

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Andrew English							
Full Name of Contributor Bill O'Brien				Registration Number, if PAC			
Street Address 8235 Fairway Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Mike Reeve				Registration Number, if PAC			
Street Address 1387 Clubview Blvd. N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) Cash	
Full Name of Contributor Cynthia Ritter				Registration Number, if PAC			
Street Address 987 Clubview Blvd. N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Nick Stouder				Registration Number, if PAC			
Street Address 1591 Blackstone Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Mac & Helen Ware				Registration Number, if PAC			
Street Address 3401 Woodview Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Willis and Errin Adams				Registration Number, if PAC			
Street Address 8192 Copperfield Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Weirick				Registration Number, if PAC			
Street Address 1170 Clubview Blvd. S		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) Cash	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

880.00

Total expenditures this event

0.00

Page Total \$

325.00