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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	ngumi ng e ng						
The Committee to Elect Andre	w English			-		C C	
an Name of Contributor				Registration Number, if PAC			
Chet & Cathy Chaney							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8220 Markhaven Dr.	Ohio D	Ohio DNR				Check	
City	State	Zip Code	М	D	Y	Amount	
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			Name of the last o				
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Full Name of Contributor			Registra	tion Nun	nber, if P/	AC	
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			D i - /-	A STATE	nber, if P	1 A.C.	
Full Name of Contributor			Registr	mon ivui	nber, n r		
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Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
			HOMOSOGIA		Outdoor 1		
		J		, december	ondanamina	S. Carrier and Car	

* 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 \$ 200.00