

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 E. Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St., Ste. 130		Employer/Occupation/Labor Organization*		M D Y 0 3 1	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Christopher Cicero				Registration Number, if PAC	
Street Address 1308 W. Mound St.		Employer/Occupation/Labor Organization*		M D Y 0 3 3	Amount \$50.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) check	
Full Name of Contributor Koffel & Jump				Registration Number, if PAC	
Street Address 2130 Arlington Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0	Amount \$1,000.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor J. Scott Weisman				Registration Number, if PAC	
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 0	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Fultz				Registration Number, if PAC	
Street Address 452 S. Otterbein Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0	Amount \$50.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor David Reiser				Registration Number, if PAC	
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M D Y 0 4 0	Amount \$150.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor James K. Mantel				Registration Number, if PAC	
Street Address 2569 Northwest Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 4 0	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	

* 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 \$ **\$1,425.00**