Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 4/1/10
Page

\$1,100.00

Page Total \$

Name of Committee in Full Committee To Elect Mike Shannon Full Name of Contributor Tod Friedman Street Address 356 S. Parkview Ave. City Columbus	Employer/Occupa Stal te OH	ation/Labor Organization*	Registration Number, if PAC M
Full Name of Contributor Tod Friedman Street Address 356 S. Parkview Ave. City	Sta te	Zip Code	0 4 0 1 1 0 \$50.00
Tod Friedman Street Address 356 S. Parkview Ave. City	Sta te	Zip Code	0 4 0 1 1 0 \$50.00
356 S. Parkview Ave.	Sta te	Zip Code	0 4 0 1 1 0 \$50.00
City	Sta te	Zip Code	
Columbus	OH		Form (Cash, Check, etc.)
		43209	check
Full Name of Contributor Lamkin Van Eman Trimble Beals & Dougherty LL	С		Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
500 S. Front St., Ste. 200			0 4 0 1 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Jeffrey Thompson Co. LPA			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
601 S. High St.			0 4 0 1 1 0 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Mularski Bonham Dittmer & Phillips LLC			
Street Address 107 W. Johnstown Rd.	Employer/Occupation/Labor Organization*		0 4 0 1 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	check
Full Name of Contributor Samuel Shamansky Co. LPA			Registration Number, if PAC
Street Address 511 S. High St.	Employer/Occupation/Labor Organization*		0 4 0 1 1 0 Amount \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Daniel Heinmiller			Registration Number, if PAC
Street Address 470 Silver Ln., Ste. B	Employer/Occupation/Labor Organization*		0 4 0 1 1 0 Amount \$50.00
City Gahanna	Sta te OH	Zip Code 43230	Form (Cash, Check, etc.) check
Full Name of Contributor Ross & Midian			Registration Number, if PAC
Street Address 133 E. Livingston Ave.	Employer/Occup	ation/Labor Organization*	0 4 0 1 1 0 Amount \$100.00
City Columbus	Stafte OH	Zip Code 43215	Form (Cash, Check, etc.) check

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	Total expenditures this event.		
\$0.00	\$0.00		

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)]