

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 Michelle Bair				Registration Number, if PAC	
Street Address 7651 Middlebrook Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Cash	
Full Name of Contributor Bill Calvert				Registration Number, if PAC	
Street Address 7675 Middlebrook Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 30.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Cash	
Full Name of Contributor Cathy Chaney				Registration Number, if PAC	
Street Address 8220 Markhaven Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Scott Cline				Registration Number, if PAC	
Street Address 1525 Oakview Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Brian Engle				Registration Number, if PAC	
Street Address 7627 Ashworth Pl.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 60.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Cash	
Full Name of Contributor Gary George				Registration Number, if PAC	
Street Address 5900 Roche Dr. Ste. #535		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43229		Form(Cash,Check,etc) Check	
Full Name of Contributor Scott Green				Registration Number, if PAC	
Street Address 1347 Oakbourne Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 0 9	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	

* 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 \$ **315.00**