

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				
TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Brian Hill				
Street Address	City	State	Zip Code	M D Y Amount
4773 St. Andrews Dr	Grove City	OH	43123	11/09/11 20.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
William F. Byrd				
Street Address	City	State	Zip Code	M D Y Amount
2580 Holton Rd.	Grove City	OH	43123	11/09/11 20.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Julio & Penny Maldonado				
Street Address	City	State	Zip Code	M D Y Amount
5956 Pear Tree Way	Grove City	OH	43123	11/09/11 50.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Tom Swackhamer				
Street Address	City	State	Zip Code	M D Y Amount
1962 Hiner Rd	Orient	OH	43146	11/09/11 5.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Doug Shanyfett				
Street Address	City	State	Zip Code	M D Y Amount
5947 Borrer Rd	Grove City	OH	43123	11/09/11 65.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address	City	State	Zip Code	M D Y Amount
		OH		
Form (Cash, Check, etc.)				
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address	City	State	Zip Code	M D Y Amount
		OH		
Form (Cash, Check, etc.)				

\* 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 \$ 160.00