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Statement of Contributions Received

Prescribed by Secretary of State 3/05

					Water the state of		
Name of Committee in Full	-¥-						
The Committee to Elect Andrew Englis	3N		Registrat	ion Minus	or (fDA)	^	
Full Name of Contributor			Registrat	ion mani)CI, II I A	C	
Jason Jarvis		The state of the s	L			Form (Cash, Che	ek etc.)
Street Address	Employer/Occupa	ation/Labor Organization*				` '	on, 010.)
1491 Markland St.			T.,	T)	V	Check	
City	State	Zip Code	M	D	i l	Amount	50.00
Columbus	O H	43235	0 9	1 7	0 9		50.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	С	
Amy & Tim James							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	eck, etc.)		
1490 Park Ridge Dr.			000000000000000000000000000000000000000		-	Check	
City	State	Zip Code	М	D	Y	Amount	™ △ △ △
Columbus	O H	43235	0 9	2 8			50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
James Quinn							
Street Address	Employer/Occup	ation/Labor Organization*	- Anna Anna Anna Anna Anna Anna Anna Ann			Form (Cash, Cho	eck, etc.)
8175 Markhaven Dr.	Sales					Check	
City	State	Zip Code	М	D	Y	Amount	
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/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1030 S. Old Carriage Rd.	Realtor					Check	
City	State	Zip Code	М	D	Y	Amount	ATTENNESS CONTRACTOR C
Rocky Mount	NIC	27804	0 9	0 2	0 9	W. C.	100.00
Full Name of Contributor			andronesansiamutat	vice emperation and part	ber, if PA		
Andrew & Mary Ann Slivka							
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
	Neurolo					Check	
904 Colony Way City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43235	0 9	2 3	0 9		100.00
Full Name of Contributor Total contributions from Form 31-E Registration Number, if PAC							
Sandard Control of the Control of th	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
Street Address	Employer/Ceeup	Janob David Oxfamilianos					
	State	Zip Code	T M	T D	Y	Amount	
City	State	Zip Code	ŧ	3	0 9	1	880.00
					ober, if P		00000
Full Name of Contributor			i cogratio				
Dave Weirick	[Employed/Oran	oation/Labor Organization*				Form (Cash, Cl	neck etc.)
Street Address	Employer/Occup	pation/Lauor Organization				Cash	
1170 Clubview Blvd. S.	01-	Zin Cada	М	D	ΙΥ	Amount	
City	State	Zip Code	1			E .	25.00
Columbus		43235	0 9		0 9 nber, if P		UU.UU
Full Name of Contributor			Registr	ation Nüf	noci, ii P <i>i</i>	nc	
Victor Hipsley						Com (Cook O	analy ata
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1177 Clubview Blvd. S	Govt. Policy Group, Inc.			Check			
City	State	Zip Code	М	D	Y	Amount	100.00
Columbus	$O \mid H$	43235	1 0	10	0 9		100.00

Page Total \$	1,405.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]