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

Event Date 5/12/11	
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Mike Shannon	1				
Full Name of Contributor	<u>"</u>		Registration Number, if	PAC	
Anastasia Sydow			Acgistration (various, tr	TAC	
Street Address	Employer/Occupation/Labor Organization*		M. D. Y.	Amount	
715 S. 5th St.	Employen Secapanon 2000. Significant		0 5 1 2 1 1	\$50.00	
City	Starte	Zip Code	Form (Cash, Check, etc.)	the state of the	
Columbus	OH	43206	check		
Full Name of Contributor			Registration Number, if	PAC	
Bradley P. Koffel					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount	
1801 Watermark Dr.			0 5 1 2 1 1		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check	100	
Full Name of Contributor			Registration Number, if PAC		
Scott Wright			M D Y		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount	
261 S. Front St.		\a: 0.1	0 5 1 2 1 1		
Ciry Columbus	Sta te	Zip Code 43215	Form (Cash, Check, etc.)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Full Name of Contributor	ОН	43215			
Jon Saia			Registration Number, if	PAC	
Street Address			M D Yi	Amount	
713 S. Front St.	Employer/Occupa	Employer/Occupation/Labor Organization*		\$100.00	
City [.]	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	check		
Full Name of Contributor Joseph Durham			Registration Number, if	PAC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount	
612 E. Dominion Blvd.			0 5 1 2 1 1	\$200.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	The same of the same	
Columbus	OH _.	43214	check	A STATE OF THE STA	
Full Name of Contributor James K. Mantel			Registration Number, if	PAC	
Street Address 2569 Northwest Blvd	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$50.00	
City		12: 0.1	0 5 1 2 1 1 Form (Cash, Check, etc.)	·	
Columbus	OH State	Zip Code 43221	check		
Full Name of Contributor Samuel Shamansky	•	•	Registration Number, if	PAC	
Street Address 511 S. High St.	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$250.00	
City	Sta te	Zip Code	0 5 1 2 1 1 Form (Cash, Check, etc.)		
Columbus	OH	43215	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 form No. 31-E" and list the date of the event in the date column

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ ____\$800.00

^{*} 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)]