

# 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 Shirley Kosbab			Registration Number, if PAC		
Street Address 3059 Catan Loop		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 5	Amount 25.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Cynthia Cox			Registration Number, if PAC		
Street Address 1038 Carnoustie Cmn		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 6	Amount 50.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Elizabeth Lewellyn			Registration Number, if PAC		
Street Address 5325 Hoover Rd		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 8	Amount 100.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Phil Phillips			Registration Number, if PAC		
Street Address 2300 Southwest		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 8	Amount 100.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Diana Trenary			Registration Number, if PAC		
Street Address 3916 Santa Maria		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 9	Amount 25.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Judy Widner			Registration Number, if PAC		
Street Address 4287 Broadway		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 9	Amount 50.00
			Form (Cash, Check, etc.) CK.		
Full Name of Contributor Karen Evans			Registration Number, if PAC		
Street Address 2464 Marthaswood		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		State OH	Zip Code 43123	Y 9	Amount 75.00
			Form (Cash, Check, etc.) CK.		

\* 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

1005.00

Total expenditures this event.

280.93

425.00  
Page Total \$ 50.00