Event Date	9/17/09
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05			
Name of Committee in Full					
The Committee to Elect Andrev	v English				
Full Name of Contributor			Registration Number, if PAC		
Steve Hadden			¥		
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount	***************************************	
1536 Newcomer Rd.			0 9 1 7 0 9	25.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H \mid$	43235	Cash		
Full Name of Contributor	anamuni en		Registration Number, if PAC		
Allison Hatcher			no.		
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount		
1013 Clubview Blvd. S.		· ·	0 9 1 7 0 9	50.00	
City	State	Zip Code	Form(Cash,Check,etc)	00.00	
Columbus	$\cap \vdash H$	43235	Check		
Full Name of Contributor		20200	Registration Number, if PAC		
			100,000,000,000,000,000		
Paul Hedges Street Address	[Employer/Occupa-	tion/Labor Organization*	M D Y Amount		
	Employer/Occupa	tion/Lauor Organization	0 9 1 7 0 9	25.00	
1411 Clubview Blvd. N	Cold	77 C. J.	Form(Cash,Check,etc)	20.00	
City	1 1	Zip Code 43235	Check		
Columbus		43230			
Full Name of Contributor			Registration Number, if PAC		
Meredith Hoag					
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	40.00	
1390 Oakbourne Dr.			0 9 1 7 0 9	40.00	
City		Zip Code	Form(Cash,Check,etc)		
Columbus		43235	Cash		
Full Name of Contributor			Registration Number, if PAC		
Katherine Kline					
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
1546 Clubview Blvd. S.			0 9 1 7 0 9	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$  \circ   H  $	43235	Check		
Full Name of Contributor			Registration Number, if PAC		
Lezlee LeVette					
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
1340 Clubview Blvd. N	No.		0 9 1 7 0 9	25.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43235	Check		
Full Name of Contributor			Registration Number, if PAC		
Ernest Neal			,		
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
1472 Park Ridge Dr.	Employe./Occupa		0 9 1 7 0 9	25.00	
City	State	Zip Code	Form(Cash,Check,etc)	000 و 0 سند	
Columbus	o H	43235	Check		
( Columbus	T ()   TT	40400	CHECK		

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 from No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page
880.00	0.00	L

e Total \$ 240.00

<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)]