Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
The Committee to Elect Andrew Englis	in.					
Full Name of Contributor			Registra	tion Nun	ber, if PA	C
Mary L Gallagher						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1372 Beechlake Dr.	9000 1000 1000 1000 1000 1000 1000 1000					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43235	1 0	2 2	0 9	50.00
Full Name of Contributor Registration Number, if PAC						
Gerald Knorr						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1581 Newcomer Rd.				Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	0 H	43235	1 0	1 5	0 9	35.00
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	State	Zip Code	М	D	ΙΥ	Amazut
City	State	Zip Code	IVI	D	I	Amount
Full Name of Contributor			Registro	tion Num	her if DA	C
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nur	ber, if PA	l C
			regione		,	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	2. Appropries 2. Action of Samuation 2. Action (Colon, Colon, Col					
City	State	Zip Code	M	D	Y	Amount
		•				
Full Name of Contributor			Registra	tion Nun	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	Chata		1 14	1 5	TV	А
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Panietre	tion Nur	har if DA	C
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
E. U.N	L		D			
Full Name of Contributor Registration Number, if PAG						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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 \$	85.00