nama of the		

\* 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)]

Page Total	\$ 1,405.00
	Committee of the Commit