

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 Raymond Ogden			Registration Number, if PAC		
Street Address 353 Maplewood Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Whitehall	State OH	Zip Code 43213	Amount \$35.00	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 0	D 9	Y 2
City	State OH	Zip Code	Amount \$150.00	Form (Cash, Check, etc.)	
Full Name of Contributor Walter Arnes			Registration Number, if PAC		
Street Address 4010 Etna Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Whitehall	State OH	Zip Code 43213	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Sherry Brown			Registration Number, if PAC		
Street Address 5065 Greenwood Ct.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43213	Amount \$35.00	Form (Cash, Check, etc.) check	
Full Name of Contributor James Graham			Registration Number, if PAC		
Street Address 644 Greenwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Whitehall	State OH	Zip Code 43213	Amount \$35.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Annabella Malcolm			Registration Number, if PAC		
Street Address 14 Coleman Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Garrison	State NY	Zip Code 10524	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas Potter			Registration Number, if PAC		
Street Address 1085 Shady Lane Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43227	Amount \$100.00	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 \$ 555.00