

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 Ray Mularski			Registration Number, if PAC			
Street Address 107 W. Johnstown Rd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$100.00
City Gahanna	State OH	Zip Code 43130	Form (Cash, Check, etc.) check			
Full Name of Contributor Jeffrey Thompson			Registration Number, if PAC			
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Kylie Keitch			Registration Number, if PAC			
Street Address 629 Brighton St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$300.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) cash			
Full Name of Contributor Rodney Mayberry			Registration Number, if PAC			
Street Address 2546 Silver Oak	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$80.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) cash			
Full Name of Contributor Mark Collins			Registration Number, if PAC			
Street Address 492 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Robert Krapenc			Registration Number, if PAC			
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Transfer from Form 31-G			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1	Amount \$650.00
City OH	State	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 \$ **\$1,430.00**