Page	Person

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				total promises as				insisionnoon			
The Committee to Elect Andrew Engli	ch										
Full Name of Contributor	OLI.			Regi	strat	ion Num	ber. if	PAC			
Andrew English											
Street Address	Employer/Occupation/Labor Organization*								orm (Cash, Check, etc.)		
1589 Newcomer Rd.	Self-employed, Planit								Check		
City	State Zip Code					D	ΙΥ	A	amount		
Columbus	0	H	43235	-ya	2	1 2	0	9	225.18		
Full Name of Contributor	Regi	Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*							F	orm (Cash, Check, etc.)		
City	State	**********	Zip Code	М		D	Y	Α	amount		
Full Name of Contributor							Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*							F	orm (Cash, Check, etc.)		
City	State		Zip Code	M		D	Y	Α	mount		
Full Name of Contributor Registration Nu							ber, if	PAC			
Street Address Employer/Occupation/Labor Organization*								F	orm (Cash, Check, etc.)		
								SUITABLIAN .			
City	State		Zip Code	М		D	Y	A	amount		
Full Name of Contributor Registration Number, if PAG								PAC			
Street Address	Employer/Occupation/Labor Organization*							F	orm (Cash, Check, etc.)		
						~~~					
City	State		Zip Code	M		D	Y	А	mount		
					saunn						
Full Name of Contributor Registration Number, if PA											
	<b>~~</b>		tion/Labor Organization*		saismue						
Street Address	F	orm (Cash, Check, etc.)									
C.			12: 6.1	T 37			T		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
City	State		Zip Code	M		D	Y	Α	amount		
Pall Name of Contributor							1				
Full Name of Contributor					Registration Number, if PAC						
Street Address	[Employer/O	locumo	tion// abor Organization*		nionessus.			II.	orm (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organizat									orni (Casii, Check, etc.)		
City	State	***************************************	Zip Code	М		D	Y	-	mount		
e.,	State		zsp code	1			1	ľ	anoun		
Full Name of Contributor				Regis	trat	ion Num	her if i	PAC			
Assistance i varioti, il 1710											
Street Address Employer/Occupation/Labor Organization*									orm (Cash, Check, etc.)		
	'								, ,		
City	State		Zip Code	М		D	Y	A	mount		
				TOWN THE PERSON NAMED IN COLUMN TO T							
coning of for contributions from individuals over \$100 to statewide and con-	mal a sa sandala	2002000000000	lotes If something is self some				<u> </u>				

\* 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 \$ 225.18