

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Mike Shannon					
Full Name of Contributor Anastasia Sydow				Registration Number, if PAC	
Street Address 715 S. 5th St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Bradley P. Koffel				Registration Number, if PAC	
Street Address 1801 Watermark Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Scott Wright				Registration Number, if PAC	
Street Address 261 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Jon Saia				Registration Number, if PAC	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Joseph Durham				Registration Number, if PAC	
Street Address 612 E. Dominion Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor James K. Mantel				Registration Number, if PAC	
Street Address 2569 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Samuel Shamansky				Registration Number, if PAC	
Street Address 511 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$800.00**