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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
	a h								
The Committee to Elect Andrew Engli	SH		WD'-tt		L CDA	0			
Full Name of Contributor					Registration Number, if PAC				
Chet Joseph Chaney Campaign									
Street Address	1	ntion/Labor Organization*				Form (Cash, Check, etc.)			
150 E. Campus View Blvd. Ste. 100	manifestationeen make in the commence of the comment of the commen	pt. Nat. Resources	***************************************	,		Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43235			0 9		100.00		
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C			
Chris Byrne				012660010024774077011234	p-popter/accommonocamicator				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
7748 Seminary Ridge	Q <sub>Q</sub> Q <sub>Q</sub> Q <sub>Q</sub> Q					Cash			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43235	0 9	0 4	0 9		25.00		
Full Name of Contributor				-	ber, if PA	.C			
Dave Walton									
Street Address	Employer/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Che	ck, etc.)		
1492 Markland St.		v				Cash			
City	State	Zip Code	М	D	Y	Amount	***************************************		
Columbus	OIH	43235	1	3 1	0 9		25.00		
Full Name of Contributor					ber, if PA	C			
Martin Roesch			i Cogistiut	100 14411	.001, 11 1 2 1				
Street Address	Employer/Occups	ation/Labor Organization*	L			Form (Cach, Che	ack atc.)		
藉	Employer/Occupa	mon/Lauor Organization				Form (Cash, Check, etc.)			
1552 Newcomer Rd.		ka: a l	T 3.6	T-5	7 37	Check			
City	State	Zip Code	M	D	Y	Amount	<b>"</b> 0 00		
Columbus	OH	43235		CONSTRUCTION STATES OF THE PROPERTY OF THE PRO			50.00		
Full Name of Contributor			Registrat	hon Num	ber, if PA	.C			
Phil Norton	0000Tp-04-0004454164110411141414141414141414141414141414								
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)			
217 Club Oak Ct.	Retired					Cash			
City	State	Zip Code	М	D	Y	Amount			
Louisville	KY	40223	0 8	1 3	0 9		100.00		
Full Name of Contributor			Registrat	tion Num	ber, if PA	C			
Kip Morse									
Street Address	Employer/Occupa	ation/Labor Organization*	-			Form (Cash, Cho	eck, etc.)		
8200 Markhaven Dr.						Check			
City	State	Zip Code	М	D	Y	Amount	annoles iconocente anno con icome le es récinimi		
Columbus	0 H	43235	0 9	20	0 9		50.00		
Full Name of Contributor					ber, if PA				
Kimberly McDonough									
Street Address	Employer/Occup	ation/Labor Organization*	L			Form (Cash, Che	eck. etc.)		
1521 Markland St.						Check			
City	State	Zip Code	М	D	ΙΥ	Amount	eliteratura de la composition della composition		
Columbus	O H	43235	0 9	1 5			50.00		
Full Name of Contributor		**************************************	อดี้ของเฉพาะสายสายได้เพลาสายสายส	damenta antonamento	ber, if PA	Bannasaanananananananakaanan	JU.UU		
			Acgistra	HIN HOU	ioei, II PA				
Kelly Johnson	km 1 /o		L			F (C 1 2			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
7650 Innbrook Pl.				~		Check			
City	State	Zip Code	М	D	Y	Amount	M C		
Columbus	OH	43235	0 9	0 9	09		50.00		

 Page	Total	\$ 450.00
Page	Total	\$ 450.00

<sup>\*</sup> 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)]