

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		ELLIGOTT FUNDRAISER	
Full Name of Contributor <b>Regina Richards</b>		Registration Number, if PAC	
Street Address <b>41 N. Skidmore St.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lisa Thompson</b>		Registration Number, if PAC	
Street Address <b>5161 Tyler Henry Dr.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Canal Winchester</b>	State   Zip Code <b>O   H   43110</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mike Elligott</b>		Registration Number, if PAC	
Street Address <b>511 E. Jeffrey Place</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43214</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bill Hedrick</b>		Registration Number, if PAC	
Street Address <b>535 W. First Ave</b>	Employer/Occupation/Labor Organization* <b>City of Columbus - Prosecu</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richanne Zymkoski</b>		Registration Number, if PAC	
Street Address <b>2128 Poplar</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Obetz</b>	State   Zip Code <b>O   H   43207</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeff Porter</b>		Registration Number, if PAC	
Street Address <b>2528 Bloxom St.</b>	Employer/Occupation/Labor Organization* <b>Attorney - Kegler Brown</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>150.00</b>
City <b>Grove City</b>	State   Zip Code <b>O   H   43123</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jamie Pickens</b>		Registration Number, if PAC	
Street Address <b>2531 Tiller Lane, Ste C</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   3   1   9   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43231</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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  
**1,970.00**

Total expenditures this event  
**\$190.06 Like Kind**

pg. 4

Page Total \$ **450.00**