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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				HARAGANIA (HARAGAN)			N		
The Committee to Elect Andrew Engl	ish								
Full Name of Contributor				Registration Number, if PAC					
Chet Joseph Chaney Campaign									
	Employer/Occupation/Labor Organization*			<u> </u>			Form (Cash, Check, etc.)		
Street Address	Ohio Dept. Nat. Resources						Check		
150 E. Campus View Blvd. Ste. 100	Star		Zip Code	М	D	Y	Amount	<u></u>	
City	0	Н	43235	0 8	3   0	0 9		100.00	
Columbus	191	.1t.	1 20200			ber, if PA	.C		
Full Name of Contributor				i cogista	HOM VIOL	,	-		
Chris Byrne						Form (Cash, Cl	neck etc.)		
Street Address	Employer	Employer/Occupation/Labor Organization*						Cash	
7748 Seminary Ridge		**********************				1 7/	<u></u>		
City	Sta		Zip Code	M	D	Y	Amount	25.00	
Columbus		H	43235	0 9				2J.UU	
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC		
Dave Walton									
Street Address	Employe	/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
1492 Markland St.							Cash	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLU	
City	Sta	ite	Zip Code	М	D	Y	Amount	an e	
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Full Name of Contributor				Registra	ntion Nu	nber, if Pa	4C		
Martin & Sunny Roesch									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
B.					Check				
1552 Newcomer Rd.	St	ate	Zip Code	M	D	Y	Amount	and the second of the second contraction of	
City		H	43235	0 9	15	0 9		50.00	
Columbus			TEC Zee O O			nber, if P			
Full Name of Contributor									
Phil Norton	Fr 1	-/0-000	stian / ohor Organization*				Form (Cash, C	Check, etc.)	
Street Address		Employer/Occupation/Labor Organization*					Cash		
217 Club Oak Ct.		Retired			M D Y Amount			Martine Tony and Commission of the Commission of	
City	1	ate	Zip Code	1		§	B	100.00	
Louisville	K	Y	402-bit3	0 8				100,00	
Full Name of Contributor				Registr	ation Nu	mber, if P	AC		
Kip Morse							Form (Cash, C	21 - 14 - 1	
Street Address	Employe	Employer/Occupation/Labor Organization*							
8200 Markhaven Dr.				nouogunosii/www.hidelik	madaonamanan		Check	CONTRACTOR	
City		tate	Zip Code	M	D	Y	Amount	m 0 00	
Columbus	0	H	43235	0 9	) 2	0 0 9	9	50.00	
Full Name of Contributor				Registr	ration Nu	ımber, if F	PAC		
Kimberly McDonough									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1521 Markland St.				Check					
	S	tate	Zip Code	М	D	Y	Amount		
City		H	43235	019	9 1	5 0 1	9	50.00	
Columbus						ımber, if l			
Full Name of Contributor				8-0-0					
Kelly Johnson	IT1	on/0	notion/ shor Organization*				Form (Cash,	Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Check				
7650 Innbrook Pl.		***************************************		1 14	n	ΙΥ	Amount	·	
City	l	tate	Zip Code	M	D			50.0	
Columbus	10	H	43235		· · · · · · · · · · · · · · · · · · ·		9	10.00	

\* 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 \$ 450.00