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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Nowa of Committee in Full							
Name of Committee in Full	TIT English						
The Committee to Elect Andrew English				Registration Number, if PAC			
Full Name of Contributor				regionation number, it is to			
Chet Chaney						Form (Cash, Check, etc.)	
Street Address		Employer/Occupation/Labor Organization*					
8220 Markhaven Dr.		Ohio DNR			1 17	Check	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registrat	ion Num	ber, if PA	.C	
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treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
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City	State	Zip Code	M	D	Y	Amount	
			Danietee	tion No.	her if D	I.	
Full Name of Contributor				Registration Number, if PAC			
Stroot Addrage	Finalover/Oca	pation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*						Total (Calcin, Calcon, Olo.)	
City	State	Zip Code	M	l D	ΤY	Amount	
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Full Name of Contributor Registration Number, if P.						AC	
Full Name of Continuor.							
Street Address Employer/Occupation/Labor Organization*					X272070200000	Form (Cash, Check, etc.)	
Succe Address	Employ of October 1918 and 2018						
City	State	Zip Code	M	D	Y	Amount	
e City		and a second					
		1	L.				

Page Total \$ 200.00

<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)]