

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		Registration Number, if PAC	
Barbara Minister			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6098 Catawba Dr		10 07 11	25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Ck.	
Full Name of Contributor		Registration Number, if PAC	
Kimberly Worthington-Waits			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4659 Heatherblend Ct		10 10 11	100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Ck.	
Full Name of Contributor		Registration Number, if PAC	
Diane Walker			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2641 Bryan Cir		10 08 11	25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Ck.	
Full Name of Contributor		Registration Number, if PAC	
Scott Long			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3233 Larchmere Dr	GC Irrigation	10 09 11	100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Ck.	
Full Name of Contributor		Registration Number, if PAC	
Annabelle Robinson			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2315 Mulligan Grove		10 09 11	100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Cash	
Full Name of Contributor		Registration Number, if PAC	
Harold Hill			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1894 S. Farmbrook Cir		10 09 11	10.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Cash	
Full Name of Contributor		Registration Number, if PAC	
Harry & Teresa Long			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4307 Ashgrove		10 09 11	60.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Cash	

* 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 \$

420.00
~~50.00~~