

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo					
Full Name of Contributor Estratton Consulting LLC; c/o Evelyn Stratton				Registration Number, if PAC	
Street Address 28 W Stafford Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor William Lhota				Registration Number, if PAC	
Street Address 838 Cambridge Ct	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Jeff Cabot				Registration Number, if PAC	
Street Address 60 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Louis J Goorey				Registration Number, if PAC	
Street Address 3175 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$35.00
Full Name of Contributor Geoffrey Hatcher				Registration Number, if PAC	
Street Address 1013 Clubview Blvd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount \$125.00
Full Name of Contributor Marcia Flaherty				Registration Number, if PAC	
Street Address 4433 Smothers Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor James Kime				Registration Number, if PAC	
Street Address 2550 W 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check		Amount \$20.00

* 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 also 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

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Total expenditures this event.

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Page Total \$ **\$630.00**