

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 Smith & Hale LLC				Registration Number, if PAC			
Street Address 37 W. Broad St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor R. William Meeks				Registration Number, if PAC			
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	\$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Terrence Grady				Registration Number, if PAC			
Street Address 369 S. Roosevelt Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	\$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check			
Full Name of Contributor Freeman Eagleson III				Registration Number, if PAC			
Street Address 98 Stornoway Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	\$50.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) check			
Full Name of Contributor Wes Kantor				Registration Number, if PAC			
Street Address 4082 Elbern		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	\$50.00
City Whitehall		State OH	Zip Code 43213	Form (Cash, Check, etc.) check			
Full Name of Contributor John Hilt				Registration Number, if PAC			
Street Address 3793 Broadway		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	\$100.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check			
Full Name of Contributor Transfer from Form 31-G				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							\$160.00
City		State OH	Zip Code	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 960.00